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Child Abuse & Neglect

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

Research article

School connectedness and high school graduation among maltreated youth

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ARTICLE INFO

Keywords:

Maltreated youth
School connectedness
High school graduation
Extracurricular activities

ABSTRACT

Maltreated youth have higher rates of school dropout than their non-maltreated peers. School connectedness is a modifiable predictor of school success. We hypothesized maltreated youth's school connectedness (supportive relationships with adults at school and participation in school clubs) would be positively associated with high school graduation. We included youth with at least one Child Protective Services (CPS) report by age twelve from Longitudinal Studies of Child Abuse and Neglect, a prospective cohort study. Participation in extracurricular activities and adult relationships reported at age 16, high school graduation/General Education Development (GED) status reported at age 18, and demographics were provided by youth and caregivers. Maltreatment data were coded from CPS records. The outcome was graduation/receipt of GED. Multivariable logistic regressions examined the association between school connectedness and graduation/receipt of GED, controlling for confounders. In our sample of 318 maltreated youth, 73.3% graduated. School club was the only activity with a statistically significant association with graduation in bivariate analysis. Having supportive relationships with an adult at school was not significantly associated with graduation, though only 10.7% of youth reported this relationship. Maltreated youth who participated in school clubs had 2.54 times the odds of graduating, adjusted for study site, gender, poverty status, caregiver high school graduation status, and age at first CPS report (95% CI: [1.02, 6.33]). Few maltreated youth reported relationships with adults at school, and additional efforts may be needed to support these vulnerable youth. School club participation may represent an opportunity to modify maltreated youth's risk for school dropout.

1. Introduction

In the United States in 2015, Child Protective Services (CPS) received approximately 4.0 million reports of child abuse and neglect, involving 7.2 million children (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau, 2017). Experiencing maltreatment, including abuse or neglect, can change children's brain development and physiology, impact learning and behavior, and increase their risk for poor physical and

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Received 29 November 2016; Received in revised form 14 April 2017; Accepted 24 April 2017

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mental health (Shonkoff et al., 2012). The impact of maltreatment on a child's development and behavior may contribute to their poor academic outcomes. For example, compared to their peers, maltreated children have worse reading (Perez & Widom, 1994) and language skills (Noll et al., 2010; Viezel, Freer, Lowell, & Castillo, 2015), lower grades (Eckenrode, Rowe, Laird, & Brathwaite, 1995; Smith, Park, Ireland, Elwyn, & Thornberry, 2013), and lower standardized test scores (Eckenrode et al., 1995; Kurtz, Gaudin, Wodarski, & Hoving, 1993), and are at increased risk for grade retention (Eckenrode et al., 1995; Perez & Widom, 1994; Shonk & Cicchetti, 2001), special education placement (Jonson-Reid, Drake, Kim, Porterfield, & Han, 2004; Shonk & Cicchetti, 2001), suspension/expulsion (Perez & Widom, 1994), and high school dropout (Noll et al., 2010; Perez & Widom, 1994; Smith et al., 2013; Tanaka, Georgiades, Boyle, & MacMillan, 2015).

Supporting educational success represents an important opportunity to promote a positive trajectory for maltreated youth, since educational achievement and health are positively correlated. The American Academy of Pediatrics identifies educational achievement as an outcome representing lifelong well-being (Shonkoff et al., 2012), and high school graduation has been identified as an important and well-studied marker of educational attainment and future health for children in general (Freudenberg & Ruglis, 2007). To date, studies have explored factors associated with maltreated youths' educational outcomes, such as type (Coohey, Renner, Hua, Zhang, & Whitney, 2011; Jonson-Reid et al., 2004; O'Hara et al., 2015; Perez & Widom, 1994; Tanaka et al., 2015) and chronicity (Coohey et al., 2011; Herrenkohl, Herrenkohl, & Egolf, 1994) of maltreatment; caregiver (Herrenkohl et al., 1994), home, and school instability (Eckenrode et al., 1995); and child intelligence (Coohey et al., 2011; Herrenkohl et al., 1994). However, many of these factors may not be amenable to intervention; as such, a greater understanding of potentially modifiable ways to promote youths' educational success is needed.

Supporting school connectedness may be a modifiable way to promote educational achievement for children. The Centers for Disease Control and Prevention (2009) explain that school connectedness – defined as students' belief “that adults and peers in the school care about their learning as well as about them as individuals” (p. 3) – promotes positive educational and health outcomes, and it identifies four key areas to promote school connectedness for youth: supportive relationships with adults at school, positive peer groups, youths' commitment to education, and school climate. The National Research Council and Institute of Medicine also recognize the important role of school connectedness and supportive relationships with teachers and peers for all adolescents (National Research Council & Institute of Medicine, 2004). Fostering supportive relationships with adults at school and positive peer groups may be areas most amenable to intervention, and participation in school activities likely supports positive relationships with adults at school and peers. School-based extracurricular activities are known to coincide with a child's peer networks (Mahoney, 2014) and having pro-social peers may partially explain the association between a sense of school belonging and participation in school clubs (Fredricks & Eccles, 2005). Extracurricular activities also have known academic benefits; participation in school-based activities is associated with decreased school dropout among non-maltreated children at high risk for dropout (Mahoney & Cairns, 1997).

School connectedness, including participation in school activities and supportive relationships with adults at school, may be especially beneficial for maltreated youth who often are growing up in dysfunctional home environments. One qualitative study of 22 women sexually abused as children revealed that supportive relationships at school and church promoted resilience, and involvement in school activities promoted self-esteem (Valentine & Feinauer, 1993). In a qualitative study in Switzerland about social supports after sexual abuse, few adolescents identified teachers or school social workers as supportive, and adolescents also described them as non-supportive (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2014). However, few quantitative studies have investigated whether supportive relationships with adults at school or participation in extracurricular activities promote educational success for maltreated youth (Perkins & Jones, 2004). The objectives of this study therefore were to understand if markers of school connectedness –supportive relationships with adults at school and participation in school-based extracurricular activities– are associated with high school graduation for maltreated children. We hypothesized that supportive relationships with adults at school (compared to relationships with other adults or no adults) and participation in school clubs (compared to participation in no activities) would be positively associated with high school graduation for maltreated youth.

2. Methods

2.1. Sample

We conducted a secondary analysis of data collected by the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) (Runyan et al., 2014), prospective cohort studies designed to understand the precursors and effects of child maltreatment (Runyan et al., 1998). LONGSCAN enrolled 1354 children from five sites in the United States; the majority of children had a known history of maltreatment or were at high risk for maltreatment (Runyan et al., 1998). Data collection occurred from July 1991 to January 2012, and children and primary caregivers were interviewed separately when the children were ages 4, 6, 8, 12, 14, 16, and 18 years of age (Larrabee & Lewis, 2016). Information about children's maltreatment histories were coded from CPS records with the Modified Maltreatment Classification System (Barnett, Manly, & Cicchetti, 1993; English & The Longscan Investigators, 1997). Maltreatment types were physical abuse, sexual abuse, neglect (including failure to provide adequate food, clothing, shelter, or health care; and lack of supervision), emotional maltreatment (including exposure to domestic violence), moral/legal maltreatment (such as child being exposed to illegal activity), educational maltreatment (such as missing excessive amounts of school), and drugs/alcohol (such as drug use in the home) (English & The Longscan Investigators, 1997). Coders were trained to 90% agreement and found to have good reliability with a random subsample of CPS reports; kappa statistics for all types of maltreatment were greater than 0.70 (Dubowitz et al., 2011). For our cohort study, we included youth who had at least one CPS report for maltreatment by age twelve and

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