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# The role of prevention services in the county context of child maltreatment



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#### ABSTRACT

A growing body of literature has investigated the effects of living in certain neighborhoods on child maltreatment. Relatively few (5) studies to date have utilized methods that adequately account for clustering within neighborhoods. None of these studies accounted for the availability of local child maltreatment prevention services — the very programs that were put in place to address the problem of maltreatment. This study investigates the role of the availability of child maltreatment prevention programs in individual-level risk for maltreatment. A multi-level analysis was conducted using county-level information on child maltreatment prevention program spending, census information on county characteristics, and individual-level data on individual risks for maltreatment and maltreatment behaviors. Results show that controlling for individual- and county-level risks for maltreatment, the amount a county spends on maltreatment prevention programs is associated with lower odds of maltreatment at the individual level.

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### 1. Introduction

In federal fiscal year 2011, there were 3.4 million official allegations of child abuse and neglect involving more than 6 million children in the United States; 676,569 (11%) were substantiated victims of child maltreatment (United States Department of Health & Human Services, 2012). The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), seeks to estimate maltreatment more broadly by including both cases that were reported and those that were not through interviews with professionals who have contact with children and families. According to NIS-4, more than 1.25 million children were abused or neglected over the period of 2005–2006 (Sedlak et al., 2010). Children who experience maltreatment are at a greater risk for developing a host of negative outcomes, including aggression, developmental delays, disturbed peer relationships, low self-esteem, psychiatric disorders, aggressive and antisocial behaviors, and difficulties interacting successfully with others (Downey & Walker, 1989; Hoffman-Plotkin & Twentyman, 1984; Kaplan, Pelcovitz, & Labruna, 1999; Putnam, 2003; Tong, Oates, & McDowell, 1987; Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006; White, Halpin, Strom, & Santilli, 1988; Wolfe, 1999). Recent research has also indicates that maltreatment is associated with changes to biological stress systems and can have neurological consequences, including delays in cognitive, language, and academic skills (Edmiston et al., 2011; McCrory, De Brito, & Viding, 2011; Shonkoff & Phillips, 2000; Watts-English et al., 2006; Wilson, Hansen, & Li, 2011). Children who are abused and neglected are also more likely than non-maltreated children to experience problems that persist into adulthood, including: alcohol and other drug abuse (Peters, 1988), depression (Mullen, Romans-Clarkson, Walton, & Herbison, 1988), and criminal activity (Rivera & Widom, 1990). Given the many problems, it is essential that researchers learn more about the risk and protective factors associated with the onset of maltreatment as well as the effectiveness of different primary prevention programs to prevent maltreatment from occurring. Researchers must take this information and make it readily available to policy makers and practitioners so that those who have the power to make changes, both in terms of funding and on the ground, have the very best information at their fingertips.

Numerous individual maltreatment prevention programs have been evaluated to understand their effectiveness in reducing maltreatment. Programs such as Nurse Family Partnership (Olds, 2006), Chicago Child Parent Centers (Reynolds & Robertson, 2003), and Triple P Positive Parenting Program (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009), have been found to successfully reduce maltreatment. These studies are essential in order to advance the field of maltreatment prevention. However, we don't yet know the extent to which current prevention efforts, regardless of their evidence base, are effective in reducing maltreatment. This study takes an ecological approach to evaluate the effectiveness of prevention programs by measuring aspects of the current prevention program service array and their association with official individual-level maltreatment investigations.

#### 2. Literature review

Over the past 50 years, researchers have extensively studied the correlates of child maltreatment. The very first studies focused on parental

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psychopathology as the sole predictor of maltreatment (Kempe, 1962; Steele & Pollack, 1968). Since that time, the research has advanced to include aspects of the child, parent, family unit, and community. Beginning in the 1970s, a handful of researchers began to discuss aspects of the community that they believed contributed to maltreatment (Belsky, 1980; Garbarino, 1976, 1977; Garbarino & Crouter, 1978; Garbarino & Kostelny, 1992; Garbarino & Sherman, 1980; Gelles, 1973; Gil, 1975; Pelton, 1978).

Since Belsky's (1980) article framing maltreatment as the result of challenges at multiple levels of the social ecology, over 30 articles have examined the impact of the geographic context on maltreatment. These articles range from examining geographic units as small as block groups (e.g. Freisthler, Needell, & Gruenewald, 2005) all the way up to states (e.g. Fein & Lee, 2003). Most commonly, researchers rely on census tracts and zip codes to approximate neighborhoods. A handful of studies have examined the context of child maltreatment within the geography of counties (Albert & Barth, 1996; Freisthler & Weiss, 2008; Hon-Yei, 1989; Spearly & Lauderdale, 1983; Weissman, Jogerst, & Dawson, 2003).

Four of the five studies examining the county context of child maltreatment used multiple regression methods, with one adding in county fixed effects to the model (Albert & Barth, 1996). In the fifth study, Freisthler and Weiss (2008) used conditionally autoregressive Bayesian models to allow for space and time analysis. Taken together, these studies found support for associations between a number of poverty-related (Albert & Barth, 1996; Freisthler & Weiss, 2008; Hon-Yei, 1989; Spearly & Lauderdale, 1983) and substance use-related (Albert & Barth, 1996; Freisthler & Weiss, 2008) county factors and child maltreatment rates.

The five county-level studies are reflective of the majority of the contextual research on child maltreatment. By and large, studies of the context of child maltreatment have examined correlations between aggregated community-level variables and maltreatment rates, with no consideration of individual-level factors, including all five of the identified county-level studies. These aggregated studies do not allow for investigation into whether the composition or context of geographic variables matter for child maltreatment at the individual or family level, that is — is maltreatment higher in some areas because of aspects of the community, or is it simply the consequence of a higher concentration of at-risk families who live in those areas?

Within the relatively small and recent body of work related to context and maltreatment, only a handful of studies has used a method called multi-level modeling (MLM), which allows for simultaneous estimation of the effects of variables at multiple ecological levels on outcomes at various levels (Diez-Roux, 2000). All five of these studies relied on smaller geographic units, including census block groups (Coulton, Korbin, & Su, 1999; Kim, 2004; Merritt, 2009), census tracts (Irwin, 2009), and neighborhood clusters (Molnar, Buka, Brennan, Holton, & Earls, 2003).

Relying on social disorganizational theory (Shaw & McKay, 1942), the five MLM neighborhood studies examined the association between child maltreatment and neighborhood impoverishment, childcare burden, residential instability, ethnic heterogeneity, and quality (Coulton et al., 1999; Irwin, 2009; Kim, 2004; Merritt, 2009; Molnar et al., 2003). Neighborhood impoverishment was found to be associated with higher levels of maltreatment in four of the five studies (Coulton et al., 1999; Irwin, 2009; Kim, 2004; Merritt, 2009). Three studies examined the relationship between maltreatment and childcare burden; two studies found that a higher level of childcare burden was associated with a higher level of child maltreatment (Coulton et al., 1999; Merritt, 2009), while the third found no relationship (Irwin, 2009). All five studies examined the relationship between neighborhood instability and maltreatment, but only one found an association; higher levels of instability were related to higher levels of maltreatment (Irwin, 2009). Two studies examined ethnic heterogeneity; one did not find a relationship with maltreatment while the other found that higher levels of immigrant concentration were associated with lower levels of maltreatment (Molnar et al., 2003). Finally, two studies examined the association between neighborhood quality (e.g. safety, appearance, disorder) and maltreatment, and did not find a relationship (Coulton et al., 1999; Kim, 2004).

However, despite the emphasis of the above studies on the community context, none of these studies paid to the prevention program service array, whether as a key independent variable or even as a control variable (though there have been studies that did not use MLM that have examined the role of services e.g. Freisthler, 2013; Klein, 2011). The quality and availability of prevention programs are likely to vary widely from one neighborhood to the next. In a recent study of prevention programs in Wisconsin, the number of different types of prevention programs varied from 1 to more than 10 across Wisconsin Counties and prevention spending per child capita ranged from approximately \$0 to \$100 (Maguire-Jack & O'Connor, 2010). These findings suggest that there may be considerable variation in access to prevention services across localities. To the extent that programs designed to prevent child maltreatment are effective, understanding the availability and quality of prevention programs is essential for estimating community effects on maltreatment.

Social disorganization theory suggests that families who live in disorganized communities face additional stressors but have access to fewer supportive services and therefore have higher rates of negative outcomes. The theory was first advanced in the 1940s to explain variation in crime and delinquency (Shaw & McKay, 1942). They found that the differential rates of crime and delinquency mapped onto a variety of community-level factors (Shaw & McKay, 1942). The authors concluded that the communities in which families live can contribute to rates of crime and delinquency, and that by and large, these differential rates are not entirely driven by differences across individual people. Shaw and McKay (1942) hypothesized that three community-level factors led to social disorganization, which in turn led to increased crime and delinquency: poverty, ethnic heterogeneity, and residential mobility.

Child maltreatment researchers have applied this theory to understand community variation in maltreatment. These researchers have suggested that disorganized neighborhoods may put parents at additional risk for maltreatment because of the multiple stressors they provide, the overall lack of resources available, and the lack of social norms that provide a supportive environment for positive parenting (Ben-Arieh, 2010; Coulton et al., 1999; Ernst, 2001; Freisthler, 2004; Freisthler, Bruce, & Needell, 2007; Freisthler, Gruenewald, Remer, Lery, & Needell, 2007; Freisthler, Gruenewald, Ring, & LaScala, 2008; Fromm, 2004; Garbarino & Kostelny, 1992; Irwin, 2009; Kim, 2004; Korbin, Coulton, Chard, Platt-Houston, & Su, 1998). Social disorganizational theory within the context of child maltreatment has not been tested within the context of counties. As is true within neighborhoods, families within one county may have more characteristics in common with other families within their county than families in other counties. As such, the tenets of social disorganizational theory may apply within the county context as well.

Although prior studies have examined the impact of individual prevention programs on maltreatment (e.g. Olds, 2006), this study is unique in that it seeks to understand the impact of the current prevention service array on maltreatment. There are many aspects of the service array that could potentially be examined in this study: number of programs available, type of programs available, number of families served by prevention programs, evidence base for programs available, proximity to such programs, hours of operation, and spending on these programs. A family's access to maltreatment prevention programs may be a product of many of these individual variables, and may include other variables that are much more difficult to measure, for example, the welcoming atmosphere of the agency to families who come from disadvantaged backgrounds. The current study focuses on spending on maltreatment prevention programs as a proxy for the availability of maltreatment prevention services to families. Program spending is related to many of the aforementioned concepts including service availability, program capacity, and quality — as funding is increased,

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