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Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Neighborhood racial & ethnic diversity as a predictor of child welfare system involvement



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ARTICLE INFO

Article history:
Received 6 May 2013
Received in revised form 10 March 2014
Accepted 13 March 2014
Available online 21 March 2014

Keywords: Child maltreatment Diversity Ecological models Neighborhoods Race Spatial analysis

ABSTRACT

Using U.S. Census and child maltreatment report data for 2052 Census tracts in Los Angeles County, California, this study uses spatial regression techniques to explore the relationship between neighborhood social disorganization and maltreatment referral rates for Black, Hispanic and White children. Particular attention is paid to the racial-ethnic diversity (or 'heterogeneity') of neighborhood residents as a risk factor for child welfare system involvement, as social disorganization theory suggests that cultural differences and racism may decrease neighbors' social cohesion and capacity to enforce norms regarding acceptable parenting and this may, in turn, increase neighborhood rates of child maltreatment. Results from this study indicate that racial-ethnic diversity is a risk factor for child welfare involvement for all three groups of children studied, even after controlling for other indicators of social disorganization. Black, Hispanic and White children living in diverse neighborhoods are significantly more likely to be reported to Child Protective Services than children of the same race/ethnicity living in more homogeneous neighborhoods. However, the relationships between child welfare system involvement and the other indicators of social disorganization measured, specifically impoverishment, immigrant concentration child care burden, residential instability, and housing stress, varied considerably between Black, Hispanic and White children. For Black children, only housing stress predicted child maltreatment referral rates; whereas, neighborhood impoverishment, residential instability, and child care burden also predicted higher child maltreatment referral rates for Hispanic and White children. Immigrant concentration was unrelated to maltreatment referral rates for Black and Hispanic children, and predicted lower maltreatment referral rates for White children. Taken together, these findings suggest that racial-ethnic diversity may be one of the more reliable neighborhood-level demographic indicators of child welfare risk across different racial/ethnic groups of children. However, many of the other neighborhood characteristics that influence child maltreatment referrals differ for Black, Hispanic and White children. Consequently, neighborhood-based family support initiatives should avoid a one-size-fits-all approach to child abuse prevention and strategically consider the racial/ethnic make-up of targeted communities.

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1. Introduction

A growing body of research links several neighborhood structural factors to child maltreatment rates (see Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006), suggesting that place-based interventions may be a promising avenue for reducing child abuse and neglect. There has also been a great deal of research contributing to the discussion regarding racial and ethnic disproportionality among children exposed to the U.S. child welfare system (Fluke, Jones-Harden, Jenkins, & Ruehrdanz, 2010; Fluke, Yuan, Hedderson, & Curtis, 2003; Hill, 2006; Kim, Chenot, & Ji, 2011; Stoltzfus, 2005; Wulczyn & Lery, 2007). Yet, only a few studies have attempted to

illuminate the relationship between neighborhood structure and child welfare system involvement for children of different races/ethnicities (Freisthler, Bruce, & Needell, 2007; Kohl, Jonson-Reid, & Drake, 2009; Korbin, Coulton, Chard, Platt-Houston, & Su, 1998). The current study expands on this research by examining the relationship between child maltreatment referral rates and neighborhood racial–ethnic diversity (or 'heterogeneity'). Separate models are presented for Black, Hispanic and White children living in Los Angeles County, California.

1.1. Racial/ethnic disproportionality in U.S. child welfare system involvement

Although national data on the race and ethnicity of children referred to child protective services (CPS) in the United States is not readily available, recent statistics on *substantiated* referrals demonstrate that among the 93.3% of substantiated cases for which victim race is

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specified, 93.7% are White, African American or Hispanic, while 4.1% are classed as being of multiple race, and only 2.3% are identified as belonging to other racial groups (e.g. American Indian, Asian, Pacific Islander). The relative risk of maltreatment for each of these racial/ethnic groups varies considerably. In Federal Fiscal Year 2011, Blacks were substantially over-represented among confirmed child maltreatment victims, Whites were under-represented, and Hispanics made up almost the same percentage of maltreatment victims as children in the general population (United States Department of Health et al. [USDHHS], 2011). Similar to national trends, child welfare system involvement in Los Angeles County, where the current study was conducted, is also characterized by racial and ethnic disproportionality. The most recent data available demonstrate that only Hispanics and Native Americans are referred to child protective services (CPS) at roughly the same rate as their presence in the county's general population (e.g. Hispanics make up 61% of Los Angeles County's child population and also account for 61% of the referrals to CPS). Asian Americans and Whites are underrepresented, while Black children are over-represented. Blacks account for nine percent of the child population in Los Angeles and 19% of the child maltreatment referrals (Needell, Brookhart, & Lee, 2003).

There has been much debate regarding the underlying causes of racial/ethnic disproportionality in the child welfare system, with two general schools of thought emerging, Drake, Jolley, Lanier, Fluke, and Barth (2011) describe these as the "Bias Model" and the "Risk Model". The former attributes the over-representation of Blacks in the child welfare system (and in some communities other minority groups) to racial bias on the part of those who report and investigate maltreatment. Inherent to the "Bias Model" is the assumption that minorities do not actually mistreat their children more, or at least not to the extent suggested by their disproportionate level of CPS contact. Rather, their over-representation is understood to be the product of excessive scrutiny by community members and professionals who are prone to pathologizing and labeling questionable parenting by minorities as 'abuse' or 'neglect' due to racist presuppositions. The "Risk Model", on the other hand, contends that over-represented minorities have more child welfare system contact because they do in fact maltreat their children more often than members of other groups. According to this model, over-represented racial/ethic groups engage in higher rates of child maltreatment because they are, on average, exposed to more personal and community-level risk factors, such as poverty and unemployment, and tend to have less access to services and supports that can buffer them against the parenting stress associated with exposure to these risks. While research exists to support both theories, evidence supporting the "Risk Model" is stronger (see Drake et al., 2011).

1.2. The impact of neighborhood

Largely missing from this theoretical debate is a discussion of how neighborhoods, particularly the racial/ethnic structure of neighborhoods, contribute to disproportionate child welfare system involvement. Scholars have noted myriad neighborhood characteristics that are related to child well-being, the potential for maltreatment, and/or child welfare system involvement. Poverty rates, concentrated affluence, unemployment, percentage of female-headed households, community violence, urbanicity/rurality, residential turnover, population density, residential crowding, vacant housing, immigrant concentration, spatial relation to other communities, adequacy of informal resources for child supervision (often termed 'child care burden'), accessibility of formal child care and early education services, and the presence of local alcohol outlets are all implicated in neighborhood or communitylevel studies of child abuse and neglect (Coulton & Korbin, 1995; Coulton, Korbin, & Su, 1999; Coulton et al., 2007; Drake, Lee, & Jonson-Reid, 2009; Drake & Pandy, 1996; Freisthler, Bruce, & Needell, 2007; Freisthler, Gruenewald, Remer, Lery, & Needell, 2007; Freisthler, Gruenewald, Ring, & LaScala, 2008; Freisthler, Needell, & Gruenewald, 2005; Freisthler et al., 2006; Gillham et al., 1998; Kim et al., 2011; Klein, 2011; Korbin et al., 1998; Merritt, 2009; Spearly & Lauderdale, 1983; Zuravin, 1986). Research also demonstrates that families of color are more likely than White families to reside in distressed neighborhoods characterized by impoverishment, crime and other community characteristics associated with child maltreatment (Drake & Rank, 2009; Massey, 2004).

1.2.1. Social disorganization

This body of research is underpinned by social disorganization theory (Sampson, 2001; Shaw & McKay, 1969; Wilson, 1987, 1996), which posits that rapid structural changes in the United States since the 1970s have eroded the levels of community organization in many urban neighborhoods precipitating the clustering of a host of social problems, including child maltreatment, in these areas. According to this theory, neighborhoods that are socially disorganized lack a structure to help maintain social controls that allow community members to realize shared goals, like child safety. Mutual trust, shared norms and expectations for resident behavior, the availability of informal and formal support services, and a sense of "collective efficacy" are thought to equip residents to effectively exert social control regarding undesirable behavior in their community (Sampson, 2001; Shaw & McKay, 1969). Consequently, if community members are in disagreement regarding what constitutes acceptable standards of behavior, are mistrusting and socially isolated from their neighbors, or are unable to realize acceptable standards of behavior, the resultant social disorganization may precipitate elevated incidences of child maltreatment and child welfare system contact.

Social disorganization researchers often rely on demographic measures to serve as proxies for core theoretical constructs. Neighborhood poverty and unemployment rates are frequently used indicators of disorganization because it is theorized that residents of poor communities are too busy addressing their survival needs to regularly socialize with neighbors and actively participate in civic life (Coulton et al., 1999; Deccio, Horner, & Wilson, 1994; Freisthler, 2004; Freisthler, Gruenewald, Remer, Lery, & Needell, 2007; Freisthler, Midanik, & Gruenewald, 2004; Klein, 2011; Krishnan & Morrison, 1995; Merritt, 2009; Molner, Buka, Brennan, Holton, & Earls, 2003). Similarly, communities with high levels of 'child care burden' are presumed more disorganized because residents are too overwhelmed with child supervision responsibilities to build relationships with their neighbors (Coulton et al., 2007; Greenman, Bodovski, & Reed, 2011; Guterman, Lee, Taylor, & Rathouz, 2010). Child care burden is often represented by the ratio of children to adults and the percent of elderly people living in a neighborhood, as adult residents' ability to supervise children may compete with their role as caregivers for aging family members. Another frequently used demographic indicator of social disorganization is population turnover rates. Social disorganization theorists reason that residential churning makes it hard to get to know one's neighbors and build relationships characterized by mutual trust, which tends to take time (Freisthler, Gruenewald, Remer, Lery, & Needell, 2007; Kasarda & Janowitz, 1974; Osgood & Chambers, 2000; Sampson, 1988; Sampson & Groves, 1989). Likewise, the concentration of immigrants in a neighborhood and racial-ethnic heterogeneity (diversity) are sometimes used to signify social disorganization as culture and language differences are expected to disrupt the development of shared norms between neighbors regarding appropriate behavior, while racism and anti-immigrant sentiments may impede the development of socially cohesive relationships (Sampson & Groves, 1989; Shaw & McKay, 1972; Thomas, 2011). It should be noted, however, that empirical evidence that immigrant concentration contributes to neighborhood disorganization and associated outcomes for residents, including child maltreatment, is weak (Freisthler, Bruce, & Needell, 2007; Lee, Martinez, & Rosenfeld, 2001; Martinez, 2002; Morenoff, Sampson, & Raudenbush, 2001; Nielsen, Lee, & Martinez, 2005; Sampson & Raudenbush, 1999).

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