Risk and protective factors for child neglect during early childhood: A cross-study comparison

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ABSTRACT

The present analysis relies upon data from three separate longitudinal studies to identify risk and protective factors associated with subsequent neglect during early childhood. All three studies (Fragile Families and Child Wellbeing [FFCW]; Healthy Families New York [HFNY]; Illinois Families Study-Child Wellbeing [IFS]) involve probabilistic samples or subsamples of low-income families with young children. Multivariate logistic regressions predicting official reports of investigated neglect allegations and a dichotomous indicator of neglect from the Parent–child Conflict Tactics Scale (CTS-PC) were conducted separately for each study, using common sets of predictors derived from baseline or initial survey waves. Across the three studies, consistencies emerged with respect to the predictors of both neglect outcomes. Specifically, consistencies emerged related to indicators of economic resources and hardships, parent well-being, and parenting. Understanding the predictors of child neglect is of critical importance to the development of child maltreatment prevention strategies since a clearer understanding of the risk and protective factors associated with neglect would enable more effectively targeted and tailored interventions.

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1. Introduction

Child neglect has repeatedly been identified as the most prevalent form of child maltreatment. It is the most commonly alleged reason for reports to child protection systems (CPS), (Shlonsky, 2007; U.S. Department of Health and Human Services, 2010; Wulczyn, Hislop, & Jones Harden, 2002), and is the predominant category of maltreatment in the National Incidence Studies (NIS), which are designed to estimate the extent of child maltreatment in the U.S. regardless of whether it is reported to CPS. In the most recent NIS-4, child neglect comprised 61% of identified maltreatment according to the NIS harm standard, and 77% of maltreatment according to the NIS endangerment standard (Sedlak et al., 2010). According to official reports of maltreatment, younger children are at greater for child neglect victimization than older children, with infants representing the highest risk group (U.S. Department of Health and Human Services, 2010). Severe child neglect, including child fatalities from neglect, is also more common among younger children (Block, 2002; U.S. Department of Health and Human Services, 2010).

Despite these statistics, little attention has been paid to identifying the risk and protective factors associated with child neglect, particularly

during infancy and early childhood. Of particular need are studies that involve community- or population-based probability samples (as opposed to clinical samples), prospective research designs that afford a true assessment of risk, and multiple measures of child neglect (e.g., official reports and self reported measures).

The present analysis relies upon data from three separate longitudinal studies of predominantly low-income families with young children to identify the predictors of child neglect during early childhood. The research questions addressed include (1) what types of factors predict involvement with child protective services (CPS) for reasons of neglect within each study?; (2) do similar factors within studies predict a validated (parental) self-report measure of child neglect?; and, (3) to what extent are there consistencies across studies in the predictors of both neglect outcomes? To the extent that common predictors emerge across three separate studies with differences in regional focus, time frame, sample demographics, and other elements of study design, our understanding of the circumstances in early childhood that elevate (or reduce) the risk of child neglect will be greatly enhanced.

2. Background

Research on the correlates of child maltreatment in infancy and early childhood has shown a number of factors to be associated with abuse and neglect, including maternal age (Lee & Goerge, 1999; Slack,

Holl, McDaniel, Yoo, & Bolger, 2004; Strathearn, Mamun, Najman, & O'Callaghan, 2009), family size and structure Brayden, Altemeier, Tucker, Dietrich, & Vietze, 1992; Epstein, 2002; Kotch et al., 1995; Kotch, Browne, Dufort, Winsor, & Catellier, 1999; Lee & Goerge, 1999; Windham, Rosenberg, Fuddy, McFarlane, Sia, & Duggan, 2004; Wu et al., 2004), parental education (Brayden et al., 1992; Hunter, Kilstrom, Kraybill, & Loda, 1978; Kotch et al., 1995, 1999; Slack et al., 2004; Strathearn et al., 2009; Wu et al., 2004), income and poverty (Lee & Goerge, 1999); public benefit receipt (Kotch et al., 1995, 1997; Wu et al., 2004), maternal employment (Slack et al., 2004); maternal mental health and substance abuse (Brayden et al., 1992; Christensen, Brayden, Dietrich, McLaughlin, & Sherrod, 1994; Epstein, 2002; Jaudes & Mackey-Bilaver, 2008; Kotch et al., 1995, 1999; Strathearn et al., 2009; Windham et al., 2004; Wu et al., 2004), social support (Brayden et al., 1992; Dukewich, Borkowski & Whitman, 1996; Hunter et al., 1978; Kotch et al., 1997, 1999); domestic violence (McGuigan & Pratt, 2001; Windham et al., 2004), parenting efficacy or stress (Brayden et al., 1992; Dukewich, Borkowski, & Whitman, 1996; Slack et al., 2004), and child health and behaviors (Brayden et al., 1992; Dukewich, Borkowski & Whitman, 1996; Hunter et al., 1978; Kotch et al., 1999; Wu et al., 2004). Several of these referenced studies involve prospective research designs with community- or population-based samples, as well as neglect-specific outcome measures (Brayden et al., 1992; Christensen et al., 1994; Epstein, 2002; Jaudes & Mackey-Bilaver, 2008; Kotch et al., 1995, 1999; McGuigan & Pratt, 2001; Slack et al., 2004; Wu et al., 2004). However, the specific measures employed across studies, coupled with other differences in study design, make it difficult to compare findings in a systematic way.

A much larger literature on the correlates of child maltreatment, and neglect specifically, relies upon cross-sectional designs, which does not afford a true assessment of "risk" vis-à-vis neglect. Two critical and related conditions of establishing that something operates as a risk (or protective) factor is that it is measured within a sample for which the outcome has not yet been observed, and that it precedes the outcome of interest (Kraemer, Kazdin, Offord, Kessler, Jensen & Kupfer, 1997). This is not to equate "risk" with "cause." However, the identification of factors that are associated with an elevated (or reduced) risk of some outcome—in this case child neglect—serves to highlight potential targets of interventions with respect to the population served as well as the nature of services designed. This exercise is intended to move the prevention field forward in its understanding of risk as it relates to child neglect in early childhood.

3. Methods

Central to this exercise was the identification of a reasonably common set of measures across multiple studies that are well suited for understanding the risk and protective factors related to child neglect. These studies (Fragile Families and Child Wellbeing [FFCW]; Healthy Families New York [HFNY]; and Illinois Families Study-Child Wellbeing [IFS-CWB]) all involve probabilistic samples or sub-samples of low-income families with young children. All three studies are able to distinguish neglect from other forms of maltreatment, and all incorporate more than one measure of child neglect. Importantly, none of the samples were selected on the basis of past or current child maltreatment or CPS intervention, and all were followed for multiple years to identify situations of child neglect occurring subsequent to sample selection. Still, the studies differ on a number of design and sample characteristics. However, the main objective of this exercise is to understand whether common predictors emerge for different types of neglect outcomes across studies, *despite* these differences. Variation in study design and sample selection strategies is described below.

3.1. Study designs and samples

The FFCW study involves a population-based, longitudinal birth cohort of 4898 children born between 1998 and 2000 in large U.S. cities (see Reichman, Teitler, Garfinkel, & McLanahan, 2001 for a complete description of the sample and design). The study over-sampled non-marital births, resulting in a greater representation of low-income families. The sample for the present analysis was further limited to the subgroup (N = 3033) of mothers who reported incomes at baseline (focal child's birth) of less than 200% of the federal poverty level, to ensure a closer approximation to the other study samples used in the present exercise. FFCW researchers interviewed families in person at the time of the focal child's birth and by telephone when the child was approximately 1 (response rate = 89% of the initial sample), 3 (response rate = 86%), and 5 (response rate = 85%) years of age. Following each of the latter two interviews, families were invited to participate in an in-home assessment of multiple domains of parenting, the home environment, mother–child interactions, and child wellbeing. Parents who refused an in-home visit were asked to complete the questionnaire portion of the in-home module by telephone. Over three-quarters of the sample who completed the core interview for age 3 or 5 participated in this assessment for that wave (nearly 80% of whom completed an in-home vs. a telephone assessment at each wave). Of the 3033 sample members with incomes less than 200% of the federal poverty level, 60% (1820) participated in both the age 3 and 5 assessments, and answered questions related to child neglect, the key outcomes for the present analysis.

The Healthy Families New York (HFNY) study is a longitudinal randomized controlled trial of a nationally-based home-visiting program model that strives to promote safe and healthy families by providing home visiting services to new or expectant parents who are deemed to be at risk of abusing or neglecting their children (DuMont et al., 2008). Recruitment for the study was conducted between March 2000 and August 2001 at three sites with long-standing HFNY programs. Following the sample selection period, baseline interviews were conducted with 1173 women who met assessment criteria for HFNY and were randomly assigned to either an intervention group that was offered HFNY services (n = 579) or a control group that was given information and referrals to other appropriate services (n = 594). The sample of mothers who completed baseline interviews were re-interviewed in their homes at the time of the target child's first, second, and seventh birthdays. Study retention rates were high, with 90% of the women re-interviewed at Year 1, 85% reinterviewed at Year 2, and 80% at Year 7 (n = 942). For the present analysis, the sample was restricted to the control group (since the intervention group received services intended to influence child maltreatment outcomes) as well as to sample members who were retained through Year 7 and answered questions related to child neglect (N = 421).

The Illinois Families Study: Child Wellbeing supplement (IFS-CWB) is a longitudinal panel study of TANF-recipient families with young children (Slack et al., 2004). Respondents for the annual in-person surveys were selected from the 1998 TANF enrollment files of nine Illinois counties, which together represented over 75% of the Illinois TANF caseload. The sampling frame was stratified by region to ensure sufficient numbers of respondents from smaller, less urban counties (see Lewis, Shook, Stevens, Kleppner, Lewis & Riger, 2000; Slack et al., 2004 for more detail on study design). The baseline response rate for the larger study in which the IFS-CWB supplement was situated (i.e., 1999–2000) was 72% (N = 1363; Lewis et al., 2000). All respondents from the baseline IFS survey who had at least one child 3 years of age or younger at the point of their baseline survey (N = 583) were included in the IFS-CWB. This group of respondents was administered annual surveys in 2001 through 2004 which were designed to gather more in-depth information on the health and well-being of the youngest child in the home (the "focal child"), as well as various child neglect risk factors. The response rate for Wave 1 of the IFS-CWB was 95% (N = 553);