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Child Abuse & Neglect



Exploring policies for the reduction of child physical abuse and neglect[☆]



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ABSTRACT

Policies can be powerful tools for prevention given their potential to affect conditions that can improve population-level health. Given the dearth of empirical research on policies' impacts on child maltreatment, this article (a) identifies 37 state policies that might have impacts on the social determinants of child maltreatment; (b) identifies available data sources documenting the implementation of 31 policies; and (c) utilizes the available data to explore effects of 11 policies (selected because they had little missing data) on child maltreatment rates. These include two policies aimed at reducing poverty, two temporary assistance to needy families policies, two policies aimed at increasing access to child care, three policies aimed at increasing access to high quality pre-K, and three policies aimed at increasing access to health care. Multi-level regression analyses between within-state trends of child maltreatment investigation rates and these 11 policies, controlling for states' childhood poverty, adults without a high school diploma, unemployment, child burden, and race/ethnicity, identified two that were significantly associated with decreased child maltreatment rates: lack of waitlists to access subsidized child care and policies that facilitate continuity of child health care. These findings are correlational and are limited by the quality and availability of the data. Future research might focus on a reduced number of states that have good quality administrative data or population-based survey data on child maltreatment or reasonable proxies for child maltreatment and where data on the actual implementation of specific policies of interest can be documented.

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Introduction

Research on and use of public policies to prevent child maltreatment is surprisingly scant. A recent review conducted to identify gaps in child maltreatment prevention found only three studies examining public policies (Klevens & Whitaker, 2007). Two of these studies examined the impact of welfare policies on child physical abuse and neglect (Fein & Lee, 2003; Paxson & Waldfogel, 2002, 2003), and one study looked at the impact of legislation banning corporal punishment (Durrant, 1999). Other policies with prevention potential examined in the literature not identified by Klevens and Whitaker (2007) include legislation criminalizing fetal exposure to drugs (Chavkin, Wise, & Elman, 1998), child exposure to partner violence

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being considered child neglect (Edleson, Gassman-Pines, & Hill, 2006), increasing access to abortion (Bitler & Zavodny, 2004; Seiglie, 2004; Sen, Wingate, & Kirby, 2012), and housing policies' effects on stability for children and availability of child care (McAllister, Thomas, Wilson & Green, 2009).

This limited research on policies is problematic because policies can be powerful tools for prevention given their potential to affect the conditions in which people are born, grow, live, and work (i.e., social determinants) and improve population-level health (Commission on Social Determinants of Health [CSDH], 2008). Even policies that are not formulated with health in mind often have health consequences. For example, the Earned Income Tax Credit has been associated with decreases in infant mortality (Arno, Sohler, Viola, & Schechter, 2009). Providing income support to families in poverty has been associated with decreases in children's externalizing behaviors (Gennetian, Castells, & Morris, 2010), young adult substance abuse (Costello, Erkanli, Copeland, & Angold, 2010), and delinquency (Akee, Copeland, Keeler, Angold, & Costello, 2010).

Given the potential for prevention and dearth of empirical research on policies' impacts on child maltreatment, we aimed to (a) identify state policies that might have impacts on the social determinants of child maltreatment; (b) identify available data sources documenting the implementation of these policies; and (c) utilize the available data to explore effects of a selected set of policies on child maltreatment investigation rates. The first section of this article describes our approach and findings for the first two aims. The second section presents the methods and findings for the third aim. The final section will summarize the findings, identify the limitations of our data, and suggest directions for future efforts. This work may encourage other child maltreatment prevention researchers to go beyond individual and family-level interventions and consider more research on policies' impacts.

Identification of Policies, Theoretical Links, and Data Sources

The term *policy*, as used in this study, includes any law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions (Centers for Disease Control and Prevention, 2013). This study focuses on state-level policies for two reasons. First, states and local governments contribute to two thirds of all public spending on children (Isaacs, Hahn, Rennane, Steuerle, & Vericker, 2011), and therefore, state-level public policies have substantial impacts on children. Second, the variation across states and small but measurable change over time in the selection and implementation of policies offered multiple "natural experiments" which could facilitate the evaluation of the impact of policies.

To identify state policies that might affect the social determinants of child maltreatment rates we consulted with nine individuals identified by the Center for the Study of Social Policy (CSSP) as policy experts in the area of child and family welfare, economics, public health, health care, or environment and discussed with them how these policies might be theoretically linked to child maltreatment. For the consultants, we defined social determinants as the circumstances in which people are born, grow, live, work, and age (CSDH, 2008). These consultants also provided suggestions for available data on state-level policies. Internet searches and interviews with key informants identified by CSSP were used to identify other available data on state-level policies. Table 1 presents the list of state policies identified and, if found, the year(s) and source for which data were available on their implementation.

The first group of policies identified addressed the issues of low income and poverty. Low income has long been associated with maltreatment (Stith et al., 2009). The mechanisms through which poverty or low income might increase child maltreatment include increased parental stress as a result of perceived hardships (Gershoff, Aber, Raver, & Lennon, 2007; Mistry, Vandewater, Huston, & McLoyd, 2002; Slack, Holl, McDaniel, Yoo, & Bolger, 2004; Yeung, Linver, & Brooks-Gunn, 2002), increased number of negative life events (Gershoff et al., 2007), or because of poverty's effects on parents' mental health and relationships with partners (Yeung et al., 2002).

Policies related to concentration of poverty were also proposed. Concentrated neighborhood poverty is consistently associated with higher rates of child maltreatment (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006). Neighborhood disadvantage might increase child maltreatment through its effects on parental depression (Mair, Diez Roux, & Galea, 2008), social capital (Zolotor & Runyan, 2006), willingness to rely on neighbors for child care (Garbarino & Sherman, 1980) or other needs (Ernst, 2001), increased social disorder resulting in lack of social controls on behaviors (Freisthler et al., 2006), or decreased access to resources and formal supports.

Housing policies were suggested because they affect access to affordable housing and residential stability. Homelessness is a stronger predictor than parental substance abuse or mental illness for out-of-home placements for children (Cowan, Shinn, Weitzman, Stojanovic, & Labay, 2002). Whether a direct result of low income or its correlates, homelessness or residential instability is in itself a stressor and it affects a parent's ability to develop and maintain a local support network. In turn, weak or lack of social support is a consistent risk factor for child maltreatment (Stith et al., 2009).

Policies related to access to high quality affordable childcare were proposed for two reasons. First, childcare assistance can affect families' ability to work and earn sufficient income (Schulman & Blank, 2004); as described previously, insufficient income may lead to child maltreatment through various mechanisms. Second, enriched early experiences in high-quality care settings can reduce childhood and adolescent behavioral problems (Vandell et al., 2010) which may trigger abusive parenting.

Evidence suggesting that pre-K programs involving parents may reduce child maltreatment (Reynolds & Robertson, 2003) led to consideration of policies increasing access to high quality pre-K. States vary considerably in the strategies pursued to increase the quality of child care (e.g., allowing tiered reimbursement; and providing funding for quality improvement

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