



Adolescent risk factors for child maltreatment[☆]



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ABSTRACT

We investigate adolescent risk factors, measured at both early and late adolescence, for involvement in child maltreatment during adulthood. Comprehensive assessments of risk factors for maltreatment that use representative samples with longitudinal data are scarce and can inform multilevel prevention. We use data from the Rochester Youth Development Study, a longitudinal study begun in 1988 with a sample of 1,000 seventh and eighth graders. Participants have been interviewed 14 times and, at the last assessment (age 31), 80% were retained. Risk factors represent 10 developmental domains: area characteristics, family background/structure, parent stressors, exposure to family violence, parent–child relationships, education, peer relationships, adolescent stressors, antisocial behaviors, and precocious transitions to adulthood. Maltreatment is measured by substantiated reports from Child Protective Services records. Many individual risk factors (20 at early adolescence and 14 at later adolescence) are significantly, albeit moderately, predictive of maltreatment. Several developmental domains stand out, including family background/structure, education, antisocial behaviors, and precocious transitions. In addition, there is a pronounced impact of cumulative risk on the likelihood of maltreatment. For example, only 3% of the youth with no risk domains in their background at early adolescence were involved in later maltreatment, but for those with risk in 9 developmental domains the rate was 45%. Prevention programs targeting youth at high risk for engaging in maltreatment should begin during early adolescence when risk factors are already at play. These programs need to be comprehensive, capable of addressing the multiple and interwoven nature of risk that is associated with maltreatment.

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Introduction

The Centers for Disease Control and Prevention (CDC) define child maltreatment as “any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child” (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008, p. 11). The most common types of maltreatment are physical abuse, sexual abuse,

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psychological abuse (acts of commission), and neglect (acts of omission). Maltreatment represents a substantial individual and public health concern in American society. It causes immediate harm, has many long-term consequences for the victim, and has serious deleterious effects for the family and society at large (Gilbert et al., 2009). It is estimated to cost at least \$100 billion each year (Wang & Holton, 2007).

In 2011, based on Child Protective Services (CPS) records, approximately 9.1 children per thousand were maltreatment victims in the United States (U.S. Department of Health and Human Services, 2012). Girls and boys are about as likely to be maltreated, except for sexual abuse where the rates are higher for girls. Neglect is the predominant form of maltreatment (78.5%), followed by physical abuse (17.6%), sexual abuse (9.1%), and other types (10.3%). Moreover, there is considerable co-occurrence of types within a single incident (U.S. Department of Health and Human Services, 2012). Reports from a national sample of community professionals offer a higher estimate: in 2005–2006 almost 40 children per thousand were maltreated (Sedlak et al., 2010). Maltreatment prevalence in community surveys is even higher, at 15% or more (e.g., Straus & Gelles, 1986; Thornberry, Ireland, & Smith, 2001).

Maltreatment is related to a variety of serious consequences, including substance use, violence, health-risking sex behaviors, depression, obesity and eating disorders, internalizing problems, and school disengagement (Gilbert et al., 2009). Another demonstrated long-term consequence of maltreatment is the heightened likelihood of abusing or neglecting others (Thornberry & Henry, 2013). Accordingly, practice and policy have typically focused on interventions designed to mitigate the ill effects of maltreatment, prevent its re-occurrence, and decrease the likelihood that maltreatment victims will one day maltreat others. Although it is critical to provide these services, from a public health perspective, it would be far more effective to reduce the prevalence of maltreatment in the first place. Indeed, the CDC has called for “a better understanding of the developmental pathways and social circumstances that contribute to perpetration . . . [to] enhance the development of effective primary prevention programs and guide refinement of existing prevention programs” (CDC, 2002, p. 7). Unfortunately, as the CDC also noted, there has been considerably less research devoted to identifying the antecedent processes that lead to involvement in maltreatment and that, in turn, has hampered the development of effective primary prevention programs to reduce its occurrence. This study addresses this issue by providing a comprehensive assessment of adolescent risk factors that are expected to be associated with later maltreatment. We focus on adolescence to identify risk factors that occur relatively early in the life course, well before involvement in maltreatment, but when cascades of risk are visibly accumulating and there is increased life-course turbulence.

The risk factor approach

A risk factor is “a measurable *characterization* of each *subject* in a specified *population* that precedes the *outcome* of interest and which can be used to divide the population into two groups (the high risk and low risk groups that comprise the total population)” (Kraemer et al., 1997, p. 338). In our case, the outcome of interest is maltreatment by parents or parent figures directed at one or more children, and we are interested in identifying individual risks during adolescence that significantly increase the likelihood of later involvement in maltreating behaviors. Identifying risk factors, especially those that occur early in the life course, has a number of advantages. Theoretically, it narrows the search for causal risk factors to the set of antecedent characteristics that are most strongly related to the outcome and helps identify intervening variables that translate the increased vulnerability into actually experiencing the outcome. Practically, such an approach can promote tailoring interventions to the specific risks or combinations of risks a person is experiencing and the timing of those risks. Also, as Farrington (2000) noted, the risk factor “paradigm is easy to understand and communicate, and it is readily accepted by policy makers, practitioners, and the general public” (p. 7).

The risk factor approach assumes that there is no single pathway to negative outcomes and that risk factors occur across multiple developmental domains or levels of a person’s social ecology (Bronfenbrenner, 1988). Particular aspects of the adolescent social ecology that may influence later involvement in maltreatment include contextual factors such as neighborhood characteristics, economic standing, and family background, as well as more proximal factors such as parent–child relationships, educational performance, peer relationships, and involvement in problem behaviors (Belsky, 1993). In addition to identifying individual risk factors, the risk factor approach assumes that it is typically the accumulation of risk that is most strongly related to adversity (Masten & Wright, 1998). As stated by MacKenzie, Kotch, and Lee (2011), “. . . the central point of the cumulative risk approach is that it is less important which individual risk factors are present or measured and more important to a population approach to attend to the overall load of risk operating in a family” (p. 1640). Unfortunately, few prior studies of risk factors for maltreatment have simultaneously investigated risk in multiple domains, even though the likelihood of maltreatment is likely to increase substantially when risk is accumulated across multiple domains. Still fewer studies have investigated these issues in prospective longitudinal designs even though, by definition, a risk factor must precede the particular outcome. To help inform comprehensive prevention approaches we employ a community sample with a relatively high prevalence of child maltreatment that has comprehensive measures of risk factors covering multiple domains of the person’s ecology and that clearly establishes temporal order between the risk factors and the outcome of maltreating behavior.

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