



Research article

Cumulative risk hypothesis: Predicting and preventing child maltreatment recidivism[☆]



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ABSTRACT

Although Child Protective Services (CPS) and other child welfare agencies aim to prevent further maltreatment in cases of child abuse and neglect, recidivism is common. Having a better understanding of recidivism predictors could aid in preventing additional instances of maltreatment. A previous study identified two CPS interventions that predicted recidivism: psychotherapy for the parent, which was related to a reduced risk of recidivism, and temporary removal of the child from the parent's custody, which was related to an increased recidivism risk. However, counter to expectations, this previous study did not identify any other specific risk factors related to maltreatment recidivism. For the current study, it was hypothesized that (a) cumulative risk (i.e., the total number of risk factors) would significantly predict maltreatment recidivism above and beyond intervention variables in a sample of CPS case files and that (b) therapy for the parent would be related to a reduced likelihood of recidivism. Because it was believed that the relation between temporary removal of a child from the parent's custody and maltreatment recidivism is explained by cumulative risk, the study also hypothesized that that the relation between temporary removal of the child from the parent's custody and recidivism would be mediated by cumulative risk. After performing a hierarchical logistic regression analysis, the first two hypotheses were supported, and an additional predictor, psychotherapy for the child, also was related to reduced chances of recidivism. However, Hypothesis 3 was not supported, as risk did not significantly mediate the relation between temporary removal and recidivism.

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1. Introduction

Child abuse and neglect, collectively known as child maltreatment, are associated with numerous negative sequelae in children, including both externalizing problems such as delinquency (Stewart, Livingston, & Dennison, 2008) and drug use (Oshri, Rogosch, Burnette, & Cicchetti, 2011) as well as internalizing problems such as depression and anxiety (Al-Fayez, Ohaeri, & Gado, 2012; Tonmyr, Williams, Hovdestad, & Draca, 2011). These outcomes have been found to last well beyond childhood (Ferguson & Dacey, 1997; Gibb, Butler, & Beck, 2003; Southerland, Casanueva, & Ringeisen, 2009).

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From a governmental perspective, the financial impact of child maltreatment is also high (Corso & Fertig, 2010). For these reasons, Child Protective Services (CPS) and other institutions attempt to intervene in cases of child maltreatment to foster the well-being of the family and prevent future maltreatment (Connell, Bergeron, Katz, Saunders, & Tebes, 2007). However, instances of further abuse and neglect (i.e., maltreatment recidivism) after the initial CPS contact occur at a high rate (Drake, Jonson-Reid, Way, & Chung, 2003; English, Marshall, Brummel, & Orme, 1999). For example, one study found that over 60% of infants who were reported to child welfare as maltreated were involved in at least one more report within 5 years (Putnam-Hornstein, Simon, Eastman, & Magruder, 2015). For most families experiencing multiple cases of child maltreatment, fewer than 6 months pass before a subsequent maltreatment report is made (Zhang, Fuller, & Nieto, 2013).

Although the importance of preventing child maltreatment has been argued (Thornberry, Henry, Ireland, & Smith, 2010), the high rates of maltreatment and recidivism indicate that further information and more effective strategies are needed to meet this goal. There may be a need for additional research into reducing the likelihood of recidivism in particular, because previous child welfare involvement is related to future maltreatment occurrences even when families are given a preventative intervention (Casanueva et al., 2015; Lanier, Kohl, Benz, Swinger, & Drake, 2014). For instance, identifying which strategies and interventions reduce the risk of further maltreatment would inform agencies of which interventions to implement, and understanding which families are at the highest risk could inform agencies about which situations require intervention, or perhaps which situations require *additional* intervention to fully prevent maltreatment. The question of risk seems to be an important one, as it has been noted that one of the major barriers in preventing child maltreatment is difficulty accurately identifying high-risk families (Asawa, Hansen, & Flood, 2008).

To address the above concerns, Solomon and Åsberg (2012) examined CPS case files in a county in the southeastern United States to determine which CPS intervention variables, as well as which family and situational variables, predicted maltreatment recidivism. Because difficult life events and parental coping skills have been found to be related to maltreatment potential and perpetration (Berger, Paxon, & Waldfogel, 2009; Guterma, Lee, Taylor, & Rathouz, 2009; Rodriguez, 2010), a number of stressors and situational risk factors which were indicated by previous research to be related to child maltreatment were examined. These included having a greater number of children in the family (Depanflis & Zuravin, 1999), financial strain (as indicated by parental unemployment; Bolen, McWey, & Schlee, 2009), parental substance abuse (Califano, 2003; Semidei, Radel, & Nolan, 2001), domestic violence (Jouriles, McDonald, Slep, Heyman, & Garrido, 2008), parental mental health problems (Jonson-Reid, Emery, Drake, & Stahlschmidt, 2010), and child disability status (Kendall-Tackett, Lyon, Taliaferro, & Little, 2005). Although the variables examined had been indicated in prior research on maltreatment risk and were in line with theoretical models of maltreatment risk (see Hillson & Kupier, 1994), little evidence was found to specify that these risk factors were related to recidivism after CPS involvement. However, two CPS-ordered interventions were found to be related to recidivism: cases in which a parent received psychotherapy were less likely to experience recidivism, whereas cases in which the child had to be removed temporarily from a parent's custody were nearly 9 times more likely to experience another case of maltreatment.

The findings of the Solomon and Åsberg (2012) study brought forward several new directions for investigation. First, the finding that temporary removal of the child from the parent increased recidivism risk could indicate that this intervention is actually harmful. Perhaps temporary removal of the child increases family stress, leading to further maltreatment. Another possible explanation is that these cases were more severe to begin with, which leads to both temporary removal and to recidivism. Additionally, it is curious that no risk factors were related to maltreatment recidivism, which could indicate that these variables have little utility in predicting risk or making intervention decisions. This is true even though risk factors that were examined in that study had been implicated in previous research as having a link to abuse potential as outlined above.

One view that could shed light on these issues is cumulative risk hypothesis (Rutter, 1978, 1979), which “asserts that the accumulation of risk factors, independent of the presence or absence of particular risk factors, impacts [...] outcomes, such that the greater the number of risk factors, the greater the prevalence of [...] problems” (Appleyard, Egeland, van Dulmen, & Sroufe, 2005, p. 235). In other words, the synergistic impact of multiple risk factors can be more deleterious than the aggregated effect of singular risk exposures (Evans, Li, & Whipple, 2013). Ergo, cumulative risk models posit that the whole can be other *and* greater than the sum of its parts. In recent decades, cumulative risk models have demonstrated their efficacy by robustly predicting manifold, salient developmental and clinical outcomes (see e.g., Atkinson et al., 2015; Deater-Deckard, Dodge, Bates, & Pettit, 1998; Greenberg, Speltz, DeKlyen, & Jones, 2001; Jones, Forehand, Brody, & Armistead, 2002). Thus, researchers, clinicians, and administrators might best predict—and potentially prevent—adverse developmental and clinical outcomes by considering cumulative risk models. Although receiving both praise and criticism, cumulative risk as a framework is considered useful due to its construct validity, parsimony, and support in the literature for the presence of “a dose-response function—as the number of risk factors encountered increases, the severity of impact rises” (Evans et al., 2013, p. 1388).

More specifically, emergent research suggests that cumulative risk might be particularly germane to child maltreatment. For example, Begle, Dumas, and Hanson (2010) studied a sample of 610 caregivers with children between 3 and 6 years of age; the researchers then compared the ability of a cumulative and noncumulative risk model [i.e., Belsky's (1993) developmental-ecological model] to predict child maltreatment potential. Results indicated that only the cumulative risk model significantly predicted child maltreatment potential in caregivers. More recently, Fuller-Thomson and Sawyer (2014) noted that adults with two or more risk factors in their family of origin (i.e., parental divorce, parental unemployment, parental addiction) were significantly more likely to have experienced childhood physical abuse compared to those with only one or no such

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