



## Parental child abuse potential and subsequent coping competence in disadvantaged preschool children: Moderating effects of sex and ethnicity<sup>☆</sup>

Cristina M. Lopez<sup>a,\*</sup>, Angela Moreland Begle<sup>a</sup>, Jean E. Dumas<sup>b</sup>, Michael A. de Arellano<sup>a</sup>

<sup>a</sup> Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, Charleston, SC, USA

<sup>b</sup> University of Geneva, FAPSE – Section de psychologie, Genève, Switzerland

### ARTICLE INFO

#### Article history:

Received 30 September 2010

Received in revised form 11 October 2011

Accepted 12 October 2011

Available online 16 March 2012

#### Keywords:

Child coping

Child abuse potential

Sex differences

Ethnic differences

Child maltreatment

### ABSTRACT

This study evaluated the effects of abuse potential in parents on subsequent coping competence domains in their children, using a model empirically supported in a high-risk community sample by Moreland and Dumas (2007). Data from an ethnically diverse sample of 579 parents enrolled in the PACE (Parenting Our Children to Excellence) program was used to evaluate whether parental child abuse potential assessed at pre-intervention negatively contributed to child affective, achievement, and social coping competence in preschoolers one year later, and whether these associations were moderated by sex or ethnicity. Cross-sectional results indicated that parental child abuse potential was negatively related to child affective and achievement coping competence, after accounting for variance associated with child behavior problems. However, child abuse potential was not predictive of subsequent coping competence in any domain after controlling for previous levels of child coping competence. No moderating effects were found for sex and ethnicity, but results showed main effects of sex and ethnicity in cross-sectional analyses. Clinical implications and future directions are discussed.

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### Introduction

Given the high rates of substantiated child abuse and neglect in the United States (over 10 per 1,000 children under age 18 were victims of substantiated maltreatment in 2008; US Department of Health and Human Services, 2010) and the well-established connection with subsequent short- and long-term emotional, cognitive, and physical difficulties among children (Aber, Allen, Carlson, & Cicchetti, 1989; Dubowitz, Pitts, & Black, 2004; Egeland, Yates, & Appleyard, 2002), researchers have long sought to reduce the occurrence of child maltreatment and related consequences by focusing on identification of critical antecedents or risk factors for abuse and neglect (e.g., Belsky, 1993; Ornduff, Kesley, Bursi, Alpert, & Bada, 2002).

#### Child coping competence

Like adults, children are faced with multiple challenges in their daily environments, such as demands, developmental tasks, and major life events—which each require some kind of coping response from the child (Blechman, Prinz, & Dumas, 1995; Lazarus & Folkman, 1984). Children can cope with challenges in *prosocial*, *antisocial*, or *asocial* ways. Children who

<sup>☆</sup> This study was supported by grant R49/CCR 522339 from the Centers for Disease Control and Prevention to the last author. Drs. Lopez and Begle are supported by the National Institute of Mental Health Training Grant T32 MH18869-15.

\* Corresponding author address: 67 President Street, 4th Floor South Bldg, MSC-861, Charleston, SC 29425, USA.

cope prosocially are able to overcome the problem or difficulty by relying on available resources, such as former knowledge or assistance from others. Children who cope in an antisocial manner use aggressive or destructive means of attempting to solve the challenge, or deny any responsibility in seeking a solution. Finally, children who cope asocially respond to the challenge by withdrawing from the situation or from others, often in fear or distress, thus avoiding the challenge or attempting to minimize it instead of learning from it (Izard, 1984; Waters & Sroufe, 1983). According to coping competence theory (Dumas, 1997; Moreland & Dumas, 2007), the coping responses that children practice regularly early in development serve as precursors of school age prosocial, antisocial or asocial conduct. Specifically, children with high levels of prosocial coping and low levels of antisocial and asocial coping tend to follow more adaptive developmental trajectories, are better able to handle normative and stressful life events in an appropriate manner, and are less likely to develop psychological problems such as externalizing or internalizing disorders. The opposite is true of children with low levels of prosocial coping and high levels of antisocial or asocial coping (Compas, Conner-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Eisenberg, Fabes, & Guthrie, 1997; Skinner, 1995).

Coping competence theory assumes that challenges requiring a coping response fall into three distinct domains of child coping competence: *social*, for challenges involving primarily interpersonal and social situations and demands; *achievement*, for challenges involving mainly goal-directed activities, such as physical skills, self-care tasks, and academic responsibilities; and *affective*, for challenges requiring solutions to emotional situations and demands. The theory posits that these broad domains are overlapping in nature, yet still assess a child's ability to cope in a variety of situations rather than focusing on one distinct area (e.g., school, peers, family, medical, etc.) (Moreland & Dumas, 2007). Empirical studies have found evidence to support the theory's predicted associations among child characteristics, such as attachment, ability to solve problems, individual attributions, developmental level, social support, and sociodemographic characteristics, and the individual domains of coping (Compas, 1987; Moreland & Dumas, 2007; Moss, Gosselin, Parent, Rousseau, & Dumont, 1997; Normandeau & Gobeil, 1998). Further, a child's coping style has been associated with other important child characteristics, including child behavior problems. Specifically, children who display lower levels of social, achievement, and affective coping competence were rated by parents as exhibiting higher levels of disruptive behavior (Moreland & Dumas, 2007).

Although child coping competence is posited to remain fairly consistent throughout the course of development, research shows that children display different levels of coping skills as a function of sex (Anshel, Sutarso, & Jubenville, 2009; Moreland & Dumas, 2007). Specifically, young girls typically show much greater levels of coping competence than boys, especially in the social and affective domains, which may reflect the different developmental trajectories that boys and girls experience. For example, Moreland and Dumas (2007) found that 3–6 year old girls displayed higher levels of social, achievement, and affective coping competence than same age boys.

#### *Measurement of parental child abuse potential*

Commonly used methods for investigating child maltreatment incidence rates include self-reports from parents and referrals to Child Protective Services (CPS). However, difficulties involved in accessing CPS databases (Chaffin & Valle, 2003) and parent reluctance to admit abuse or neglect (Ammerman, 1998) often result in underestimated rates of child maltreatment (Chalk & King, 1998). With the use of child maltreatment risk instruments, which provide information regarding the likelihood or "*potential*" for the adult respondent to perpetrate child maltreatment, researchers have been able to avoid the critical limitations traditionally associated with child abuse reporting statistics. Although not commonly utilized in practice, child maltreatment risk instruments can also be used by practitioners in a clinical context. For example, the scale could be used as a screening measure for identification of referrals to parent training within a pediatric primary care setting.

The Child Abuse Potential Inventory (CAPI; Milner, 1986) is the most widely used and strongly supported child maltreatment risk instrument, and recent identification of the CAPI as a valid instrument to assess risk or potential for child maltreatment (Chaffin & Valle, 2003) has led to its classification as the primary risk assessment tool currently available (Medora, Wilson, & Larson, 2001). However, it is important to note the distinction often made between parental child abuse potential and occurrence. Specifically, Chaffin and Valle (2003) argued that reducing *risk* may not be equivalent to rates of actual child abuse occurrence. *Child abuse occurrence* typically refers to a determination of child abuse by an official agency, while *parental child abuse potential* refers to a parent's self-report of the likelihood or possibility of abuse perpetration. Although studies show that CAPI scores are highly correlated with actual abuse (Milner, Gold, Ayoub, & Jacewitz, 1984), elevated parental child abuse potential does not necessarily imply that abuse has been committed (Chaffin & Valle, 2003).

The CAPI has been normed on groups with a wide range of sociodemographic characteristics, such as race, income, and level of abuse (Milner, 1986). A review of the CAPI determined that internal consistency estimates (alpha) for the Abuse Scale range from 0.85 to 0.98 for physically abusive parents and general population groups (Milner, 1994). The CAPI has shown adequate test–retest, construct, predictive, and concurrent validity in previous studies (see review by Milner, 1994). For example, the CAPI has been reported to adequately distinguish between groups of at-risk and control subjects, as well as differentiate between differing levels of risk in the at-risk group (Ayoub, Jacewitz, Gold, & Milner, 1983).

#### *Parental child abuse potential and later coping competence*

In a review of contextual factors associated with child maltreatment, Hecht and Hansen (2001) found that, in addition to parental stress, parent psychopathology, and demographic factors (i.e., ethnicity, marital status, family income), limited

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