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Child Abuse & Neglect



Child maltreatment rates assessed in a national household survey of caregivers and youth



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ABSTRACT

This paper reports on national estimates for past year child maltreatment from a national household survey conducted in 2011. It also discusses the validity of such estimates in light of other available epidemiology. The Second National Survey of Children Exposed to Violence obtained rates based on 4,503 children and youth from interviews with caregivers about the children ages 0–9 and with the youth themselves for ages 10–17. The past year rates for physical abuse by caregivers were 4.0% for all sample children, emotional abuse by caregivers 5.6%, sexual abuse by caregivers 0.1%, sexual abuse by caregivers and noncaregivers 2.2%, neglect 4.7% and custodial interference 1.2%. Overall, 12.1% of the sample experienced at least one of these forms of maltreatment. Twenty-three percent of the maltreated children or 2.8% of the full sample experienced 2 or more forms of maltreatment. Some authority (teacher, police, medical personnel or counselor) was aware of considerable portions of most maltreatment, which suggests the potential for intervention. Many of the study's estimates were reasonable in light of other child maltreatment epidemiological studies, but comparisons about emotional abuse and neglect were problematic because of ambiguity about definitions.

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The idea of measuring child maltreatment through household or population surveys has continued to intrigue researchers for many reasons. It offers the possibility of uncovering and measuring the maltreatment that does not come to the attention of professionals or the child welfare system. It allows the tracking of trends over time uncontaminated by changes in administrative or clinical practices. It also permits more direct measurement of various risk factors and effects, particularly through a comparison of maltreated children with a representative sample of non-maltreated ones.

Many household and general population surveys have been conducted of adults reporting retrospectively on child maltreatment (for reviews, see Stoltenborgh, Bakermans-Kranenburg, Van Ijzendoorn, & Alink, 2013; Stoltenborgh, Van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011), but these findings suffer from not being contemporaneous and thus a very remote indicator for measuring change. Other general population surveys have been conducted with adolescents (Barth, Bermetz, Heim, Trelle, & Tonia, 2013), and although more contemporaneous, they do not provide information on the crucially important preadolescent years. Still others have surveyed parents directly about their children's experiences

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across the full range of childhood (Finkelhor, 1984; Straus, Gelles, & Steinmetz, 2006). One that comes the closest to being a complete contemporaneous assessment was the nationally representative Gallup Survey using the Parent–Child Conflict Tactics Scale (PC-CTS; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) which interviewed one parent in households with a child under 18. Past year estimates were provided for physical abuse, emotional abuse, neglect, and sexual abuse. For all but sexual abuse, the questions pertained only to the activities of the interviewed adult and excluded maltreatment at the hands of any other household adults. The findings from this survey are now quite dated. Another parent survey in North and South Carolina (Theodore et al., 2005) also obtained past year rates of physical and sexual abuse from mothers of children 0–17 using the PC-CTS. These findings are regional and not generalizable to the United States as a whole. (See below for more details on these studies.)

Clearly, contemporaneous population surveys on child maltreatment have been relatively scarce. One reason is the fact that such studies are expensive. Another is that the federal resources for the epidemiology of child maltreatment have primarily been directed into two agency based data collections, the National Incidence Study of Child Abuse and Neglect (NIS; Sedlak et al., 2010), and the National Child Abuse and Neglect Data System (NCANDS; U.S. Department of Health and Human Services, 2013).

The National Survey of Children Exposed to Violence (NatSCEV) research program has provided yet another opportunity to gather contemporaneous child maltreatment information from households directly. One difference from previous household survey efforts was combining a parent interview for the reports on younger children (under 10) with a self-report interview from youth 10 and older. Another difference was that questions were asked of the caregivers that focused not just on their own abusive behaviors but also on those of other caregivers. A third feature was an effort to operationalize maltreatment items in ways that more carefully mapped onto child protection and law enforcement definitions. NatSCEV also offered more detailed incident information than prior household surveys regarding perpetrator identity, injury, and disclosure to authorities. This disclosure-to-authorities component is an important virtue of a household survey because it allows us to estimate what proportion of maltreatment is being still missed by those in a position to intervene.

In this article, we provide the results from the most recent NatSCEV survey and its effort to measure child maltreatment. We report on episode characteristics and disclosure information for this nationally representative sample of cases. We also assess its findings in comparison to previous epidemiologic efforts.

Methods

Participants

The NatSCEV II was designed to obtain up-to-date incidence and prevalence estimates of a broad range of childhood victimizations. The survey consists of a national sample of 4,503 children and youth ages one month to 17 years of age in 2011. Study interviews were conducted over the phone by the employees of an experienced survey research firm. Telephone interviewing is a cost-effective methodology (McAuliffe, Geller, LaBrie, Paletz, & Fournier, 1998; Weeks, Kulka, Lessler, & Whitmore, 1983) that has been demonstrated to be comparable to in-person interviews in data quality, even for reports of victimization, psychopathology, and other sensitive topics (Acierno, Resnick, Kilpatrick, & Stark-Riemer, 2003; Bajos, Spira, Ducot, & Messiah, 1992; Bermack, 1989; Czaja, 1987; Marin & Marin, 1989; Pruchno & Hayden, 2000). In fact, some evidence suggests that telephone interviews are perceived by respondents as more anonymous, less intimidating, and more private than in-person modes (Acierno et al., 2003; Taylor, 2002) and, as a result, may encourage greater disclosure of victimization events and details relating to those events (Acierno et al., 2003).

The primary foundation of the sampling design was a nationwide sampling frame of residential telephone numbers from which a sample of telephone households was drawn by random digit dialing (RDD). Two additional samples were obtained in order to represent the growing number of households that rely exclusively or mostly on cell-phones: a small national sample of cellular telephone numbers drawn from RDD methodology (N=31) and an Address-Based Sample (ABS; N=750). The cellphone RDD sample frame was an experimental design that was abandoned due to low interview yield. The ABS approach, which proved to have a more favorable production rate and yield, provided the desired contacts with cell-phone users. The ABS sample started with a national sample of addresses from the Postal Delivery Sequence File DSF. These addresses were mailed a one page questionnaire. The ABS study sample was drawn from the pool of returned questionnaires that represented households with children 17 years old and younger. These households were then re-contacted by interviewers and asked to participate in the survey. Approximately half of the eligible households obtained through ABS were cell-phone-only households and therefore represented an effective way of including households without landlines in our sample.

Procedure

A short interview was conducted initially with an adult caregiver to obtain family demographic information. One child was then randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10–17 years old, the main telephone interview was conducted with the child. If the selected child was under age 10, the interview was conducted with the caregiver who "is most familiar with the child's daily routine and experiences."

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