



Research article

The moderating effect of relationships on intergenerational risk for infant neglect by young mothers[☆]



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ABSTRACT

Infant neglect is the form of child maltreatment that occurs most often, yet has been least amenable to prevention. A maternal history of childhood maltreatment is a potent risk factor for child neglect, yet most maltreated mothers break intergenerational cycles of child abuse and neglect. Little is known about what protective factors support discontinuity in intergenerational transmission. This study examined whether certain factors (positive childhood care, older maternal age, social support) buffer intergenerational risk for neglect among the infants of young mothers, a population at high risk of being victimized. For young mothers in the sample (<21 years at birth; $n = 447$), the effect of a maternal history was assessed separately for different maltreatment types according to data on substantiated reports from Child Protective Services. Early risk for neglect was assessed using maternal self-report of parenting empathy. The results revealed that both infants and their mothers experienced neglect more often than any other maltreatment type. However, approximately 77% of maltreated mothers broke the cycle with their infants (<30 months). Maternal age moderated the relation between a maternal history of neglect and infant neglect, and social support moderated the relation between childhood neglect and maternal empathy. Neglected mothers had considerably higher levels of parenting empathy when they had frequent access to social support than when they had less frequent support, whereas the protective effect of social support was not nearly as strong for nonmaltreated mothers. Study findings highlight resilience in parenting despite risk for infant neglect, but underscore the context specificity of protective processes.

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Introduction

Infant neglect is the most common form of child maltreatment and arguably poses the greatest threat to children's well-being, yet it has received limited public attention (Dubowitz, 2007). In 2012, Child Protective Services (CPS) identified approximately 679,000 children who were victims of abuse and neglect. Over three-quarters (78%) of these children suffered neglect, a figure that far exceeds physical abuse (18%) and sexual abuse (9%) combined (U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, 2013). Children birth to one year have the highest rate

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of victimization (21 per 1,000 children of the same age in the U.S.) and incur the most serious harm from neglect (Sedlak et al., 2010).

Infant exposure to neglect, especially when severe and prolonged, has been found to have adverse and long lasting consequences for children's physical, cognitive, and socioemotional development in ways that are distinct from other forms of maltreatment (De Bellis, 2005; Erickson & Egeland, 2002; Hildyard & Wolfe, 2002; Kim & Cicchetti, 2006; Pollak et al., 2010). Exposure to neglect during this sensitive period may undermine neuronal development and limit overall brain growth (De Bellis, 2005), lead to serious health concerns (DePanfilis, 2006; Shonkoff, Boyce, & McEwen, 2009), result in cognitive, academic, and language problems (Erickson & Egeland, 2002), and lead to insecure attachments, poor self-regulation, difficulty with peers, internalizing and externalizing problems, and mental illness (Cyr, Euser, Bakermans-Kranenburg, & Van IJzendoorn, 2010; Kim & Cicchetti, 2006; Erickson & Egeland, 2002). Neglect also causes the majority (70%) of maltreatment-related deaths, half (48%) of which occur before a child's first birthday (U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau, 2013).

The perpetrators of child maltreatment are most often parents (80%; U.S. Department of Health, Administration for Children & Families, Children's Bureau, 2013), and this is especially true in cases of neglect. An estimated 92% of neglected children are victimized by a biological parent, compared to 64% of abused children (Sedlak et al., 2010). Young mothers, in particular, are at heightened risk for neglecting their offspring (Sidebotham & Golding, 2001; Slack, Holl, McDaniel, Yoo, & Bolger, 2004).

Infant neglect

We assessed infant neglect using cumulative records from the state CPS agency prenatally until their most recent report at Time 2 data collection (up to May 2011). We utilized a dummy variable for infant neglect by any perpetrator (1 = substantiated report of neglect but no substantiated reports of abuse; 0 = no substantiated reports of maltreatment of any kind). Six cases of physical abuse (with or without neglect) were removed to maintain "clean" maltreatment categories. No other forms of maltreatment (e.g., sexual abuse, emotional abuse, congenital drug addiction) were reported for infants in the study. We coded alternative response cases with a disposition of "concern" as maltreatment when a family received services ($n = 2$), but "concern" with no services and "no concern" as non-maltreated ($n = 1$).

Infant neglect by adolescent mothers. Research on the relation between infant maltreatment and maternal age suggests that young mothers are more likely to neglect their infants than are adult mothers (Coley & Chase-Lansdale, 1998; Whitman, Borkowski, Keogh, & Weed, 2001). Furthermore, the youngest mothers may be at highest risk for neglectful parenting (Stier, Leventhal, Berg, Johnson, & Mezger, 1993; Zuravin & DiBlasio, 1992). For example, a study by Stier et al. (1993) found that the rate of neglect was 2.4 times as high for parents under age 18 than for mothers age 19 to 34. Another study by Zuravin and DiBlasio (1992) found higher risk for neglect even when restricting maternal age to the teenage years (18 years or younger at first birth); neglectful adolescent mothers were more likely than their nonmaltreating peers to have had their first child at a younger age. The etiology of infant neglect by young mothers may be explained in part by their lack of developmental preparedness for parenthood, but also by their disproportionate exposure to risk conditions compared to women who delay parenting until adulthood. More than their older counterparts, young mothers tend to endure difficult life circumstances linked to neglect, such as a maternal history of childhood maltreatment, poverty, social isolation, and single parent status, that, when compounded with their immaturity, may compromise their ability to demonstrate empathy and provide adequate care (Borkowski, Whitman, & Farris, 2007; Goldman & Salus, 2003; Slack et al., 2004).

Prominent theories on child maltreatment, including ecological systems approaches, explain infant neglect as a consequence of dynamic transactions among children, young parents, and their environments (Belsky, 1993; Cicchetti & Lynch, 1993). This view also is reflected in Relational Developmental Systems theories (Lerner et al., 2013; Overton, 2013) that consider multiple aspects of a developmental system (e.g., individual history, social relationships, and environmental context). The ontogeny of social relationships appears to play a prominent role in such approaches. A mother's experiences of childhood positive care and maltreatment influence her affective and cognitive interpretations of her parenting role, as well as her interactions with her current social context. Maltreated mothers have smaller and less satisfying social support networks (Vranceanu, Hobfoll, & Johnson, 2007) and are more likely to experience higher levels of parenting stress and to maltreat their offspring (Deater-Deckard, 2004; Gaudin, 2001).

Understanding how such risk factors are implicated in the etiology of neglect is only half of the picture, however. A resilience framework, defining resilience as "positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543), offers a complimentary perspective, in which interventionists and policymakers seek to understand how to offset risk for neglect (Masten & Powell, 2003; Werner, 2000). At present, the empirical literature on infant maltreatment is replete with findings on maladaptive parenting in high-risk contexts rather than successful parenting under similar conditions. This approach unnecessarily limits prevention research to identifying risks to be ameliorated rather than avenues for promoting healthy parenting. For example, the majority of maltreatment researchers emphasize continuity versus discontinuity in intergenerational transmission of maltreatment, despite the fact that most parents break these cycles (Kaufman & Zigler, 1987; Ertem, Leventhal, & Dobbs, 2000).

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