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# Mediating effects of parental psychological distress and individual-level social capital on the association between child poverty and maltreatment in Japan

Aya Isumi<sup>a</sup>, Takeo Fujiwara<sup>a,\*</sup>, Nobutoshi Nawa<sup>a</sup>, Manami Ochi<sup>b</sup>, Tsuguhiko Kato<sup>c</sup>

<sup>a</sup> Department of Global Health Promotion, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo, Japan

<sup>b</sup> Japan Support Center for Suicide Countermeasures, National Institute of Mental Health, National Center of Neurology and Psychiatry, 4-1-1 Ogawahigashi, Kodaira, Tokyo, Japan

<sup>c</sup> Department of Social Medicine, National Center for Child Health and Development, 2-10-1 Okura, Setagaya-ku, Tokyo, Japan

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## ABSTRACT

Child poverty is well known as a major risk factor for child maltreatment. However, it is not known whether parental psychological distress and individual-level social capital mediate the association. We examined the mediation effect of these two factors on the association between child poverty and maltreatment. In the Adachi Child Health Impact of Living Difficulty (A-CHILD) Study, a questionnaire was administered to all caregivers of first-grade children in every public elementary school in Adachi City between July and November 2015, and valid responses were used for analysis (N = 3944). Logistic and Poisson regression analyses were employed to examine the association between child poverty and maltreatment. Child poverty was defined in this study as meeting one of these criteria: 1) household income less than 3 million yen; 2) deprivation of specific material items that children or the household requires, or 3) experience of being unable to pay for lifeline utilities. Child maltreatment (physical abuse, neglect, and psychological abuse) was answered by parents. We confirmed a robust association between child poverty and maltreatment. Mediation analysis indicated that parental psychological distress mediated more than 60% of the association between child poverty on physical abuse and psychological abuse, while individual-level social capital mediated only 10% of the association with any type of maltreatment. In addition, structural equation modeling analysis revealed that the association was mediated by both parental psychological distress and social capital simultaneously. The findings suggest that supporting parental psychological distress may be an effective intervention to remedy the negative impact of child poverty on maltreatment.

## 1. Introduction

Child poverty, usually measured by low family income and material deprivation of necessary goods (Short, 2016), is known as a risk factor for child maltreatment (Berger, 2005; Cancian, Yang, & Slack, 2013; Doidge, Higgins, Delfabbro, Edwards et al., 2017; Doidge, Higgins, Delfabbro, & Segal, 2017; Gil, 1970; Hussey, Chang, & Kotch, 2006; Pelton, 2015; Sedlak et al., 2010; Wolock & Horowitz, 1979). A study using data from the National Longitudinal Study of Adolescent Health in the United States showed that

\* Corresponding author at: Department of Global Health Promotion, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo, 113-8519, Japan.

E-mail address: [fujiwara.hlth@tmd.ac.jp](mailto:fujiwara.hlth@tmd.ac.jp) (T. Fujiwara).

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adolescents in families with an annual household income less than \$15000 were more likely to have childhood experiences of supervision neglect, physical neglect, and contact sexual abuse (Hussey et al., 2006). Recent studies using a population-based birth cohort, the Australian Temperament Project, suggested that people in young adulthood who regarded themselves as having grown up in poor families reported childhood experiences of emotional abuse, physical abuse, and witnessing domestic violence, after controlling for other economic factors, such as parental education and employment, demographic variables and parental mental health (Doidge, Higgins, Delfabbro, Edwards et al., 2017; Doidge, Higgins, Delfabbro, Segal et al., 2017). The causal effect of child poverty on risk of child maltreatment was also proved by an experimental study that utilized child welfare reform in Wisconsin (Cancian et al., 2013). It concluded that an increase in child support income reduced screened-in cases of child maltreatment. Although these studies used different indicators of child poverty and maltreatment, and had inconsistent results regarding types of maltreatment, they suggested a causal relationship between child poverty and maltreatment.

Child poverty may directly lead to maltreatment, particularly neglect due to a decreasing parental capacity to meet children's basic needs (Berger & Waldfogel, 2011; Cancian et al., 2013; Doidge, Higgins, Delfabbro, Edwards et al., 2017). However, the literature has theoretically suggested several indirect pathways between child poverty and maltreatment. Parental psychological distress has been identified as one of the major modifiable factors in this pathway (Berger & Waldfogel, 2011; Cancian et al., 2013). As proposed in the Family Stress Model, poverty or economic hardship can increase parental psychological distress, including depression and anxiety, and may in turn lead to less sensitive and responsive parenting and more harsh parenting, which could give rise to child maltreatment (Barnett, 2008; Conger & Donnellan, 2007; Conger & Elder, 1994; Conger et al., 1992, 2002; Newland, Crnic, Cox, Mills-Koonce, & Family Life Project Key, 2013). However, to our knowledge, no previous population-based studies have examined the mediation effect of parental psychological distress on the association between child poverty and maltreatment, including subtypes of maltreatment, which preclude the discussion of how much effort is required to break the association between child poverty and maltreatment.

Another modifiable mediator of the association can be individual-level social capital. Social capital is defined as resources available through civic participation in voluntary associations, norms of mutual aid and reciprocity, and levels of interpersonal trust (Lochner, Kawachi, & Kennedy, 1999). It is well-established that income inequality can deteriorate the level of social trust and in turn reduce social participation and cohesion, due to social distance or social boundaries within communities (Elgar & Aitken, 2011; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Putnam, 1996; Sun, Rehnberg, & Meng, 2009; Vilhjálmsdóttir, Gardarsdóttir, Bernburg, & Sigfusdóttir, 2016; Wilkinson, 1996). Further, social networks among poor people can also be impoverished due to insufficient material or non-material resources necessary for networking, as well as social isolation or social exclusion (Cattell, 2001; Sun et al., 2009). As well, a number of previous studies have revealed that low social capital is associated with child maltreatment (Fujiwara, Yamaoka, & Kawachi, 2016; Kim & Maguire-Jack, 2015; Zolotor & Runyan, 2006). Therefore, it is plausible to assume that social capital mediates the association between child poverty and maltreatment, although no previous study has investigated the mediating effect. There is a crucial need to elucidate the mediating effect of social capital because it is one of the modifiable factors for child maltreatment prevention that local government can approach. As it is well known that social capital is associated with mood disorder, including depression (Ehsan & De Silva, 2015), we need to consider both individual-level social capital and psychological distress simultaneously.

The Adachi Child Health Impact of Living Difficulty (A-CHILD) Study was conducted in 2015 to investigate child living conditions and health in Adachi City, Japan. Adachi City, located in the northern part of the Tokyo metropolitan area, has tackled child poverty in the early stages of life through various policies and practices. This study is important in that it is the first population-based study in Japan to target all caregivers of first-grade children and to assess children's home environments and child development in Adachi City.

For the prevention of child maltreatment, it is crucial to find modifiable individual-level factors that mediate the association between poverty and child maltreatment. This study aims to examine the mediating effects of parental psychological distress and individual-level social capital on the association between child poverty and maltreatment, using a population-based survey of first-grade children in Adachi City, Japan. We hypothesize that (1) both parental psychological distress and individual social capital mediate the association between poverty and child maltreatment, and (2) these mediating effects are differed by types of child maltreatment, i.e., physical abuse, neglect, and psychological abuse.

## 2. Methods

### 2.1. Study population

This study is a part of the A-CHILD Study described above. As of April 1, 2015, the total population of Adachi City was 675654, and the population of 6-year-old children who started the first grade in April 2015 was 5594. Of these 6-year-old children, 5421 were enrolled in public elementary schools. A self-administered questionnaire with an anonymous unique ID number was distributed to all first-grade children, excluding those who did not enroll in school due to relocation to other municipalities and those who had been absent from school for a long time, in every public elementary school in July and November 2015 (69 schools, N = 5355). Children were asked to bring their questionnaires home and give them to their primary caregivers for completion. The completed questionnaires were collected at school after the caregivers had filled them out (N = 4467). A total of 4291 caregivers completed the questionnaire and provided informed consent (response rate 80.1%). We limited our sample to respondents who were mothers or fathers of the child because the demographics of the other respondents (N = 84), such as grandparents, were unknown. Those who did not report the outcome of interest (i.e., child maltreatment), exposure (i.e., child poverty), possible mediators, and covariates

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