The within poverty differences in the occurrence of physical neglect

Meghan E. Shanahan a,c,*, Desmond K. Runyan b, Sandra L. Martin c, Jonathan B. Kotch c

a Injury Prevention Research Center, The University of North Carolina at Chapel Hill, 137 E Franklin Street, Suite 500 CB 7505, Chapel Hill, NC 27599-7505, USA
b Kempe Center, Department of Pediatrics, University of Colorado, 13123 E. 16th Ave., B390, Aurora, CO 80045, USA
c Department of Maternal and Child Health, The UNC Gillings School of Global Public Health, CB# 7445, The University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7445, USA

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A B S T R A C T

This secondary data analysis examined the risk and protective factors associated with physical neglect within a sample of impoverished children. We conducted a multivariate logistic regression analysis to examine the associations among maternal age, child gender, caregiver depression, caregiver history of maltreatment, income-to-needs ratio, number of children in the home, marital status, neighborhood quality, and physical neglect. Social support was explored as a potential moderator. Among this impoverished sample, children whose caregivers had depression were 2.03 times as likely to experience physical neglect as children whose caregivers were not depressed (95% CI 1.25, 3.30; p = 0.004). Children whose caregivers reported experiencing child maltreatment were 1.81 times as likely to experience physical neglect as children whose caregivers did not experience maltreatment as a child (95% CI 1.17, 2.81; p = 0.008). Children who live in higher quality neighborhoods were 0.74 times as likely to experience physical neglect as children who live in lower quality neighborhoods (95% CI 0.57, 0.96; p = 0.03). No other significant relationships were found.

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1. Introduction

Child maltreatment is a significant public health problem that affects 17.1 per 1000 children per year in America (Sedlak et al., 2010). Neglect is the most common type of maltreatment and accounts for the majority of official maltreatment reports (Administration on Children, Youth, and Families, 2016; Sedlak et al., 2010; US Department of Health and Human Services, 2008) and deaths each year (Administration on Children, Youth, and Families, 2016). According to the most recent National Incidence Study (NIS-4), neglect accounts for 61% of maltreated children (Sedlak et al., 2010). Physical neglect is the most frequent type of neglect (Sedlak et al., 2010) and is defined as the failure to provide appropriate food, clothing, shelter, supervision, or a safe environment for the child (Child Welfare Information Gateway, 2012).

The ecological framework for maltreatment, an adaptation of Bronfenbrenner’s ecological systems model (Bronfenbrenner, 1979), may provide insight into why neglect occurs in some families and not others. According to this framework, development occurs within a nested system that includes the individual, family, community, and society (Belsky, 1980). This model suggests that many factors, both proximal and distal to the child, may lead to abuse and neglect (Belsky, 1980) and has been used to examine the etiology of child maltreatment (Kotch et al., 1995; Kotch, Browne, Dufort, Winsor, & Catelli, 1999). Risk factors for maltreatment exist at all levels of the ecological framework for maltreatment. As the focus of the current study is physical neglect, we only examine risk factors that were found to be associated with physical neglect in studies that differentiated it from other forms of maltreatment.

Numerous risk factors for physical neglect have been suggested in the literature. Boys are at an increased risk of experiencing neglect (Hussey, Chang, & Kotch, 2006), as are children who live with several siblings or other children (Carter & Myers, 2007; Sedlak & Broadhurst, 1996). Specifically, children who live with four or more children were physically neglected at three times the rate of children who don’t live with siblings or other children (Sedlak & Broadhurst, 1996). Children who live with a single parent (Sedlak & Broadhurst, 1996), those born to younger mothers (Carter & Myers, 2007), and those with parents with depression (Cooney, 1998; Kelleher, Chaffin, Hollenbeck, & Fischer, 1994) are also more likely to experience neglect. Additionally, intergenerational trauma has been found to play a role in physical neglect. Specifically, parents who experienced neglect (Widom, Czaja, & DuMont, 2015), sexual abuse (Dixon, Browne, & Hamilton-Giachitis, 2005; Widom et al., 2015), or physical abuse (Dixon et al., 2005; Pears & Capaldi, 2001) as children are more likely to maltreat their children than those who did not.

Poverty, at both the individual and community level, is often cited as a risk factor for neglect (Brown, Cohen, Johnson, & Salzinger, 1998; Chaffin, Kelleher, & Hollenbeck, 1996; Drake & Pandy, 1996; Gillham et al., 1998; Hussey et al., 2006; Jones & McCurdy, 1992; Sedlak et al., 2005; Widom et al., 2015), as are children who live with several siblings or other children (Sedlak & Broadhurst, 1996). Children who live with a single parent (Sedlak & Broadhurst, 1996), those born to younger mothers (Carter & Myers, 2007), and those with parents with depression (Cooney, 1998; Kelleher, Chaffin, Hollenbeck, & Fischer, 1994) are also more likely to experience neglect. Additionally, intergenerational trauma has been found to play a role in physical neglect. Specifically, parents who experienced neglect (Widom, Czaja, & DuMont, 2015), sexual abuse (Dixon, Browne, & Hamilton-Giachitis, 2005; Widom et al., 2015), or physical abuse (Dixon et al., 2005; Pears & Capaldi, 2001) as children are more likely to maltreat their children than those who did not.

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While the relationship between poverty and neglect seems logical, particularly since limited financial resources can hinder a caregiver’s ability to meet the physical needs of his/her children (Garbarino, 1977), most impoverished parents do not neglect their children (Carter & Myers, 2007). While it is not clear why some children in poverty are neglected and others are not, it is likely that other risk factors for physical neglect, which tend to cluster among impoverished individuals (Carter & Myers, 2007), lead to the higher occurrence of physical neglect among those living in poverty. Perhaps as interesting is that there may be protective factors, such as social support, that explain why most children in this at-risk group are not neglected. In a prospective study of neglect, pregnant women who reported low levels of social support were more likely to be reported to CPS for neglect by the time their children were four years of age than women who did not report low levels of social support while pregnant (Bryden, Altemeier, Tucker, Dietrich, & Vietze, 1992). Similarly, low levels of social support were found to be associated with supervisory neglect among a stratified random sample of parents of children <12 years of age (Freisthler, Johnson-Motoyama, & Kepple, 2014). Another study determined that the effect of life stressors on maltreatment reports is mitigated by higher levels of social support (Kotch et al., 1995). Mothers who have been reported to CPS for neglect report less emotional support from their own mothers than those who have not maltreated their children (Cooley, 1995). However, these mothers report the same level of emotional support from their partners as women who have not maltreated their children, suggesting that the protective effects of emotional social support may vary depending on who is providing the support. A recent study examining the association between neighborhood social cohesion and neglect found that parents who reported high levels of perceived cohesion in their neighborhood, defined as mutual trust and support among neighbors, were less likely to report neglectful behaviors (Maguire-Jack & Showalter, 2016). It is possible that social support, either instrumental or emotional, among those living in poverty may facilitate sharing of resources, which may in turn reduce the probability of neglect.

Few studies have explicitly investigated reasons for differences in experiencing neglect within a population of children in poverty (Bryden et al., 1992; Christensen, Bryden, Dietrich, McLaughlin, & Sherrod, 1994; Cooley, 1995; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Two studies only examined one risk factor for neglect (Bryden et al., 1992; Christensen et al., 1994), and another study’s only measure of poverty was that the participants utilized a clinic for impoverished families (Bryden et al., 1992). All of these studies used CPS reports alone to determine whether the children had been neglected (Bryden et al., 1992; Christensen et al., 1994; Cooley, 1995, Slack et al., 2004), thus including only a small portion of children who were actually maltreated (Sedlak & Broadhurst, 1996). Such methodological limitations of past research may distort our understanding of risk and protective factors for neglect among impoverished families (Sedlak & Broadhurst, 1996).

Therefore, little is known about why certain impoverished families are at greater risk of experiencing neglect than other impoverished families. The current study addresses the limitations of previous research by including multiple risk factors as well as a composite measure of physical neglect. The following research questions were addressed:

1. What risk factors are associated with physical neglect in a sample of impoverished children?
2. Does social support moderate the relationship(s) between these risk factors and physical neglect in a sample of impoverished children?

2. Method

2.1. Participants

We conducted a secondary analysis of a subset of the data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), a national consortium of longitudinal studies of child maltreatment, (Hunter & Knight, 1998) to address the research questions. There are five sites that contribute data to LONGSCAN and, while they each have their own goals and study aims, the use of similar data collection schedules and common measures make it possible to combine data for analyses. The sample for the current study included children from the three LONGSCAN sites whose samples consist of children who are at-risk for being maltreated, children who have been maltreated, and controls who were neither reported nor at risk. The samples from the two sites not included in the analysis only include children who have experienced maltreatment and therefore were not appropriate to include in the current analysis. Aside from the measures of neglect and the neighborhood support variable, the current analysis draws upon data collected at the first LONGSCAN assessment when the children were about 4 years old. In order to be included, children must have lived with families that are poor or near poor (income-to-needs ratio below 2.0). If a child was not physically neglected according to CPS or self-report, but did have a CPS report for another type of maltreatment, he/she was excluded from the current sample. Children who experienced physical neglect in this sample may have also been physically, sexually, or emotionally abused.

There were 697 children in the LONGSCAN sample who met the eligibility criteria for the current study. The outcome variable, physical neglect, was missing for 192 children, who were subsequently excluded from the analysis. These 192 children were missing the self-report neglect data and did not have a CPS report. The final sample included in the analysis was 505 children. Sample demographics are described in Table 1. These children did not significantly differ from those who were excluded from the sample on demographic variables, such as gender, income-to-needs ratio, or maternal age at the birth of the referent child. They were statistically significantly different from those excluded from the sample on race; there were more Black children in the analyzed sample than in the group of children who were excluded from the analysis.

This secondary data analysis received approval from the Institutional Review Board at the University of North Carolina at Chapel Hill.

2.2. Outcome measure

2.2.1. Neglect

A physical neglect indicator was constructed from a systematic review of CPS records and records from About My Parents (a youth self-report measure of neglect). The process of coding maltreatment records for LONGSCAN has been described previously (Runyan et al., 2005). Only physical neglect that occurred by the end of elementary school was included in the current analyses. Both unsubstantiated and substantiated reports of physical neglect, according to CPS records, were included

<table>
<thead>
<tr>
<th>Variable</th>
<th>Full sample</th>
<th>Physical neglect group</th>
<th>No maltreatment group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous variables</td>
<td>M (sd)</td>
<td>M (sd)</td>
<td>M (sd)</td>
</tr>
<tr>
<td>Income-to-needs ratio</td>
<td>0.73 (0.5)</td>
<td>0.67 (0.5)</td>
<td>0.82 (0.6)</td>
</tr>
<tr>
<td>Maternal age</td>
<td>23.3 (5.9)</td>
<td>23.7 (6.0)</td>
<td>22.7 (5.7)</td>
</tr>
<tr>
<td>Number of children in household</td>
<td>3.0 (1.7)</td>
<td>3.1 (1.6)</td>
<td>2.9 (1.8)</td>
</tr>
<tr>
<td>Neighborhood quality</td>
<td>2.5 (0.9)</td>
<td>2.4 (0.9)</td>
<td>2.7 (0.8)</td>
</tr>
<tr>
<td>Categorical variables</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Race (Black)</td>
<td>377 (74.7)</td>
<td>234 (73.8)</td>
<td>143 (76.1)</td>
</tr>
<tr>
<td>Child sex (female)</td>
<td>255 (50.5)</td>
<td>152 (48.0)</td>
<td>103 (54.8)</td>
</tr>
<tr>
<td>Caregiver relationship status (no mate)</td>
<td>251 (57.2)</td>
<td>162 (58.7)</td>
<td>89 (54.6)</td>
</tr>
<tr>
<td>Caregiver depression</td>
<td>155 (30.7)</td>
<td>116 (36.6)</td>
<td>39 (20.7)</td>
</tr>
<tr>
<td>Caregiver history maltreatment</td>
<td>178 (40.9)</td>
<td>129 (47.3)</td>
<td>49 (30.3)</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>62.8%</td>
<td>–</td>
<td>–</td>
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</tbody>
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