



Research article

Understanding child directed caregiver aggression: An examination of characteristics and predictors associated with perpetration[☆]



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ABSTRACT

Child physical abuse presents a substantial public health concern with lasting negative consequences for victims. Understanding the variables associated with perpetration can help inform prevention and intervention efforts. The current study examined background and clinical variables in a sample of 195 help-seeking caregivers who were at risk for or had been identified as having engaged in child directed aggression or abuse. We found that caregivers who did (vs. did not) report severe child directed aggression had poorer parenting and reported more drug use. Having a recent allegation of child physical abuse (vs. no allegation) based on official child welfare records was unrelated to parenting, drug and alcohol use, negative affect, parenting stress, or neglect. Structural equation modeling was used to examine the influence of parenting stress on child directed aggression and its effects through negative affect and positive parenting. We found that parenting stress predicted higher negative affect, which was related to greater child directed aggression. Additionally, parenting stress predicted lower positive parenting, which in turn predicted lower child directed aggression. A model including drug and alcohol use did not add to the prediction of child directed aggression. Prediction of neglect using similar variables found that only positive parenting was of import and that parenting stress and negative affect did not contribute to neglect. Implications for future prevention and treatment development efforts with abusive/aggressive caregivers are discussed.

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1. Introduction

Child maltreatment presents a substantial public health concern. Estimates using Child Protective Service (CPS) reports from the National Child Abuse and Neglect Data System (NCANDS) suggest that 678,810 youth were subjected to maltreatment in 2012 with 18% of these experiencing physical abuse (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, & Children's Bureau, 2013). Additionally a large proportion of cases are undetected by CPS, suggesting that a greater number of youth is likely subjected to abusive or neglectful behavior (Fallon et al., 2010). Most seriously, maltreatment was responsible for an estimated 1640 youth fatalities in 2012 (U.S. Department of Health and Human Services et al., 2013).

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Childhood victimization has been found to have lasting detrimental effects. Victims of child physical abuse (CPA) are more likely to struggle with internalizing, externalizing, and health problems, and to perpetrate aggressive behavior and intimate partner violence, compared to individuals without abuse histories (Milaniak & Widom, 2015; Springer, Sheridan, Kuo, & Carnes, 2007; Sugaya et al., 2012). CPA also appears to be associated with structural and functional brain changes and abnormality in systems involved in emotion, executive control, and stress response (Hart & Rubia, 2012; Leeb, Lewis, & Zolotor, 2011; McCrory, De Brito, & Viding, 2012). In sum, CPA has a devastating impact on victims and presents an important public health concern. Understanding variables contributing to perpetration of CPA may help decrease the harm done to victims. If emotional and behavioral characteristics associated with caregiver aggression are better understood, effectiveness of intervention and prevention strategies targeting this behavior can be improved.

2. Current study

The purpose of the current study is threefold. First, we wanted to identify characteristics that are thought to distinguish abusive from non-abusive caregivers (as indicated by official records) in a help-seeking sample of high conflict families. Second, because a large proportion of maltreatment is not identified by CPS (Fallon et al., 2010), we were interested in identifying if similar characteristics would differentiate caregivers who do vs. do not report any severe child-directed aggression, regardless of whether they had an official record for child physical abuse. Use of both official records and self-report methodology to identify subgroups of aggressive and abusive caregivers provides a means to identify clinical characteristics of each group and explore similarities between them. Third, we wanted to test a proposed model of dysfunction describing relationships between parenting stress, negative affect, positive parenting, and child directed aggression and to assess their associations with other relevant factors.

Understanding characteristics of abusive and aggressive caregivers and the interrelation between these subgroups would inform advances in both case conceptualization and intervention efforts. Identifying clinical variable differences characterizing physically abusive caregivers (vs. those without official records) and caregivers engaging in any severe child directed aggression (vs. not) may help to inform conceptualization of risk and treatment emphasis. Experiencing parenting stress (Black, Heyman, & Smith-Slep, 2001; Haskett, Ahern, Ward, & Allaire, 2006; McPherson, Lewis, Lynn, Haskett, & Behrend, 2008), greater negative affect (Mammen, Kolko, & Pilkonis, 2002; Mammen, Pilkonis, & Kolko, 2000; Smith, Cross, Winkler, Jovanovic, & Bradley, 2014), poorer parenting (Wilson, Rack, Shi, & Norris, 2008), and more drug and alcohol use (Friesthler, 2011; Friesthler & Gruenewald, 2013; Laslett, Room, Dietze, & Ferris, 2012; Oral et al., 2011) have been associated with abusive and aggressive caregiving. Child physical abuse commonly occurs with other forms of maltreatment (Stevens, Schneiderman, Negriff, Brinkmann, & Trickett, 2015), including child neglect, although this comorbidity has received less attention within the extant literature (Stoltenborg, Bakermans-Kraneburg, Alink, & van IJzendoorn, 2014) and merits additional explication.

In addition to characterizing aggressive/abusive caregivers, we sought to test a structural equation model of dysfunction examining the contribution of parenting stress to child directed aggression. Parenting stress has been related to greater abuse risk (Black et al., 2001; Haskett et al., 2006; McPherson et al., 2008); however, it does not always lead to this behavior. Associated variables may account for some of this relationship: parenting stress has been related to higher negative affect (Haskett et al., 2006) and less positive parenting (Park & Walton-Moss, 2012). Negative affect and dysregulation of negative emotion have been associated with CPA perpetration (Mammen et al., 2000, 2002; Smith et al., 2014) and positive parent-child interactions appear protective against child abuse (Thornberry et al., 2013; Wilson et al., 2008).

Stressed parents who experience more symptoms of negative affect or have fewer positive parenting interactions may be more likely to engage in child directed aggression. In addition to testing this model, we examine relationships between child directed aggression and drug and alcohol use and the contribution of affective and parenting variables to neglect to see the manner in which these variables could be integrated into a conceptualization of dysfunction. The current examination tests the contribution of negative affect to aggressive caregiving, while placing it in the context of parenting stress and positive parent child interactions. Additionally, applicability of this model to child neglect and the impact of drug and alcohol use is examined. Our project contributes to understanding factors contributing to aggressive and abusive caregiving and tests a model of relationships between affective and parenting components and aggression.

3. Method

3.1. Participants

Participants were 195 caregivers who were seeking services from providers in 10 community agencies. Families were referred to the trial by local mental health agencies due to experience of family conflict or aggression. All had been identified during a study screening interview as having a recent (6 months) history of or being at risk for CPA. Among our families, 83.6% ($n = 163$) of participants were included due to reported family use of physical force with a child, 82.6% ($n = 161$) for caregiver and child physical conflict, 94.9% ($n = 185$) any caregiver harming or injuring a child, and 37.4% ($n = 73$) for report of physical abuse or child maltreatment. Thus, participants were caregivers within high conflict aggressive families.

Families were generally economically disadvantaged, with household incomes as follows; 42.1% making \$14,999 or less, 27.2% \$15,000–\$29,999, 10.3% 30,000–49,999, 4.1% 50,000–74,999, 2.6% making \$75,000 or more, and 13.8% being unable

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