



The moderating effect of substance abuse service accessibility on the relationship between child maltreatment and neighborhood alcohol availability

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ABSTRACT

This study investigates how the relationship between dense concentrations of alcohol retailers and high rates of child maltreatment may be moderated by the presence of substance abuse service facilities. Using a cross-sectional design, the study utilized data from Bergen County, New Jersey on child maltreatment reports, alcohol-selling retailers, substance abuse service facilities, and the United States Census. Findings indicate child maltreatment rates were higher in neighborhoods with lower socioeconomic status and those with greater alcohol outlet density. Neighborhoods with easily accessed substance abuse service facilities had lower rates of child maltreatment. Additionally, the relationship between child maltreatment and alcohol outlet density was moderated by the presence of substance abuse service facilities. The study findings highlight the relevance of making primary prevention approaches readily available and using multi-sector collaboration to reduce child maltreatment.

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1. Introduction

In contrast to the typical child maltreatment prevention strategies that focus on changing individual risk behavior, structural or environmental prevention approaches attempt to locate the source of risk within the physical environment of communities and make changes that support pro-social behavior (Blankenship, Friedman, Dworkin, & Mantell, 2006). Most of the existing programs to prevent child maltreatment rely on secondary or tertiary prevention approaches and generally focus on family or individual (i.e. parent) level interventions aimed at improving parent–child interactions, educating families, increasing formal and informal family support, or improving family home environments through home visitation (Daro & Donnelly, 2002; Stagner & Lansing, 2009). Although these approaches may be successful for individual families, there has been little empirical support for the success of these family- and individual-level interventions in reducing overall rates of child maltreatment (reviewed in Reynolds, Mathieson, & Topitzes, 2009). Efforts rooted at the community level seek to permanently alter the environment, rooting out the structural determinants of behavior and altering that structure to promote well-being (Yacoubian, 2007). There has been increasing attention in the field of child welfare in the identification of structural risk factors for child maltreatment with particular attention to the role of neighborhood environment. This research has investigated the linkages between high

rates of neighborhood level drug and alcohol availability, poverty, residential instability, and child care burden to higher rates of child maltreatment, and findings suggest changes in the structure of neighborhoods could influence rates of child maltreatment (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006).

1.1. Neighborhood substance use environment and child maltreatment

Investigating the substance use environment of neighborhoods is important as parental substance abuse has long been recognized as a problem inextricably linked with child maltreatment. It is estimated that 40–80% of all children who come to the attention of child welfare agencies are living in homes with a substance abusing parent (Banks & Boehm, 2001; Besinger, Garland, Litronwick, & Landsverk, 1999; Young, Boles, & Otero, 2007). Of those substance abusing parents, alcohol has been identified as the primary problem (Young et al., 2007). The environment of substance availability as evidenced by the density and distributions of alcohol retailers has important consequences for rates of child maltreatment. Freisthler and her colleagues have conducted a series of studies on neighborhoods within California counties to explore how alcohol availability, operationalized as the density of alcohol retailers in a neighborhood, was linked with increased rates of child maltreatment. Rates of child maltreatment were found to be higher in neighborhoods with dense concentrations of alcohol outlets (Freisthler, Midanik & Gruenewald, 2004; Freisthler, Needell, & Gruenewald, 2005). Adding an additional bar per 1000 people in the

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population was found to increase rates of child maltreatment by 2.2 children per 1000 (Freisthler, 2004).

1.2. Neighborhood effects and child maltreatment

The body of research on structural risk factors for child maltreatment has shown clear linkages between socioeconomic factors and features of a neighborhood's built environment as being related to child maltreatment. Higher poverty, neighborhoods with high rates of residential turnover, an environment that places a burden on caregivers in terms of diminished social networks, and neighborhoods inundated with alcohol retailers all serve to influence greater rates of child maltreatment (Coulton, Korbin, & Su, 1999; Coulton, Korbin, Su, & Chow, 1995; Ernst, 2001; Freisthler, 2004; Molnar, Buka, Brennan, Holton, & Earls, 2003; Paulsen, 2003).

1.2.1. Poverty

Impoverished neighborhoods have been consistently linked with high rates of child maltreatment (Coulton et al., 1999; Drake & Pandey, 1996; Freisthler, 2004; Paulsen, 2003). Rather than use economic indicators of poverty alone, researchers have utilized a variety of U. S. Census indicators to proxy not only the economic dimension of poverty but the structural and demographic as well. Using indicators from the U. S. Census, Coulton and her colleagues have utilized principal components analysis to reveal the underlying dimensions of poverty in neighborhoods, finding percent single, female-headed households, percent living below the poverty line, percent unemployed, number of vacant housing units, 5 year population loss, and percent African American combined to represent an impoverished neighborhood. They found an overall strong relationship between child maltreatment and poverty, and further analysis showed that poverty was an important predictor in both predominately black and predominately white neighborhoods (Coulton et al., 1995, 1999; Korbin, Coulton, Chard, Platt-Houston, & Su, 1998). Similarly, Freisthler, Bruce, and Needell (2007) found neighborhood level measures of poverty were positively related to child maltreatment substantiation rates for African American, Hispanic, and white children. At a population level, poverty has consistently been the best predictor of a family's chances for child welfare system involvement (Coulton et al., 2007; Freisthler et al., 2006).

1.2.2. Residential instability

Researchers have also investigated the relationship between neighborhood residential instability and rates of child maltreatment. Stable neighborhoods are operationalized as those where residents have a long tenure, housing units are fully/mostly occupied and there is less movement in and out of the area. The relationship to rates of child maltreatment here has been weaker and less consistent for residential instability than that for impoverishment. Investigations have found mixed effects when using residential instability to predict overall higher rates of child maltreatment. Ernst (2001) found residential instability to be a positive, significant predictor when investigating a county in Maryland, but Freisthler, Midanik, and Gruenewald (2004) and Coulton et al. (1999) did not find a relationship for neighborhoods in California and Ohio, respectively.

1.2.3. Child care burden

Child care burden has been defined as the "amount of adult supervision and resources that may be available for children in the community" (Coulton et al., 1995, p. 1270). When children outnumber adults in areas and there is a lack of natural support networks (i.e. elderly residents), that child care burden may become stressful for parents. Child care burden suggests a breakdown in the structure of helping networks in a neighborhood where parents have few choices for help when it comes to caregiving as well as possible reservations about children being able to play freely in the neighborhood. If there are no neighborhood sentinels in the form of adult or elderly residents who can act as de facto

guardians for the children in a neighborhood, the result is an increase in stress as parents and children are either in constant contact, children are left alone more frequently without adequate adult supervision, or parents must travel outside their community to obtain competent child care, incurring both financial and human costs.

Coulton and her colleagues operationalized child care burden by using a factor score representing the indicators of percent elderly, ratio of children to adults, and the ratio of males to females. Using this approach, child care burden was found to be positively related to overall rates of child maltreatment (Coulton et al., 1999; Coulton et al., 1995). When investigating child maltreatment reports separated by race, only predominately white neighborhoods and substantiation rates for white children were found to have a positive relationship to child care burden (Freisthler, Bruce, et al., 2007; Korbin et al., 1998). Child care burden has been less consistent in predicting rates of child maltreatment, suggesting it may operate differently for different forms of child maltreatment and among ethnic and racial groups.

This body of research has been able to define with some consistency the structural risk factors for child maltreatment, but there has been limited attention so far to the structural component of protection against child maltreatment. Klein (2011) found the availability and use of early childhood education services within neighborhoods was a mitigating factor for child maltreatment among children aged 0–5 years old when controlling for the neighborhood risk factors mentioned above. This paper investigates the possibility that access to substance abuse services in a community could serve as a mitigating factor for child maltreatment.

1.3. Substance abuse services and child welfare outcomes

Substance abuse service facilities are not often structured in a way that ensures participation of impoverished clients due to their inaccessibility (i.e. not convenient to public transportation) (Semidei, Radel, & Nolan, 2001). Jacobson (2004) referred to this problem as the travel burden, or the difficulty experienced when neighborhood geography places an extreme distance between one's home locale and the service facility. If it is difficult to access services, individuals may be less likely to engage with service providers to start treatment for substance abuse problems or continue in treatment when the travel burden strips an individual's tolerance for the travel costs incurred. However, when clients involved in child welfare services are able to access substance abuse services, the permanency outcomes have been shown to be largely positive, with completion of treatment associated with a shorter tenure in foster care for children and greater odds of reunification (Choi, Huang, & Ryan, 2012; Green, Rockhill, & Furrer, 2007). Additionally, Marsh, D'Aunno, and Smith (2000) found mothers with children in foster care who were provided transportation to overcome the geographic inaccessibility of substance abuse services were more likely to refrain from substance use than mothers who did not receive transportation services. While the studies referenced above were completed at the individual level, several studies offer additional support that accessibility to other social services could be an important factor in reducing rates of child maltreatment.

Bai, Wells, and Hillemeier (2009) investigated mental health service utilization among child welfare involved children with mental health service needs and found the number of mental health practitioners per 100,000 children were positively related to the use of mental health services, but the number of mental health clinics per 100,000 children was negatively associated with the use of these services. The negative findings in the Bai et al. (2009) county-level study could be developed and clarified by including indicators of how the location of services are geographically distributed. Freisthler (2013) investigated the relationship between child maltreatment referrals and foster care entries to the spatial distribution of child welfare-related services. Findings here indicated a greater overall density of social services predicted lower rates of child maltreatment referrals and foster care entries.

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