



A national study of intimate partner violence risk among female caregivers involved in the child welfare system: The role of nativity, acculturation, and legal status



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ABSTRACT

Although intimate partner violence (IPV) is a well-known risk for child maltreatment, little is known if the prevalence of and risk factors for IPV differ among US-born and foreign-born families involved with Child Protective Services. Data came from a new cohort of the National Survey of Child and Adolescent Well-Being II (NSCAW II), a national probability study of children reported for child abuse and neglect. The study sample was restricted to female caregivers whose children remained in the home following an investigation ($N = 2210$). Caregiver self-report information was used to measure physical form of IPV during the past 12 months. The study results revealed no significant differences in IPV victimization rates between foreign-born and US-born caregivers both bivariate and while controlling for key socio-demographic and psychosocial functioning characteristics as well as family needs. Common risk factors for both population groups included caregiver's young age, depression, high family stress and low social support. Additionally, foreign-born caregivers were more likely to experience IPV when there was high neighborhood stress and intimate partner was absent while Hispanic ethnicity, higher education, problematic substance use, and difficulty with paying for basic necessities predicted IPV among US-born caregivers. Neither legal status nor acculturation indicators were significantly associated with IPV victimization for foreign-born. Findings indicate that IPV remains a significant problem for child welfare involved caregivers and warrant effective screening, identification and prevention.

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1. Introduction

Intimate partner violence (IPV) is a serious concern in the field of child welfare. It is estimated that approximately one third of all families involved with Child Protective Services (CPS) experienced IPV during the year preceding their involvement with the CPS system (Hanzen, Connelly, Kelleher, Landsverk, & Barth, 2004; U.S. Department of Health and Human Services [USHHS], 2012). Its association with child maltreatment (Casanueva, Martin, & Runyan, 2009; McGuigan & Pratt, 2001; Taylor, Guterman, Lee, & Rathouz, 2009; Windham et al., 2004) as well as other unfavorable outcomes, including higher lifetime prevalence of poor physical and mental health, increased risk of substance abuse, and suicide attempts (Campbell, 2002; Gilbert et al., 2009), calls for appropriate services to be provided to families in CPS experiencing IPV.

Ethnic and nativity differences in prevalence rates of IPV and child maltreatment found in population studies (Altschul & Lee, 2011; Field & Caetano, 2004; Lown & Vega, 2001) suggest that there may be different factors associated with IPV for different population groups.

However, very little is known if the prevalence of and risk factors for IPV differs among US-born and foreign-born families involved with CPS. A few recent studies suggest that foreign-born families may be at a greater risk of entering CPS due to IPV concerns in states that consider IPV a form of child neglect (e.g., Earner, 2010;) although the occurrence between child maltreatment and IPV has been well established (Edleson, 1999; McGuigan & Pratt, 2001). Given that the foreign-born population is one the fastest growing groups in the US and that their prevalence in the child welfare population has also been increasing (Applied Research Center [ARC], 2011; Committee for Hispanic Children & Families, 2001; Grieco et al., 2012), this knowledge gap requires immediate scholarly attention in order to inform IPV prevention and child welfare practice with immigrants.

Theoretical and prior empirical work on immigrants' risk for IPV is mixed. On one hand, IPV is linked to patriarchal attitudes (Stith, Smith, Penn, Ward, & Tritt, 2004; Sugarman & Frankel, 1996), and immigrants have been shown to have greater endorsement of traditional gender roles (Altschul & Lee, 2011). Further, acculturation and social stratification theories suggest that immigrants may be at risk for IPV and CPS involvement due to substantial changes to a family system upon migration (i.e. shifting gender roles) and increased structural vulnerabilities encountered in a new country (ARC, 2011; Johnson,

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2007). These changes may lead to higher economic insecurities and acculturation stress that may in turn increase risk for IPV (Caetano, Ramisetty-Mikler, Vaeth, & Harris, 2007; Earner, 2010; Menjivar & Salcido, 2002). Additionally, heightened anti-immigrant sentiment and enforcement of immigrant law at local and federal levels pose an increased risk for undocumented families to enter CPS (Androff et al., 2011; Cervantes & Lincroft, 2010; Women's Refugee Commission, 2010). Lack of legal status may lead families to live in a constant state of stress and fear of being discovered that ultimately may affect their overall well-being and family interactions (Androff et al., 2011).

On the other hand, empirical findings regarding immigrants' risk for IPV from both population and CPS samples remain mixed. Dettlaff and Earner (2012), using CPS caseworker reports of family's experience of IPV among a national sample of child welfare involved families, found that the prevalence of IPV did not significantly differ between US-born and foreign-born families, 12.2% vs. 13.2% respectively. Another study using the same data found that the prevalence of IPV did not vary between Latino immigrants and US-born Latinos (Dettlaff, Earner, & Phillips, 2009). However, prior research suggests that sensitivity between CPS worker assessment and caregiver's reports of problematic issues, including IPV, is low, with workers detecting only a fraction of problems reported by families (English & Graham, 2000; Kohl, Barth, Hazen, & Landsverk, 2005). It is possible that sensitivity to detect IPV among immigrant families may be lower than for US-born due to cultural, language, trust, and fear of deportation issues (Dettlaff & Rycraft, 2006; Segal & Mayadas, 2005).

Community studies found that foreign-born families had higher self-reported IPV compared to US-born families when examined in bivariate analyses (Altschul & Lee, 2011; Taylor et al., 2009). Likewise, studies examining IPV risk with multivariate controls have produced inconsistent findings. In particular, while some found that foreign-born and lower acculturated Latino families had significantly lower IPV compared to US-born or more acculturated Latino families (Caetano et al., 2007; Lown & Vega, 2001; Wriugh & Benson, 2010), others found no association between nativity/acculturation and IPV (Altschul & Lee, 2011; Cunradi, 2009; Moore, Probst, Tompkins, Cuffe, & Martin, 2007). In addition, one study examining nativity differences in pregnant and post-partum women found that although there were no significant differences in IPV prevalence between US-born and foreign-born mothers during pregnancy, immigrant mothers that lived in the U.S. for less than five years had an increased risk for IPV one year post-partum compared to US-born mothers and immigrants whose length of stay in the country was longer than five years (Charles & Perreira, 2007). No study to date has looked at IPV prevalence within CPS using caregiver report. Consequently, this greatly limits our understanding of how prevalent IPV is within the CPS-involved foreign-born population and which factors IPV risk may be attributed to. Thus, the current study seeks to fill this knowledge gap in the literature by examining national prevalence and risk factors of IPV among US-born and foreign-born families involved with CPS.

Previous research with the general population and CPS samples among predominantly US-born families suggests that potential risk factors for IPV may include (a) caregiver and family socio-demographic characteristics (young age, unemployment, low income, low education, large household size, presence of a male intimate partner in household, being single) (Charles & Perreira, 2007; Hanzen et al., 2004; Kessler, Molnar, Feurer, & Appelbaum, 2001), (b) psychosocial factors (poor mental and physical health, substance use, prior criminal history, low social support, high stress, prior CPS history) (Beeman, Hagemester, & Edleson, 2001; Charles & Perreira, 2007; Cunradi, 2009; English, Marshall, & Orme, 2000; Hanzen et al., 2004), (c) immigration related factors (acculturation, legal status) (ARC, 2011; Earner, 2010); (d) environmental characteristics (neighborhood disorder and safety) (Cunradi, 2009). Although findings have been mixed in regard to race/ethnicity and IPV (Charles & Perreira, 2007; Hanzen et al., 2004; McFarlane, Parker, & Soeken, 1996), race has served as an important covariate in child welfare studies. Overall, it is not clear if any of the above

factors relate to IPV among foreign-born families in the same manner they are related to IPV in other populations. For example, there is some evidence that neighborhood poverty and alcohol use may not be associated with IPV for Hispanics in the same way as for Whites and African Americans (Cunradi, 2009; Cunradi, Caetano, Clark, & Schafer, 1999, 2000). Nevertheless, the above factors need to be accounted for when examining the unique relationship between nativity and IPV in addition to serving as potential risk factors for IPV among the study families.

Using national data from a new cohort of the National Survey of Child and Adolescent Well-Being II (NSCAW II) the current study seeks to (1) examine differences in prevalence of IPV among foreign-born and US-born caregivers, (2) examine whether there are significant nativity differences after controlling for other variables, and (3) examine risk factors for IPV among foreign-born caregivers compared to US-born caregivers. This will be one of the first studies exploring prevalence of IPV among foreign-born families in CPS using the primary caregiver's perspective. Based on prior literature it is expected that prevalence of and risk factors for IPV will vary by nativity. The study objectives above will help (1) better understand IPV etiology, (2) identify foreign-born families that are at risk for IPV, (3) determine appropriate referrals and services, and (4) reduce entry into CPS.

2. Methods

2.1. Data source

Data for this study came from wave 1 of the National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a national probability sample of families investigated for child maltreatment. Baseline data collection occurred during 2008–2009. Face-to-face interviews and assessments were conducted with children, parents, non-parental adult caregivers, and investigative caseworkers. The dataset contains 81 primary sampling units (PSUs) nested within eight state level sampling strata. Of the eight strata, seven consist of the states with the largest child welfare caseloads in the United States and the remaining strata contain all other states in the sample. Complex weighting involving stratification, clustering, and weighting were utilized to make national estimates. Children are not nested within caregivers as there is only one child per family in the NSCAW II sample.

2.2. Sample

The NSCAW II sample includes children from zero to 17.5 years old at the time of sampling ($N = 5872$). The sample for the current study was limited to biological or adoptive caregivers whose children remained in-home at baseline following the investigation of maltreatment ($N = 3635$). Because the IPV measure was administered only to female caregivers further restrictions for the current sample included female caregivers where gender information was non-missing ($N = 3281$) that also had complete IPV and nativity measures ($N = 3213$). The final sample for this study included complete data for all measures used in the analyses ($N = 2210$). Bivariate analysis revealed significant differences between participants with complete versus missing data on caregiver's education, length of stay and legal residency with completers being higher educated, having resided in the U.S. longer and more likely to be of documented status than those with missing data. Listwise deletion was utilized rather than imputation because the data in this study did not meet the missing at random assumption.

2.3. Measures

2.3.1. Dependent variable

Using Audio Computer-Assisted Self-Interview (ACASI) technology, IPV was assessed by mothers' self-report on the physical violence subscale of the Conflict Tactic Scales (Straus, Hamby, Boney-McCoy, &

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