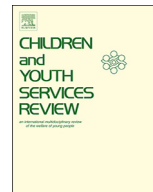




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Intergenerational transmission of child abuse and neglect: Effects of maltreatment type and depressive symptoms



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ABSTRACT

Parental history of childhood maltreatment victimization is a widely studied risk factor for child maltreatment perpetration, a process referred to as the intergenerational transmission of child maltreatment (ITCM). Using a sample of mothers receiving welfare in Illinois, we examined how maternal history of physical abuse and neglect was associated with perpetration of physical abuse and neglect against mothers' own children. In addition, we investigated whether the mediating effects of depressive symptoms on ITCM differ by subtype of maltreatment using PROCESS Macro analyses as developed by Hayes (2017). We found that maternal physical abuse history increased the risk of offspring physical abuse and neglect; maternal neglect history was associated with offspring neglect only. In addition, we found that mothers' depressive symptoms mediated the associations of neglect and physical abuse victimization with perpetration of physical abuse; depressive symptoms did not explain any aspect of neglect perpetration.

1. Introduction

Child abuse and neglect is prevalent in the United States and constitutes a considerable drain on societal resources (Corso & Fertig, 2010; Wang & Holton, 2007; Wildeman et al., 2014). In 2014, Child Protective Service (CPS) agencies received over 3.2 million referrals of child maltreatment and found that 9.4 per 1000 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2017). By age 18, > 1 in every 3 children will have been investigated by CPS for alleged maltreatment (Kim, Wildeman, Jonson-Reid, & Drake, 2017) and 1 in 8 children will have had a substantiated CPS investigation (Wildeman et al., 2014). The adverse outcomes experienced by victims of childhood maltreatment affects multiple personal domains such as cognitive delays, blunted school achievement, poor physical and mental health, and substance abuse (Jonson-Reid, Kohl, & Drake, 2012; Plant, Barker, Waters, Pawlby, & Pariante, 2013; Widom, Czaja, & Dumont, 2015). In addition, there is concern that victims of child maltreatment will perpetuate a cycle of maltreatment with their offspring, particularly in the absence of intervention. This process, in which victims of maltreatment go on to perpetrate maltreatment against their own children, is termed the intergenerational transmission of child maltreatment (ITCM; Berlin, Appleyard, & Dodge, 2011; Child Welfare Information Gateway, 2016).

A relatively large body of evidence indicates that a majority of child

maltreatment victims do not become perpetrators, but parents with a history of childhood maltreatment are more likely to maltreat their own children than compared to parents without a maltreatment history (Bartlett, Kotake, Fauth, & Easterbrooks, 2017; Newcomb & Locke, 2001; Thornberry, Knight, & Lovegrove, 2012; Valentino, Nuttall, Comas, Borkowski, & Akai, 2012; Widom et al., 2015). However, reviews of this body of research have identified numerous challenges with measurement and study design (Thornberry et al., 2012). Among these challenges is the tendency to measure only a single form of maltreatment (Ertem, Leventhal, & Dobbs, 2000; Hellmann, Stiller, Glaubitz, & Kliem, 2018; McCloskey & Bailey, 2000; Pears & Capaldi, 2001) or to include multiple forms of abuse but no forms of neglect (Dixon, Browne, & Hamilton-Giachritsis, 2005; MacMillan, Jamieson, & Walsh, 2003; Rodriguez, Silvia, Gonzalez, & Christl, 2018). Because it is not uncommon for multiple forms of maltreatment to co-occur, focus on a single form of maltreatment may conflate the effects of multiple maltreatment exposures. Other studies measure multiple types of maltreatment in generation 1, but an aggregate form (i.e., any maltreatment) in generation 2 (Ben-David, Jonson-Reid, Drake, & Kohl, 2015; Berlin et al., 2011). Given that neglect is the most common form of maltreatment reported to CPS agencies (U.S. Department of Health and Human Services, 2017), the transmission of neglect warrants greater attention. To our knowledge, only a handful of studies have considered the transmission of neglect (Kim, 2009; Newcomb & Locke, 2001;

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Widom et al., 2015).

Another criticism of the extant literature is that the mechanisms of ITCM are not well elucidated (e.g., Berzenski, Yates, & Egeland, 2014; Child Welfare Information Gateway, 2016). The current study aims to address these gaps in prior literature. Using a sample of mothers receiving welfare in Illinois, we investigate (1) the rate of ITCM for physical abuse and neglect and (2) the extent to which ITCM is mediated by maternal depressive symptoms. Notably, because our sample is comprised of mothers who received welfare, it constitutes a population that is more likely to have experienced and perpetrate. Specifically, extensive prior research suggests that maltreated children are more likely to experience poverty in adulthood and that impoverished parents are more likely to perpetrate maltreatment (Berger & Waldfogel, 2011).

1.1. Childhood victimization and perpetration of child maltreatment

Although studies of ITCM use different samples, measurements, and study designs, most find some evidence that childhood maltreatment victimization is a risk factor for later maltreatment perpetration (Bartlett et al., 2017; Dixon et al., 2005; MacMillan et al., 2003; Pears & Capaldi, 2001; Smith, Cross, Winkler, Jovanovic, & Bradley, 2014; Thornberry et al., 2012; Valentino et al., 2012). However, the estimated rates of ITCM vary widely. Given the large volume of research on this topic, we focus our review of transmission rates on studies that are probabilistic, non-clinical samples or population-based administrative data studies and report type-specific transmission rates for physical abuse and neglect. Because of differences in the measure of maltreatment and the length of follow-up, differences in the estimated prevalence of maltreatment in both generations is expected; thus, we emphasize the estimated transmission rate (i.e., the increase in odds of generation 2 maltreatment that is attributed to generation 1 maltreatment). Using a variety of measurements, studies have reported that the odds of perpetrating neglect are 1.1–1.9 (Widom et al., 2015), 1.1–1.84 (Bartlett et al., 2017), and 2.6 (Kim, 2009) times higher for mothers with neglect histories (versus those without). For physical abuse, estimated effects range from 0.9 (i.e., a negative association) to 1.7, though the majority of estimates indicated a positive effect (Widom et al., 2015); to 5.0 (Kim, 2009). Differences in estimated transmission rates across studies is likely to reflect substantial differences in the operationalization of maltreatment (e.g., self-report, CPS substantiation, or CPS reports), the length of follow-up, study design, and study samples. This has led to questions of whether definitive conclusions can be drawn about rates of ITCM or the conditions under which it occurs (Berzenski et al., 2014; Ertem et al., 2000; Thornberry et al., 2012; Widom et al., 2015). These authors highlighted the need for ITCM research that clarifies the relative continuity and discontinuity of the various maltreatment subtypes and disentangles the mechanisms by which each subtype is transmitted from parent to child (Berzenski et al., 2014).

Though the majority of studies have focused on predicting a general form of maltreatment or homotypic ITCM, there is also some evidence of heterotypic ITCM. Homotypic ITCM refers to maltreatment victims who later maltreat their children by perpetrating the same type of maltreatment by which they were victimized themselves, whereas heterotypic ITCM refers to maltreatment victims perpetrate different forms of maltreatment than that to which they were exposed. Of the studies that have examined type-specific ITCM, results have been inconsistent. Kim (2009) explored type-specific transmission and found that parents who reported experiencing childhood physical abuse were more likely to report their own physically abusive parenting behaviors than parents reporting no childhood physical abuse, but there were no significant differences in neglectful behaviors. However, experiencing childhood neglect was significantly associated with both physically abusive and neglectful parenting behaviors. In multivariate logistic regression that controlled other risk factors, however, the effect of

childhood neglect on physically abusive parenting behavior became insignificant. The findings from Kim (2009) support homotypic transmission of ITCM. In addition, Kim's (2009) type-specific ITCM relative risk results showed that the transmission of childhood physical victimization to physically abusive parenting behavior has a higher relative risk than the transmission of childhood neglect victimization to neglectful parenting behavior. Physical abuse victims were five times more likely to report their own physically abusive parenting behavior than non-victims, while neglect victims were 2.6 times as likely to report their own neglectful parenting behavior. On the contrary, Widom et al. (2015) found mixed results of homotypic transmission. Widom et al. (2015) investigated the transmission of maltreatment by subtypes while using diverse sources of information (i.e., CPS record, parent self-report, or child report) to measure maltreatment perpetration. They found that, regardless of the source of information, there were no significant differences in physical abuse perpetration rates between parents with substantiated physical abuse victimization records and those without. Yet, substantiated childhood neglect records were associated with higher neglect perpetration when measured by CPS reports and parental self-report, but not when measured by child's report of neglect. Substantiated childhood sexual abuse records were associated with CPS reports of sexual abuse but not with parent- or child-reported sexual abuse. Widom et al. (2015) also found some evidence of heterotypic ITCM. For example, substantiated childhood physical abuse records were associated with increased odds of neglect perpetration (from CPS reports and children's reports), substantiated childhood neglect records were associated with increased odds of sexual abuse perpetration (from children's reports), and substantiated childhood sexual abuse records were associated with increased odds of neglect perpetration (from CPS reports and children's reports).

1.2. Depression and intergenerational transmission of maltreatment

A robust body of literature has linked the experience of child maltreatment with deleterious health outcomes, including mental health issues across development and into adulthood (e.g., Jonson-Reid et al., 2012). One of the most common mental health issues seen among maltreatment victims are symptoms of depression and depressive disorders (Norman et al., 2012). In addition, mothers who have experienced maltreatment in childhood have an increased susceptibility to the negative emotions associated with depressive disorders (Thompson, 2006). Further, research has demonstrated that parents experiencing depressive symptoms tend to utilize less effective parenting practices and are more likely to engage in abusive or neglectful parenting behaviors (Ben-David et al., 2015; Mitkovic-Voncina, Lecic-Tosevski, Pejovic-Milovancevic, & Popovic-Deusic, 2014; Stith et al., 2009).

As childhood experiences of maltreatment are associated with depressive symptoms, and depressive symptoms are associated with the perpetration of abusive or neglectful parenting behaviors, it stands to reason that depressive symptoms could be a mechanism through which ITCM occurs. Researchers have posited that the trauma of experiencing maltreatment or neglect as a child may underlie both the mental health issues current mothers experience as well as the parent-child transmission of child maltreatment (Lamela & Figueiredo, 2013; Smith et al., 2014). Specifically, parental depression has been proposed as a mechanism to explain why parents who experienced maltreatment as children are at increased risk of perpetrating maltreatment (Child Welfare Information Gateway, 2016; Thompson, 2006). However, a few studies have examined this possibility. Berlin et al. (2011) did not find evidence of mediation but concluded that physical abuse in childhood did predict mental health issues in adulthood. However, the presence of mental health issues was not predictive of child victimization. In contrast, Dixon et al. (2005) found that parental history of mental illness or depression partially mediated the association between parent-reported history of physical and sexual abuse and CPS-reported maltreatment allegations against the offspring. Both of these studies used an

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