



Early childhood aggression among child welfare involved children: The interplay between the type of child maltreatment and ecological protective factors



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ABSTRACT

The current study examined four types of maltreatment (i.e., physical, sexual, emotional, neglect) and ecological protective factors (i.e., child prosocial skills, parental warmth, parental well-being, neighborhood safety) as predictors of aggressive behavior among young children in the child welfare system. Further, this study explored interaction effects between maltreatment types and protective factors on early childhood aggression. Ordinary least squares (OLS) hierarchical multiple regression was performed on a sample of 499 children (ages 4–5) drawn from the National Survey of Child and Adolescent Well-Being (NSCAW-I). Physical abuse was associated with higher levels of early childhood aggression whereas living in a neighborhood with fewer problems was associated with lower levels of aggression. Novel interaction effects also emerged; the protective effects of child prosocial skills and parental well-being on aggression were significantly stronger in emotionally abused children than in children who were not emotionally abused. The findings suggest that interventions that address both the type of maltreatment and ecological protective factors may be effective in reducing early childhood aggression among at-risk children.

1. Introduction

Although the link between child maltreatment and childhood aggression has been well established (Reidy, 1977), the role of particular subtypes of maltreatment remains unclear. A developmental psychopathology framework (Cicchetti & Toth, 1995) suggests that various maltreatment experiences, such as “nature [e.g., type] of the experience” may have differential impact on outcomes, highlighting the need for consideration of different types of maltreatment experienced by children. Additionally, this framework underscores the interactions of risk and protective factors across multiple levels that influence children's developmental outcomes (Sroufe & Rutter, 1984). Although prior research has identified various protective factors for aggression (Vanderbilt-Adriance et al., 2015), few studies have examined multi-level protective factors across the social ecology, especially in conjunction with maltreatment subtypes, to understand their relations with childhood aggression. The present study seeks to address some of these gaps by 1) examining maltreatment types and multi-level (i.e., individual-, relationship-, community-level) protective factors as predictors of early childhood aggression and 2) exploring interaction effects between maltreatment types and protective factors among a

sample of children involved with the child welfare system.

1.1. Early childhood maltreatment

Child maltreatment continues to be one of the major social problems in the United States. Maltreatment is defined as any recent act (or failure to act) by a caregiver which presents an imminent risk of serious physical, sexual, or emotional harm; or leads to death, serious physical or emotional harm, sexual abuse or exploitation (U.S. Department of Health and Human Services [US DHHS], 2017). In 2015, 3.4 million referrals were made to Child Protection Services (CPS) agencies for investigation of alleged maltreatment and approximately 9 per 1000 children (i.e., 683,000) were found to be victims of child maltreatment (US DHHS, 2017). Of those victims, three quarters (75.3%) were neglected, 17.2% were physically abused, 8.4% were sexually abused, and 6.2% were emotionally abused (US DHHS, 2017). Maltreatment at an early age (≤ 5 years) is of serious concern as this is a period of extreme vulnerability in which children are most likely to experience maltreatment with severe consequences. Rates of maltreatment generally decline with age, suggesting that young children are more vulnerable to maltreatment than older children (Wulczyn, Barth, Yuan,

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Harden, & Landsverk, 2005). According to the 2012 annual census of children referred to child welfare services, approximately half (46.7%) of victims were in the age group of 0–5 years (US DHHS, 2013). The victimization – defined here as instances of substantiated or indicated maltreatment, and/or death from abuse and neglect – rate was highest for children in infancy or toddlerhood (i.e., birth to age 3), followed by children in early childhood (for the purpose of this study, early childhood is defined as the period from 4 to 5 years of age). In 2015, victims aged 4 and 5 years had victimization rates of 10.3 and 10.5 victims per 1000 children respectively in the population of the same ages, indicating that a substantial number of children in early childhood are affected by child maltreatment (US DHHS, 2017). Early childhood maltreatment is a serious concern because it interrupts normal development. Children who are maltreated during the early years of their lives experience negative developmental outcomes across multiple domains (Cicchetti, 2016; Norman et al., 2012). For example, maltreated preschoolers tend to develop language more slowly, have less self-control and poorer emotional regulation, and exhibit more aggressive behaviors compared to non-maltreated children (Font & Berger, 2015; Messman-Moore & Bhuptani, 2017; Widom, 2014).

1.2. Maltreatment types and aggressive behavior

Children who experience maltreatment are at a greater risk of developing aggressive behavior than non-maltreated children (Anthonysamy & Zimmer-Gembeck, 2007; Holmes, 2013; Holmes, Yoon, Voith, Kobulsky, & Steigerwald, 2015; Manly, Kim, Rogosch, & Cicchetti, 2001; Shackman & Pollak, 2014; Teisl & Cicchetti, 2008). In a nationally representative study of children investigated for alleged child maltreatment, more than one third of children aged 4 to 5 years displayed borderline or clinical levels of externalizing behavior problems, including aggressive and disruptive behaviors (Wulczyn et al., 2005). Aggression can be broadly defined as intentional acts or behaviors aimed at physically, psychologically, or relationally harming others or objects (Kempes, Matthys, de Vries, & van Engeland, 2005) and may include various forms including hostile (overt, direct) and relational (covert, instrumental, indirect) aggression. In the current paper, we focus on overt aggression, which refers to direct physical and verbal aggressive behaviors intended to hurt others (Peled & Moretti, 2007). Aggressive behavior in early childhood is often viewed as normative behavior, with only a small sub-group of children following the path of a life-persistent pattern of aggressive behavior (Dodge, Coie, & Lynam, 2006; Heilbron & Prinstein, 2008; Moffitt, 1993). However, empirical evidence also suggests early childhood aggressive behavior may be an important marker for life-course persistent antisocial behavior (Moffitt, 1993), and it is important to identify early risk and protective factors for aggression to offer early intervention services at one of the most critical periods in a child's development.

Both theoretical (e.g., developmental psychopathology) and empirical evidence (e.g., Manly et al., 2001) suggests the importance of examining the distinctive effects of different types of maltreatment. Drawing from developmental psychopathology that emphasizes the nature of the experience (Cicchetti, & Toth, 1995), different maltreatment types will have different impact on childhood aggressive behavior. Child physical abuse and its relation to aggression have received the most theoretical and empirical attention. Building on social learning theory (Bandura, 1978), physically abused children are likely to exhibit aggressive behavior through their “observation” and “modeling” of violent behavior. Empirical research has consistently supported this idea via findings of a strong association between child physical abuse and externalizing behaviors, such as aggressive and disruptive/delinquent behaviors (Bennett et al., 2005; Manly et al., 2001; Shackman & Pollak, 2014; Teisl & Cicchetti, 2008). There is also a substantial body of literature suggesting a link between sexual abuse and aggressive behavior in childhood (e.g., Browne & Finkelhor, 1986; Paolucci, Genuis, & Violato, 2001). However, relatively less attention

has been paid to the relation between other forms of maltreatment (i.e., emotional abuse, neglect) and aggressive behavior, especially for younger children (e.g., preschool aged children). Attachment theory (Bowlby, 1969) posits that responsive parenting and secure parent-child relationships are vital sources for children's emerging emotional regulation skills and relational behavior. Drawing from this theory, emotionally abused and neglected children whose caregivers are often unable to provide sensitive or responsive care may be at risk for emotional dysregulation, which is closely related to aggressive behavior (Burns, Jackson, & Harding, 2010; Kim & Cicchetti, 2010; Manly, Oshri, Lynch, Herzog, & Wortel, 2013). Therefore, it is important to examine how child emotional abuse and neglect may be associated with early childhood aggression.

1.3. Ecological protective factors and aggressive behavior

Bronfenbrenner's bioecological theory of human development emphasizes the importance of understanding human development as a result of interactions between an individual and his or her surrounding context across multiple-levels of the social ecology (Bronfenbrenner, 2005). Drawing from this theory, various personal (i.e., individual level) and contextual (e.g., relational level, community level) protective factors may buffer the negative effects of maltreatment on aggressive behavior.

At the individual level, studies have suggested high cognitive abilities, such as verbal and nonverbal intelligence, as a protective factor that promote positive behavioral outcomes in children who have experienced early adversity (Herrenkohl, Herrenkohl, Rupert, Egolf, & Lutz, 1995; Teisl & Cicchetti, 2008). Higher cognitive abilities (e.g., higher IQ), for instance, have been associated with better behavioral outcomes among maltreated children in middle childhood (Herrenkohl et al., 1995; Teisl & Cicchetti, 2008). Child prosocial behavior, defined as voluntary behavior intended to benefit another person (Eisenberg, 1982) (e.g., empathy, sharing, cooperation) is another individual-level protective factor against the negative impact of maltreatment. Although prosocial behavior and aggression may be perceived as opposite ends of a single concept, empirical research has suggested that these are two independent characteristics of the individual (Kokko, Tremblay, Lacourse, Nagin, & Vitaro, 2006). For example, studies have found distinct correlates and etiologies of prosocial behavior and aggression (Krueger, Hicks, & McGue, 2001).

At the relationship level, maternal warmth has been linked to less aggressive behavior among maltreated children (Holmes, 2013; Lansford et al., 2014). Both theoretical (e.g., attachment theory: Bowlby, 1969) and empirical evidence (e.g., Skopp, McDonald, Jouriles, & Rosenfield, 2007) has suggested that warm and caring parents may protect their child from developing behavior problems (e.g., aggressive behavior) by providing the secure base on which the child develops trust and socially adaptive skills to relate to others. Parental well-being (i.e., absence of mental and substance use disorders) has also been identified as an important protective factor for aggression in maltreated children (Holmes et al., 2015; Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Manly et al., 2013; Rakow, Smith, Begle, & Ayer, 2011).

At the community level, neighborhood factors, including neighborhood socioeconomic status, safety, and a sense of belonging, have also been found to have significant influence on children's behavioral outcomes (Leventhal & Brooks-Gunn, 2000; Singh & Ghandour, 2012). Neighborhood safety, for example, has been associated with fewer aggressive and delinquent behaviors in maltreated children (Lansford et al., 2006). However, studies that have investigated neighborhood effects on children's outcomes have mainly focused on late childhood and adolescence rather than early childhood, presumably because adolescents spend more time with peers in the neighborhood and have more neighborhood contact compared with young children. Further research is needed on the protective role of neighborhood safety in

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