Pathways from social support to service use among caregivers at risk of child maltreatment

Jiyoung Kang *

Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, 1010 W. Nevada Street, Suite 2080, Urbana, IL 61801, United States

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ABSTRACT

The purpose of this study was to test pathways from social support to service use among caregivers at risk of child maltreatment, which involved four mediating variables-family functioning, psychosomatic problems, child maltreatment allegation, and perceived needs. I used a subsample of data ($n = 1000$) of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). The model fitted the data well and supported some of the hypothesized pathways. The effect of social support on service use was mediated by family functioning and psychosomatic symptoms, which in turn was associated with caregivers' perceived needs for outside assistance for a personal or emotional problem. The hypothesized pathways from perceived family functioning and psychosomatic symptoms through CPS report were not supported. The study's findings contribute to understanding the role that social support can play in caregivers' seeking service use for emotional or personal problems.

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1. Introduction

Various factors such as domestic violence, substance abuse, mental health problems, and poverty can put caregivers at risk of child abuse and neglect (Stith et al., 2009). In other words, caregivers at risk of child maltreatment have different needs for services that would help them provide safe environments for their children (e.g., Choi & Ryan, 2007; Eamon & Kopels, 2004). Social support is one of the critical protective factors affecting child maltreatment due to its stress-buffering or stress-alleviating effects (e.g. Turner & Brown, 2010). Studies have consistently shown that caregivers maltreating their children have significantly less social support than others (e.g., Coohey, 2007). Informal support can enable families at risk to manage the demands from their life stress (McCubbin & Patterson, 1983). Due to limited resources and resource distribution strategies, not all families in need of services actually receive services (Staudt & Cherry, 2009). To address caregivers' service needs, we need to know how to assist these caregivers in order to connect them with needed services more effectively and to utilize social support in the process of service seeking and service use until professional help is received.

Social support has received research attention in exploring health and mental health service use (Thoits, 2011). However, in child welfare research, ways in which social support of caregivers at risk of child maltreatment play a role in seeking and receiving services has not examined. Research on caregivers' service use has received less attention in general compared to service use of maltreated children

(Rajendran & Chemtob, 2010; Thomson et al., 2007). Addressing caregivers' service needs through service use is closely related to children's well-being and safety (Staudt & Cherry, 2009). Although a few studies have found predictors of service receipt such as involvement in child welfare, types and numbers of caregiver's problems (Staudt & Cherry, 2009), and ethnicity (Libby et al., 2006), no studies could be located that examined the pathways through which social support influences service use among caregivers at risk of child maltreatment.

This study aims to develop an understanding of pathways from social support to service use. Knowledge on how caregivers come to use services can inform child welfare practitioners and policy makers of the critical factors needed to optimize service use for caregivers in need with limited resources.

1.1. Social support, family functioning and psychosomatic symptoms

Social support is a well-known protective factor for physical and mental health as well as for child safety because of its distress-alleviating and stress-buffering effects (e.g. Turner & Brown, 2010). Studies have found that generally greater perceived social support reduces the probability of using mental health services. The mechanisms by which social support reduces service use have been less examined (Thoits, 2011), but the literature on social support suggests possible pathways. Studies have consistently shown that social support reduces psychological distress across populations and types of distress (e.g., Clay, Roth, Wadley, & Haley, 2008; Lin, Thompson, & Kaslow, 2009). For example, Lyons, Henly, and Schuerman (2005) found that social support has a main effect on lessening financial strains, negative life events, depression, and

* Tel.: +1 217 265 7865; fax: +1 327 333 7629.
E-mail address: kang30@illinios.edu.

enables more positive parenting. Also, a randomized social support intervention effectively prevented postnatal depression among women at high risk (Dennis et al., 2009). On the other hand, lack of emotional support and criticism from social networks negatively predicts family functioning (Coty & Wallston, 2010). Greater perceived social support has also been shown to have a direct and linear relationship with family functioning (Ergh, Rapport, Coleman, & Hanks, 2002). Family stress theory also emphasizes the resources a family uses to cope with the demands from stressors, and that among them, social support is an important family resource (McCubbin & Patterson, 1983).

1.2. Family functioning, psychosomatic symptoms, child maltreatment allegations and perceived needs

Family functioning can predict child maltreatment and perceived needs for services. When a family does not function properly, they experience high levels of family conflict and low levels of family cohesion, and these are known risk factors of child maltreatment (e.g., Stith et al., 2009). According to family stress theory (McCubbin & Patterson, 1983), families with high levels of cohesion, communication and adaptability can cope with stressful situations such as members' illnesses better. Thus, positive family functioning can enable families' accommodation to demanding situations and reduce individuals perceived service needs.

Psychosomatic symptoms predict child maltreatment allegations or substantiation and perceived needs for services. Research has shown that caregivers who have a mental health problem are more likely to be alleged for child maltreatment or involved with the child welfare system (Stith et al., 2009). When emotional disturbances become chronic or severe, individuals with mental health problems may eventually recognize their mental health problems as treatable through professional services (Horwitz, 1977). Research has demonstrated that the existence and the severity of mental health problems predict individuals' perceived needs for services (Codony et al., 2009; Edlund, Unutzer, & Curran, 2006; Mojtabai, Ofson, & Mechanic, 2002).

1.3. Child maltreatment allegations, perceived needs and service use

Although the child welfare system does not meet every caregiver's service needs, child welfare involvement facilitates service receipt (Libby et al., 2006; Staudt & Cherry, 2009) through different kinds of services after investigations have been carried out. Services can include concrete (e.g., cash assistance, housing assistance, paying bills) (Ryan & Schuerman, 2004) and clinical services (e.g., substance abuse treatment, mental health services, financial education) (Libby et al., 2006; Ryan & Schuerman, 2004; Staudt & Cherry, 2009). Two studies that used secondary data collected in the early 1990s found that in the child welfare system about 84% of caregivers with mental health problems and needs received services (Staudt & Cherry, 2009), while only about 60% of noninstitutionalized adults with mental health needs sought professional help for mental health issues (Mojtabai et al., 2002).

Perceived needs is an important pre-occurring condition for service use (Edlund et al., 2006; Mojtabai et al., 2002), even though there are other factors that influence actual service use (Codony et al., 2009; Mojtabai et al., 2002). Individuals seek treatment for psychological disturbances or distress when they find themselves having prolonged emotional problems, and cannot manage chronic stress and clinical symptoms from those problems (Thoits, 1985).

1.4. Ethnicity, family structure and income

Studies have shown that there are associations among demographic characteristics such as ethnicity, family structure and income,

and the variables reviewed above. African Americans were significantly less likely to use mental health services controlling for other variables including income, the number of psychiatric illnesses, and geographic location (Algeria et al., 2002). Among African Americans, stronger belief in treatment efficacy increased service receipt from psychiatric professionals whereas the belief in treatment efficacy did not increase service receipt among non-Latino Whites (Gonzalez, Alegria, Phrihoda, Copeland, & Zeber, 2011). Lower income is also known as a barrier to mental health services among those with limited access to health insurance (Algeria et al., 2002; Holden & Xanthos, 2009). Family structure or marital status can affect perceived needs or mental health symptoms. Mojtabai et al. (2002) found that the divorced, separated or widowed are more likely to perceive service needs than married or unmarried people controlling for psychiatric diagnosis, impairment and demographic characteristics. Williams, Takeuchi, and Adair (1992) also found that the level of psychiatric disorders vary depending on marital status and gender across different ethnic groups.

2. The purpose of the current study

Studies reviewed above show that mental health problems, family functioning, child maltreatment allegations, and perceived needs are important factors to incorporate into pathways from social support to service use. Demographic characteristics such as ethnicity, family structure, and income also need to be considered since literature shows that these characteristics have significant relationships with those factors. Previous studies found relationships between these factors separately but did not reveal how these factors work simultaneously in one model. This study aims to test a pathway model built on the process from social support to service use through mediating factors. Subgroup pathway analyses will also reveal whether the model holds across groups with the different demographic characteristics reviewed above. For this purpose, I hypothesized in the pathway model that social support exerts its effects on service use through four mediating variables, namely, family functioning, psychosomatic symptoms, child maltreatment allegations, and perceived needs for services. Specifically, social support will have direct effects on family functioning and psychosomatic symptoms which in turn will exert effects on child maltreatment allegations and perceived needs. Finally, child maltreatment allegations and perceived needs will directly lead caregivers to service use. The model focuses only on the mediated effects of social support on service use. Recent literature shows that depending on the function of social support, its effect on service use can vary (Maulik, Eaton, & Bradshaw, 2010; Thoits, 2011). Studies have found that rather than the mere amount of social support, the function of social support is a good predictor of service use. The referral function of social support increases service use, but its stress-reduction function decreases service use. In this study, I aim to test the process model of how social support has effects on service use through the mediating variables.

The hypothesized model of pathways to service use is presented in Fig. 1. In terms of the directions of the relationships between factors, social support increases perceptions of positive family functioning and decreases mental health problems. Next, as perceived positive family functioning increases, caregivers are less likely to have child maltreatment allegations and fewer perceived needs. As mental health problems increase, caregivers are more likely to have a child maltreatment allegation and increased perceived needs. Finally, a child maltreatment allegation leads caregivers to use services, and perceived needs also lead them to use services. As the literature shows the importance of ethnicity, family structure and income in relationship to these factors, sub-groups were created incorporating these variables and tested to see whether the proposed model holds across the subgroups.