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Child Abuse  
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## Community characteristics associated with child abuse in Iowa

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### Abstract

**Problem:** Various demographic and community characteristics are associated with child abuse rates in national and urban samples, but similar analyses have not been done within rural areas. This study analyzes the relationships between reported and substantiated rates of child abuse and county demographic, health care resource and social services factors in a predominantly rural state in the US.

**Methods:** County-level data from Iowa between 1984–1993 were analyzed for associations between county characteristics and rates of child abuse using univariate correlations and multivariate stagewise regression analysis. Population-adjusted rates of reported and substantiated child abuse were correlated with rates of children in poverty, single-parent families, marriage and divorce, unemployment, high-school dropouts, median family income, elder abuse, birth and death rates, numbers of physicians and other healthcare providers, hospital, social workers, and number of caseworkers in the Department of Human Services.

**Results:** Rates of single-parent families, divorce and elder abuse were significantly associated with reported and substantiated child abuse in multivariate analysis, while economic and most health care factors were not. Reporting and substantiation rates differed across districts after adjustment for multiple factors including caseworker workload.

**Conclusions:** In this rural state, family structure is more significantly associated with child abuse report and substantiation rates than are socioeconomic factors. The level of health care resources in a county does not appear to affect these rates.

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## Introduction

Child abuse and neglect affects hundreds of thousands of children each year. Nationwide, there were 861,602 cases of substantiated child abuse in 1998 (12.9 per 1,000 children), up 25% from 1990 (US Census Bureau, 2000). Iowa's child abuse victimization rate in 1998 was 10.1 per 1,000 children (US Census Bureau, 2000). That year, there were 19,412 investigated reports (US Census Bureau, 2000), of which 25% were substantiated (US Dept. of Health and Human Services, 2000). Neglect was the largest category of abuse (63%), followed by physical abuse (21%), sexual abuse (13%) and medical neglect (3%), again similar to the national distribution (US Census Bureau, 2000).

Child maltreatment in national samples has been linked to family income (Cappelleri, Eckenrode, & Powers, 1993; Jones & McCurdy, 1992; Sedlak & Broadhurst, 1996), unemployment (Gillham et al., 1998; Wolfner & Gelles, 1993), caregivers with blue-collar occupations (Wolfner & Gelles, 1993), alcohol or drug use (Wolfner & Gelles, 1993), larger families (Sedlak & Broadhurst, 1996; Wolfner & Gelles, 1993), single-parent families (Sedlak & Broadhurst, 1996), and victim age, gender (Cappelleri et al., 1993; Jones & McCurdy, 1992; Sedlak & Broadhurst, 1996) or ethnicity (Cappelleri et al., 1993). Within urban areas, Coulton found links between child and community characteristics such as impoverishment, child care burden (ratio of children to adults) and community-wide residential instability (Coulton, Korbin, & Su, 1999; Coulton, Korbin, Su, & Chow, 1995). Garbarino found that 79% of the variance in child maltreatment rates between neighborhoods in Chicago was accounted for by nine variables: the rates of poverty, unemployment, female-headed households, overcrowded housing, African American ethnicity, Hispanic ethnicity, affluence, educational attainment, and residency less than 5 years (Garbarino & Kostelny, 1992). Whether these characteristics principally affect child maltreatment incidence rates or merely reporting rates remains unclear (Coulton et al., 1999; Garbarino & Crouter, 1978a). These variables also appear as risk factors for child maltreatment on the individual level (Black, Heyman, & Slep, 2001).

Most studies find few differences in child maltreatment incidence rates between urban and rural areas, (Cappelleri et al., 1993; Sedlak & Broadhurst, 1996; Wolfner & Gelles, 1993) although one study found relatively higher rates of reported physical and sexual abuse in the rural tracts of Montgomery County, Maryland (Ernst, 2000). Within rural areas, little is known about the relationships between community risk factors and child maltreatment incidence rates. Community-level risk factors for child maltreatment may be different in rural vs. urban areas because of differences in community structure and resources, neighborhood relationships, and access to health care. Defining these risk factors is a prerequisite to developing prevention efforts targeted at rural areas. The purpose of this study is to describe the relationship between community factors and rates of reported and substantiated child abuse in the predominantly rural state of Iowa. Since access to care can be difficult in rural areas, and since health care encounters represent opportunities for identifying and reporting suspected child maltreatment, we hypothesized that the presence of health care resources and personnel in the community is associated with an increased rate of child abuse reports and perhaps also an increased rate of substantiated reports.

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