

The 'Toxic Trio': how good is the evidence base? – Summary

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The term 'toxic trio' was coined to describe the risk of child abuse and neglect stemming from a child's exposure to i) domestic violence, ii) parental mental health issues and/or iii) learning disability, and iv) parental alcohol and/or v) drug misuse. The concept emerged from research commissioned by the DfE, including the analyses of Serious Case Reviews. Capturing policy makers' and professionals' imaginations, the 'toxic trio' became a shorthand for identifying risk in child protection practice and embedded in assessment processes, national data collection and the family justice system. But how good is the evidence?

Overlapping with Adverse Childhood Experiences research⁶, there is evidence that each of the 'trio' factors in isolation can lead to worse child outcomes, although this is of mixed quality and far from comprehensive. But, as the Children's Commissioner found⁷, there is 'very little recent and representative empirical evidence on the prevalence of these factors' or their consequences for child abuse or neglect. We therefore set out to systematically review the range and strength of the research base underpinning the 'toxic trio' in English child safeguarding policy and practice.

Through an exhaustive literature search of 6316 papers, only 20 papers met our criteria for inclusion: recent quantitative evidence examining a combination of at least two of the five 'toxic trio' factors and linked to child outcomes. 15 papers were from UK samples, 3 were from the USA, 1 from Canada and 1 from Ukraine, with dates ranging from 2002-2020. The 20 papers were of three kinds: the overviews of Serious Case Reviews; papers that provided some information on two or more factors included within the 'toxic trio', but did not investigate their relationship; and papers that empirically investigated the relationship between two or more factors and how they impacted child outcomes. We also consulted parents from the Families Research Advisory Group of the National Children's Bureau about the underlying concept and our findings.

The central finding from our review was that the evidence base for the 'toxic trio' is alarmingly

weak and lacking in the precision, detail and depth on which policies should be based. There is no research giving definitive answers on how prevalent these factors are in combination, nor how many children are or are not experiencing abuse or neglect as a result. There are no large scale, high standard, nationally representative studies.

A second key finding was that hypotheses about how these and other factors may interact to cause child abuse and neglect have barely been formulated, never mind tested. Our review found exceptionally little consideration, either theoretical or empirical, of the causal mechanisms that link combinations of these particular factors with maltreatment.

Third, the studies that do exist rarely define the factors in sufficient detail or describe well how they were measured. For example, for mental illness, there were major outstanding questions left unaddressed: do all diagnostic categories have the same consequences? Are maternal and paternal illness equally significant? Does the length and timing of the illness matter? What kind of maltreatment follows from which type of parental mental illness? What exactly is it about the illness that affects the child? Or is it other factors associated with mental illness, such as stigma or the loss of employment, income, friendships or self-esteem, that have an impact?

Fourth, the absence of an intersectional approach in most of the research means that we know even less about how these factors differentially affect children and young people. It remains unknown how the trio factors affect children of different ages or identities, with different backgrounds or living in different contexts.

Fifth, almost no attention has been paid in the studies to the role that might be played by the quality and availability of remedial or supportive services for parents or children. It is as if these factors are simply fixed and immutable, not amenable in themselves to treatment or support and with inevitable consequences for children under any circumstances. For instance, given that over half of all children will have had

experience of maternal mental illness by the age of 16⁸, an outstanding question is whether well-treated mental illness is as damaging as untreated mental illness in conjunction with other 'toxic trio' factors.

Sixth, no studies have examined in any detail whether or how the availability of social, economic and environmental resources might influence the impact of the factors on childhood maltreatment, in addition to the impact of services. There is a steep social gradient in child protection interventions⁹. But does this result from differential prevalence of the factors in families of different socio-economic status, or from differential access to formal or informal problem-solving or mitigating help?

In conclusion, despite the term's currency, we found little quality evidence of the incidence of the 'trio' factors in child maltreatment, little consideration of intersectionality and minimal attempts to build models explaining the supposed relationships. Parental mental ill-health, domestic violence, drug or alcohol use, and parental learning disability are undoubtedly important factors in children's lives. However, they are not the only significant factors and the social and economic context in which these issues are experienced have a major impact on their consequences for children. Our critique here echoes Lacey et al.'s examination of ACEs¹⁰ where they argue that poverty is not just one of a list of ACEs but rather is a prior 'risk factor for many adversities'.

This review shows that the evidence base for the 'toxic trio' does not justify its current central position in shaping child protection policy and practice. Yet despite this weak evidence base, the 'toxic trio' factors have become dominant, embedded in routine processes and practices, data collection and reporting, and professional mind sets. The parents we consulted viewed the 'toxic trio' concept as offensive and alienating,

as well as liable to lead to self-fulfilling bias in social work assessments. The focus on the 'trio' has crowded out other factors which would lead to a different orientation to practice, one that recognises that securing and maintaining trust between parents and services is a key issue, underpinned by an understanding that good parenting requires resources as well as skills. Research is urgently needed to examine the comparative importance of the 'toxic trio' against other relevant factors. At the household level, these include demographic factors such as parental age, parental separation or marital/co-habiting status; socioeconomic factors, such as the impact of poverty, poor quality housing or homelessness, precarious employment or unemployment; and identity factors, such as ethnicity.

Covid-19 has underlined evidence of the impact of social inequalities on parenting capacities and family relationships. Directors of Children's Services report that it is becoming increasingly challenging to fulfil their statutory duties to provide help for children in need and children and families face less support, more investigations and more removals of children in response to their difficulties. With our evidence in mind, the next steps for the sector must be to unlearn the assumptions lying behind the 'toxic trio', to rethink the purpose and direction of child protection and to build a well-constructed evidence base to inform policy, service provision and practice.

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Notes

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