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Research article

Urbanicity matters in self-reported child maltreatment prevalence: Findings from a nationally representative study

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ABSTRACT

Despite indications that there are differences in rates of child maltreatment (CM) cases in the child protection system between urban and rural areas, there are no published studies examining the differences in self-reported CM prevalence and its correlates by urbanicity. The present study aimed to: (1) identify the distribution of self-reported childhood experiences of maltreatment by urbanicity, (2) assess whether differences by urbanicity persist after adjusting for known risk factors, and (3) explore whether the associations between these risk factors and CM are modified by urban-rural designation. Using nationally representative data from waves I and III of the National Longitudinal Study of Adolescent to Adult Health, the prevalence of six maltreatment outcomes was estimated for rural, minor urban, and major urban areas ($N = 14,322$). Multivariable logistic models were estimated identifying if risk associated with urbanicity persisted after adjusting for other risk factors. Interactions between urbanicity and main effects were explored. Prevalence estimates of any CM, poly-victimization, supervision neglect, and physical abuse were significantly higher in major urban areas. Those from major urban areas were more likely to report any maltreatment and supervision neglect even after adjusting for child and family risk factors. The association between race/ethnicity, welfare receipt, low parental educational attainment, and disability status and CM were modified by urbanicity. Significant differences in the prevalence and correlates of CM exist between urban and rural areas. Future research and policy should use self-reported prevalence, in conjunction with official reports, to inform child maltreatment prevention and intervention.

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1. Introduction

The impact of place on child maltreatment has been well established in the literature (Coulton, Korbin, & Su, 1999; Freisthler, Merritt, & LaScala, 2006; Molnar, Beatriz, & Beardslee, 2016a, Molnar et al., 2016b); however, much less is known about the complex relationship between urbanicity and maltreatment. Urban and rural characteristics impacting maltreatment, such as the physical environment, social environment, and access to health and social services, are theorized to be impacted by national trends, municipal-level determinants, and intentional public health interventions (Albert & Barth, 1996; Freisthler & Weiss, 2008; Miller & Votruba-Drzal, 2013; Molnar et al., 2016b; Rudolph, Stuart, Glass, & Merikangas, 2014). Systematic analysis of the magnitude and determinants of disparities in child maltreatment by urbanicity is necessary to improve the safety of all children, wherever they may

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be. Identification of such disparities will inform resource allocation and implementation of effective interventions.

In the United States, research on the epidemiology of child maltreatment between urban and rural areas has largely relied on official reporting and substantiation of maltreatment. While informative, reliance on these methods has significant limitations in both determining the true burden of child maltreatment and disparities between urban and rural areas. While there is agreement that prevention of all child maltreatment, not just official or substantiated cases, is essential for promoting children's health as well as health across the life course, significant gaps in understanding remain by relying on official or substantiated reports.

A persistent critique of exclusively using official reports of child maltreatment in research and policy decisions is that these reports grossly underestimate the true burden of maltreatment. In 2015, the most recent year for which statistics have been released, 683,000 children in the United States were victims of child maltreatment, with a national victimization rate of 9.2 per 1000 children (U.S. Department of Health & Human Services, Administration on Children, Youth & Families, 2017). A recent study calculating the cumulative risk of being investigated for child maltreatment found that 37.4% of all U.S. children, and a staggering 53.0% of African-American children, will be the subject of a Child Protective Service (CPS) investigation before reaching adulthood (Kim, Wildeman, Jonson-Reid, & Drake, 2017). An earlier estimate of confirmed cases of child maltreatment found that 12.5% of all children and 20.9% of African American children will have substantiated reports of maltreatment before age 18 (Wildeman et al., 2014). While estimates using cumulative numbers of child maltreatment cases across the years of childhood get closer to rates found in epidemiological studies, substantiated cases of child maltreatment in high income countries are thought to reflect a mere tenth of true maltreatment cases (Gilbert et al., 2009). Beyond the significant proportion of cases that go unreported and unsubstantiated, research has shown that CPS reporting databases, such as the National Child Abuse and Neglect Data System (NCANDS), systematically and differentially underestimate the prevalence of child maltreatment in some demographic groups, such as Native Americans (Earle & Cross, 2001).

An alternative to using official reports in determining the prevalence of maltreatment is self-report by those who are or who have been maltreated. The use of retrospective self-report has been shown to have advantages over prospective self-reports. Kendall-Tackett and Becker-Blease argue that prospective case identification misses many cases because of the secrecy and stigma surrounding child maltreatment. Additionally, maltreatment that is unreported in childhood may, in fact, be more severe than reported maltreatment because it is allowed to continue without intervention (Kendall-Tackett & Becker-Blease, 2004). Additionally, research has shown that while cases of maltreatment identified by retrospective self-report and official CPS cases frequently do not overlap, those cases identified through retrospective self-report were associated with the worst mental health and risk behavior outcomes, regardless of whether they were also identified through official CPS case files (Negriff, Schneiderman, & Trickett, 2017).

Relying on official reporting and substantiation may be particularly problematic in understanding geographic differences in child maltreatment because they: (1) do not account for differential distributions of socioeconomic characteristics and social processes between urban and rural areas (Sedlak et al., 2010), (2) may be artifacts of the children's and families' exposure to those who would be mandated or likely to report (Chand, 2000), and (3) likely reflect varying organizational capacities and priorities of local child protective service agencies (Kohl, Jonson-Reid, & Drake, 2009).

1.1. Epidemiology of child maltreatment by urbanicity

An improvement on relying solely on official reports is the use of "sentinels" to augment them; this is where the differences by urbanicity were first noted. The National Incidence Study of Child Abuse and Neglect (NIS) is a nationally representative survey with four waves of data that combines data from official reports to Child Protective Services and reports by community "sentinels" who work with children and families, such as medical professionals or educators, to identify child victims of maltreatment. Between 2005 and 2006, the NIS-4, the most recent NIS wave, collected data that identified significant differences in child maltreatment by urbanicity. The NIS-4, like earlier NIS studies, used three county-level urbanization designations: rural, "other urban", and major urban. Children in rural counties were two times more likely to experience child maltreatment at both the harm and endangerment thresholds than children in urban counties. Similarly, when isolating specific types of maltreatment, rural children were 1.5 times more likely to experience physical abuse, 1.5 times more likely to experience sexual abuse, 2.3 times more likely to experience emotional abuse, and 2.8 times more likely to experience physical neglect compared to children in major urban areas. Further, the severity of the maltreatment was significantly higher in rural areas compared to major urban areas (Sedlak et al., 2010). (While these are the findings from the most recent NIS study, NIS-1, NIS-2, and NIS-3 similarly found increased risk (Cappelleri, Eckenrode, & Powers, 1993; Motley, Holmes, Hill, Plumb, & Zoellner, 2013; US Department of Health & Human Services, 1981).) In their report to Congress, Sedlak et al. note that the consistently higher risk associated with rural areas should be interpreted cautiously. "Whether this reflects better coverage of maltreated children in the rural counties or higher rates of actual maltreatment in rural communities is not clear" (2010).

This need for caution is emphasized by mixed results from other studies considering the intersection of geography and child maltreatment. Some studies have indicated higher rates of child maltreatment in more urbanized areas. In a spatial analysis of three counties in California, Freisthler (2004) found that census tracts with higher population density were associated with a higher prevalence of child maltreatment substantiation. In contrast, several studies have found no relationship between residential urbanicity and child maltreatment reporting (Brown, Cohen, Johnson, & Salzinger, 1998; Jason, Williams, Burton, & Rochat, 1982).

1.2. Theoretical rationale

Two theoretical models that consider the influence of place-based or neighborhood-level factors on child maltreatment informed

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