



Risk, protection and resilience in children and families



Introduction

This Research to Practice Note aims to improve understanding of risk, protection and resilience in working with children and families and provide a brief overview of the relevant literature in this area. It will also answer four main questions.

- What are risk and protective factors?
- What is resilience?
- What are the important risk and protective factors for child abuse and neglect?
- What is the role of risk, protection and resilience in early intervention?¹

The concepts of risk, protection and resilience are often described and examined in research relating to children and families. Practitioners also try to assess the important risk and protective factors when working with children and their families. To assist with this assessment process, the NSW Department of Community Services (DoCS) has produced a resource that describes the key risk and protective factors for caseworkers to consider when making risk assessments.

A comprehensive list of risk and protective factors associated with child abuse and neglect is available for staff on the DoCS intranet as part of the *Secondary Risk of Harm Assessment, Risk Analysis Practice Tool*.

A list of risk factors associated with child neglect is also available on the intranet under *Practice Guidance for Caseworkers on Child Neglect* (see Business Help for both resources).

What are risk and protective factors?

A risk factor is usually defined as a factor that increases the likelihood of a future negative outcome for a child. A protective factor is a variable that decreases such a probability (Durlak, 1998). Protective factors are those variables that buffer against the effects of risk factors. Risk and protective factors can be broadly grouped into four domains – child, family, school and community factors.

Table 1 below provides examples of risk and protective factors across these four domains.

Table 1: Examples of risk and protective factors

Risk factors	Protective factors
Childhood factors	
<ul style="list-style-type: none"> • birth injury/disability/low birth weight • insecure attachment • poor social skills 	<ul style="list-style-type: none"> • social skills • attachment to family • school achievement
Family factors	
<ul style="list-style-type: none"> • poor parental supervision and discipline • parental substance abuse • family conflict and domestic violence • social isolation/lack of support networks 	<ul style="list-style-type: none"> • supportive caring parents • parental employment • access to support networks
School factors	
<ul style="list-style-type: none"> • school failure • negative peer group influences • bullying • poor attachment to school 	<ul style="list-style-type: none"> • positive school climate • sense of belonging/bonding • opportunities for some success at school and recognition of achievement
Community factors	
<ul style="list-style-type: none"> • neighbourhood violence and crime • lack of support services • social or cultural discrimination 	<ul style="list-style-type: none"> • access to support services • community networking • participation in community groups

Adapted from Durlak (1998) and National Crime Prevention (1999)

In the research literature, the terms 'vulnerability' and 'strengths' are used interchangeably with the terms risk and protective factors. However, DoCS child protection training and practice differentiates strengths and protective factors. Strengths are defined as positive characteristics in the child/family context that give some positive elements to the child or young person's experience, but do not necessarily reduce the risk of harm. Protective factors, on the other hand, are characteristics in the child/family context which have a moderating effect on particular risk factors. However, since the research literature does not distinguish these concepts, the terms risk and protective factors are used in this Research to Practice Note.

Risk factors and protective factors associated with child outcomes

Since the mid 1980s there have been a large number of scientific studies on risk and protective factors, which have generally focused on a few specific child outcomes. Some of the main outcomes examined in the research include:

- child behavioural problems
- school failure
- poor physical health
- physical abuse
- adolescent substance use and crime.

In general, research has found that multiple risk and protective factors are often associated with a single outcome. For example, the likelihood of child behavioural problems is *increased* by a range of child, family, school and community risk factors such as early onset of behavioural problems, punitive child-rearing, peer rejection and impoverished neighbourhood. Similarly, the likelihood of child behavioural problems is *decreased* by a range of child, family, school and community protective factors such as child social skills, positive parent-child relationship, positive peer modelling and positive social norms in the community (Durlak, 1998).

Many outcomes are also influenced by the same risk and protective factors. For example, harsh parenting can be a risk factor for behavioural problems, school failure, poor physical health, physical abuse and drug use. Conversely, a positive parent-child relationship protects against all of these outcomes.

The way risk and protective factors interact to produce positive or negative outcomes at different stages of a child's development is complex and not always clearly understood. It may be that some

protective factors only operate when certain risk factors are present. While risk and protective factors are common to certain outcomes, the pattern of risk and protection will vary widely from child to child.

It is important to recognise the limitations of research in this area. Risk and protective factors are often only *correlated* with certain outcomes; they are not *causally related* to these outcomes. It may be that another variable better explains the relationship between the risk/protective factor and the outcome. An example is the correlation between low socioeconomic status (SES) and physical abuse. Since SES is also associated with other risks such as parental stress and poor parenting, it may be that these other factors are more directly related to physical abuse than SES itself.

Cumulative risk

While our understanding of risk and protective factors is not complete, research shows that it is the presence of a number of risk factors, known as 'cumulative' risk, rather than the presence of a single risk factor that affects outcomes. Two models of cumulative risk have been proposed (Appleyard, Egeland, van Dulmen, & Srouge, 2005).

- A 'threshold' model, which assumes that after a certain number of risk factors, there is a dramatic increase in negative outcomes.
- An 'additive' model, which proposes that with an increasing number of risk factors there will be a reasonably steady increase in problematic outcomes.

Recent research supports the 'additive' rather than the 'threshold' model of risk (Appleyard et al., 2005). This finding suggests that while children who experience more risk factors are at increased risk of problems, there does not appear to be a particular threshold beyond which their outcomes become worse. This finding is important as it suggests that there does not exist a 'point of no return' beyond which services for children are hopeless (Appleyard et al., 2005). While the research on cumulative risk often does not take into account the type or context of risk, these variables are likely to impact on child outcomes and therefore important to assess in practice.

The importance of cumulative impact from a combination of factors also appears to apply to protective factors just as it does to risk factors. With an increasing number of protective factors, there is likely to be an increase in positive outcomes (Rutter, 1999).

Timing of risk and protective factors in the developmental pathway

The impact of risk and protective factors must be considered in relation to the developmental pathway. Clearly, some factors are associated with greater risks/benefits at specific transition points in the developmental pathway. For example, research suggests that the impact of abuse and neglect on children is greater during critical periods of early brain development, so the effects of abuse and neglect are likely to be more profound for younger children than older children (Glaser, 2000).

The effect of risk and protective factors may also depend on both the nature of the problem experienced and the stage of the developmental pathway. For example, individual risk factors relating to conduct disorder, (such as temperament, low intelligence) and family risk factors (such as family dysfunction) appear to have stronger links to the more severe childhood-onset subtype, but not consistently related to the adolescent-onset subtype (Frick, 2004). Knowledge of the evidence base regarding risk and protective factors during the developmental pathway is critical to designing effective interventions.

Proximal and distal risk

There is a distinction between 'proximal' and 'distal' risk factors. Proximal risk factors are experienced directly by the child, whereas distal factors are risks arising from a child's context, but mediated through more proximal processes. For example, a proximal risk is exposure to negative peer group influence, whereas a distal risk is a high crime neighbourhood, where the child is directly affected by negative peer influences of involvement in crime and substance use. Similarly, there are likely to be proximal and distal protective factors that also come into play.

Modifiable risk and protective factors

Interventions with children and families often target a range of modifiable risk and protective factors. A risk or protective factor is 'modifiable' if it can be changed.² The majority of risk and protective factors are modifiable. However, there are several risk factors that cannot be changed, such as birth weight, birth complications, prenatal exposure to toxins, disability and teenage parenthood. When dealing with these variables, there may be modifiable protective factors, which if enhanced will reduce the impact of the risk. For example, low birth weight is a significant risk factor for child behavioural problems such as ADHD³, but for mothers who demonstrate high levels of maternal warmth towards their child, low birth weight is no longer a risk factor for poor outcomes (Tully, Arseneault, Caspi, Moffitt, &

Morgan, 2004). This example also illustrates how some protective factors (in this case parental warmth) can moderate the effects of a risk factor (low birth weight). Protective factors can change the direction and/or strength of the relationship between the risk factor and the outcome.

What is resilience?

The concept of resilience provides a framework for understanding the varied ways in which some children do well in the face of adversity. Although definitions of resilience vary, the consensus is that resilient children are those who achieve normal development despite their experience of past or present adversity (Luthar, Cicchetti, & Becker, 2000).

Resilience is not only dependent on the characteristics of the individual, but is greatly influenced by processes and interactions arising from the family and the wider environment (Schoon, 2006). Children may be resilient to some kinds of environmental risk experiences or outcomes but not others. Resilience can also change over time, according to the child's developmental stage and subsequent experiences. Therefore resilience needs to be viewed as positive adaptation over time, not at a single point.

Our recent understanding of resilience in children has shifted from an emphasis on factors or variables to an emphasis on processes and mechanisms (Rutter, 2007). For example, what is it that individuals *do* in order to deal with the challenges they face? This refers to mental operations (such as coping skills) as well as individual characteristics and experiences (Rutter, 2007). It also concerns how risk and protective factors interact with each other at different levels of the environment in which the child lives. Complex interactions of child resources and family and community supports are likely to be the best predictors of resilience.

Resilience can be enhanced by encouraging positive environments within families, schools and communities, to counteract risks in children's lives. Of these three environments, the family is the most immediate care-giving environment and has the greatest impact on the development of resilience in children (Brooks, 2006). However, schools, peers and neighbourhoods also have an important impact on children. There is evidence from Australian and international studies that the level of neighbourhood advantage and disadvantage is associated with children's behaviour and development (Edwards, 2005). Strengthening protection within communities and neighbourhoods may therefore provide a buffer for risk experienced by some children.

What are the important risk and protective factors for child abuse and neglect?

Research on risk, protection and resilience in child abuse and neglect has focused on three key areas:

- identifying the factors that increase or decrease the likelihood of a parent maltreating their child
- investigating the protective factors associated with long-term outcomes in children who have experienced abuse and neglect
- examining the risk factors for recurrence of maltreatment.

Factors associated with an increase in the likelihood of maltreatment

There are a number of risk and protective factors for child abuse and neglect that operate at the child, family, peer and community level. At the family level, child abuse and neglect is associated with multiple and often interrelated risk factors such as family breakdown, lack of parenting skills, parental stress and mental illness, domestic violence, substance abuse and parents' own experience of maltreatment (Tyler, Allison, & Winsler, 2006). There may also be interactions between different family factors. For instance, levels of parental stress, which is associated with child maltreatment, has been found to be considerably higher in low socioeconomic environments and in environments where there is an absence of a strong social network (Tyler et al., 2006).

Whilst children are not responsible for the abuse they experience, research has also found that certain child characteristics may increase the risk for maltreatment. For instance, children with disabilities or who are considered to have a difficult temperament are more vulnerable to experience a type of parenting which disregards their social and emotional development (Iwaniec, Larkin, & Higgins, 2006). It is possible that these children are vulnerable to abuse because of the greater potential for parental stress or for disruptions in the parent-infant bonding process.

Factors associated with positive outcomes in children who have experienced abuse and neglect

A number of longitudinal studies have shown that children who experience abuse and neglect are at risk of a range of problems in childhood, adolescence and adulthood, such as aggression, delinquency, depression, anxiety, substance use and school failure (Cicchetti & Manly, 2001; Lansford et al., 2002). However, not all children who experience

abuse and neglect do poorly. Some children even show positive adjustment and success in developmental tasks. Research on protective factors enables us to identify the factors that may contribute to resilient functioning for this group of vulnerable children.

The relationship between child maltreatment and subsequent health and wellbeing is complex. It is related to the type, severity and duration of the abuse or neglect and to the context in which it occurs, such as the nature of the relationship between the child and the abuser and the response of the child and others to the abuse.⁴ The more frequent, prolonged and serious the abuse or neglect, the greater the likelihood the child will experience adverse developmental outcomes (Schofield & Beek, 2005).

At the individual child level, there are several features of children's cognitive and social-cognitive processes that have been linked to resilient functioning in children who have experienced maltreatment. For example, a strong sense of personal control, the belief that you can control the things that happen to you, has been found to be a protective factor for internalising problems (such as depression and anxiety) for children who have experienced abuse and neglect (Bolger & Patterson, 2003). While this finding does not suggest that children should be resilient to the effects of abuse and neglect, it shows that looking at child protective factors may give information about how best to intervene to enhance their resilience.

Several features of the family environment have been found to be important for resilient functioning of maltreated children. Because abusive parents often demonstrate low warmth and sensitivity, and high negativity and intrusiveness, there is an assumption that parenting may not be relevant to outcomes of abused children (Haskett, Nears, Ward, & McPherson, 2006). However, there is evidence that parenting behaviour (e.g. affection, support for autonomy) and broader family functioning (e.g. family stability) are related to resilience in children who have experienced abuse and neglect.

These findings suggest that while the family environment of maltreated children tends to be much more dysfunctional than that of non-maltreated children, there are individual differences in parenting and family processes within these families that are important for child outcomes (Haskett et al., 2006). There is also evidence that emotional support from another important adult and high-quality peer friendships act as important protective factors for these children.

While there is increasing research on the factors linked with resilient functioning in children who have experienced abuse and neglect, it should be noted that research in this area is still in its infancy and there are significant methodological problems with much of the research conducted to date.

Risk factors associated with a recurrence of maltreatment

Four factors are found to consistently predict recurrent maltreatment:

- greater number of previous episodes of maltreatment in the child's family
- neglect (as opposed to other forms of maltreatment)
- presence of parental conflict (particularly domestic violence)
- parental mental health problems (Hindley, Ramchandani, & Jones, 2006).

Other factors that appear to be less consistently associated with a recurrence of maltreatment include:

- parental substance misuse
- family stress
- a lack of social support
- families with younger children
- parental history of abuse
- already being in contact with child protection services (Hindley et al., 2006).

A child's prior history of child abuse and neglect is the factor found to be most consistently associated with recurring maltreatment. The risk appears to increase after each maltreatment event and the time between episodes shortens as the number of episodes increases.

What is the role of risk, protection and resilience in early intervention?

Knowledge of risk, protection and resilience often informs the development of early intervention strategies aimed at preventing child abuse and neglect, and other outcomes, such as child behavioural problems, substance use and juvenile crime. Early interventions may involve universal approaches (for all children) or targeted approaches (for those at higher risk of poor outcomes). While early intervention models have generally focused on the prevention of poor outcomes, in recent years

they have begun to focus more on 'health promotion', or developing positive mental health and competencies.

Key modifiable risk and protective factors that are targeted in early interventions include:

- child competencies, skills and behaviour (such as reading, behavioural problems, problem-solving skills, assertiveness, resisting peer pressure)
- parenting attitudes or behaviours (such as attributions, discipline strategies, warmth and responsiveness, provision of cognitive stimulation, family communication)
- the school environment (such as class sizes, school policies, rule enforcement, opportunity for involvement in activities, teachers' behavioural management)
- community or neighbourhood factors (such as social networks, availability of services).

The knowledge that there are many common risk and protective factors for a range of outcomes has implications for early intervention. Early intervention programs that successfully target a number of risk and protective factors have the capacity to prevent multiple problems simultaneously, rather than a single outcome (Durlak, 1998). For example, research has demonstrated that some health promotion programs to strengthen school connectedness can impact on a range of outcomes such as academic achievement, substance use, antisocial behaviour and early initiation of sexual intercourse (O'Dougherty Wright & Masten, 2005). Targeting common, interrelated risk and protective factors may lead to a positive impact on a range of outcomes.

Knowledge about the importance of risk, protection and resilience in different environments has also led to an emphasis on multi-component programs, which address risk and protective factors in different domains. Many highly regarded early intervention programs tackle risk and protective factors at multiple levels, including the child, family, school and community.

DoCS Brighter Futures Program is an example of an early intervention program that deals with risk and protective factors in multiple domains by providing parenting programs, home visiting and quality children's services.⁵ Another example is the first phase of the Pathways to Prevention program which involved the integration of family support programs with preschool and school-based programs in seven schools, delivered within a community development framework (Homel et al., 2006).

A particularly important finding was that the combined effect of a family program with a preschool intervention on children's behaviour was greater than either program on its own. There is emerging evidence that early intervention programs that target multiple domains are more effective than those that target single domains. These multi-component programs appear to be particularly important for more vulnerable families.

Implications for policy and practice

Based on this brief review of the literature on risk, protection and resilience, there are a number of broad implications for policy and practice.

- Research on risk factors has shown that while cumulative risk is important for children's outcomes, a 'point of no return' for a child does not exist, beyond which intervention will be ineffective. Services and interventions therefore have the potential to be effective for all children, including those with multiple risk factors.
 - As many risk and protective factors are often interrelated and linked with numerous child outcomes, services and interventions should aim to address multiple risk and protective factors, rather than focus on any single factor. Services and interventions that address multiple domains of functioning, such as the child, family and community, rather than a single domain, potentially have a greater influence on child outcomes.
 - Services and interventions should focus on evidence-based risk and protective factors which are related to child outcomes. For example, when children have experienced abuse and neglect, the protective factors of personal control and a relationship with a caring adult seem particularly important for child outcomes, so interventions may try to enhance these factors.
 - The timing and nature of risk and protective factors within a child's developmental pathway is an important consideration when providing services and interventions. For example, as evidence shows that maltreatment early in life increases children's vulnerability to adjustment problems, providing preventive interventions as early as possible in a child's life may be critical.
- Given that risk and protective factors occur in multiple domains and can interact in a complex way to determine child outcomes, it is important that clinical assessments of children and families are holistic and consider these factors. Assessments should identify proximal and distal risk and protective factors, as well as the key modifiable variables that could be targeted in an intervention.
 - While the research on risk and protective factors is important to guide policy and the way interventions are provided, always remember that risk, protection and resilience will vary depending on the individual child and family and their unique situation. What is a risk or a protective factor for one child will not necessarily be for another.

Conclusion

This paper has defined the concepts of risk, resilience and protection in children and families and provided a snapshot of research conducted in this area. Having a broad understanding of the factors which enhance or reduce the likelihood of child wellbeing is important for policy makers and practitioners. However, it is clear that the relationship between risk, protection, resilience and child outcomes is complex, and consequently, the research is not always easy to integrate into practice or policy. Therefore it is important to remember that our understanding of risk, protection and resilience is constantly evolving. Further research will help us to better understand how multiple factors interact to produce different outcomes and how best to intervene to promote resilience in children.

Definitions and key concepts

Term	Definition	Examples
Resilience	A pattern of positive adaptation in the context of past or present adversity.	A child who consistently achieves highly at school and maintains friendships with peers despite having experienced abuse and neglect.
Risk factor	A measurable characteristic in a group of individuals or their situation that is associated with a negative outcome.	Low birth weight, parental substance misuse, low socioeconomic status.
Protective factor	Quality of a person or context or their interaction that predicts better outcomes, particularly in situations of risk or adversity.	Good problem-solving skills, high quality schools, warm and attentive parents.
Cumulative risk	Increased risk due to (a) the presence of multiple risk factors; (b) multiple occurrences of the same risk factor; or (c) the accumulating effects of ongoing adversity.	Children in homeless families may have many risk factors for developmental problems, including a history of poor health care, poor school attendance, inadequate nutrition and exposure to negative events like domestic violence.
Cumulative protection	The presence of multiple protective factors in an individual's life.	Children in poor neighbourhoods, who have a warm parent, safe home, involved school teacher and active church or neighbourhood centre.
Proximal risk	Risk factors experienced directly by the child.	Witnessing domestic violence, associating with troubled peers.
Distal risk	Risk arising from a child's environment but mediated through more proximal processes.	High community crime rate, inaccessible health care.

Adapted from O'Dougherty Wright and Masten (2005).

Endnotes

- While the concepts of risk, protection and resilience also apply to out-of-home care, these will not be covered in this note. For further information about resilience in out-of-home care, see DoCS Research to Practice Seminar Series Kit *Promoting Security and Resilience in Long-term Foster Care*, based on a Research to Practice Seminar by Professor Schofield In January 2007.
- The terms 'static' and 'dynamic' risk are also used in the literature, particularly in research about risk of violence or sexual offending (Dempster & Hart, 2002). Static risks are those that do not change whereas dynamic risks change either spontaneously or through intervention. Therefore, the term dynamic risk is synonymous with modifiable risk.
- Attention Deficit Hyperactivity Disorder.
- The term 'cumulative harm' refers to the combined effects of circumstances and events in a child's life which diminish their sense of safety, stability and wellbeing (Miller, 2007). 'Cumulative harm is experienced by a child as a result of a series or pattern of harmful events and experiences that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, interrelated and coexisting over critical developmental periods' (Miller, 2007, p1).
- See Brighter Futures Program Guidelines, October 2007 available at http://www.community.nsw.gov.au/docswr/_assets/main/document/s/brighter_futures_guidelines.pdf

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