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SOCIAL SUPPORT IN CHILD ABUSE AND NEGLECT: SUPPORT FUNCTIONS, SOURCES, AND CONTEXTS

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ABSTRACT

Objectives: The objective of the present paper was to examine the social support functions, sources and temporal contexts of Argentinian mothers in relation to child abuse and neglect.
Method: To test the impact of social support on child abuse and neglect, a sample of 101 Argentinian mothers was drawn from the pediatric hospital. The interview contained questions regarding maternal social support and abusive behavior. After the interview, the medical record of the child was checked for information concerning child abuse and neglect.
Results: Data from the interview and the medical record were used to characterize the mothers as low or high in child abuse and neglect.
Conclusions: Comparisons between both groups of mothers indicated that only some specific support indexes distinguished mothers with low and high abuse/neglect. Specifically, kin and instrumental support indexes were associated with child abuse/neglect, whereas nonkin and psychological support variables were not. © 1997 Elsevier Science Ltd

Key Words—Child abuse, Social support functions, Social support sources, Motherhood.

INTRODUCTION

ECOLOGICAL MODELS GENERALLY provide a good account of child abuse. In a classic field study, Garbarino and Sherman (1980) identified socioeconomic, demographic, and attitudinal differences between neighborhoods with high and low incidence of child abuse and neglect. Unlike the low abuse area, the high child abuse neighborhood was characterized by a pattern of social impoverishment. There was a decrease in the mothers social exchanges with the neighbors, an underuse of formal support services, a higher incidence of major life crisis, and more neglect of the architecture of the neighborhood. An interesting replication of Garbarino and Sherman's findings is a study of 291 poor mothers by Chamberland, Bouchard, and Beaundry (1986). In this research, abusive mothers were found to have more centripetal and conflictive social networks than those who did not abuse their children (for other findings

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supporting an association between social support and parenting see Gracia, Musitu, Garcia, & Arango, 1994; Muller, Fitzgerald, Sullivan, & Zucker, 1994; Polansky, Ammons, & Gaudin, 1985; Polansky, Gaudin, Ammons, & Davis, 1985). To our knowledge, however, the relation between social support and child abuse and neglect has never been established in Argentina, nor had other factors that might influence child abuse and neglect been systematically investigated in that country. Therefore, the goal of the present paper was to replicate the findings concerning the influence of social support on abusive parental behavior in Argentina. Specifically, we were interested in examining the social support functions, sources and temporal contexts of Argentinian mothers.

Specific Social Support Indexes

The study of specific *support functions* has been proposed to improve the operationalization of the social support construct (Barrera, 1986). Along with Veiel (1989) we define supportive interactions according to the quality of the needs they satisfy. If a psychological or emotional need is met, the support is emotional or psychological. If the need can be satisfied by concrete help or goods, the type of support is instrumental. These different functions can play different roles in parenting. One can expect that instrumental support would influence maternal behavior because it reduces daily hassles, provides an alternative caretaker for the child, and increases material resources that may help control physical neglect. Psychological support, in turn, may reduce parental stress and depression, therefore leading to less abuse and neglect. (For an analysis of the multiple roles of social networks in parenting, see Cochran & Brassard, 1979.)

Another important social support factor is the *source*, which is the person, group, or institution who delivers the support. Corse, Schmid, and Trickett (1990) observed that abusive mothers had less nonkin peer support, more troubled relationships with relatives, and more limited contacts with the broader community. Abusive mothers were also found to have weaker and less supportive informal social networks, more restricted networks of friends and neighbors, and poorer kin networks than nonabusive mothers (Gaudin & Pollane, 1983). In addition, Kotch and Thomas (1986) reported that the use of child care resources, along with the availability of an extended family, moderated the negative impact of single parenthood and unemployment of the household head. Given that these data suggest that specific support sources are important to control child abuse and neglect, we wanted to investigate whether kin and nonkin sources contribute to decreasing abuse and neglect independently.

It is also important to study the time *context* of the support, which can pertain to daily and crisis situations (Veiel, 1985). Daily support is directed to satisfy continuous needs, and includes verbal exchanges about daily life or small favors among neighbors on a regular basis. Crisis support is the interaction that takes place during unusually demanding situations that require exceptional help. Examples of crisis support are consolation during mourning, or financial help when a member of the family is temporarily unemployed or sick. Although the influence of time context on abuse and neglect has not been studied, one can expect that daily support would be particularly related to child abuse and neglect because child rearing poses multiple daily emotional and instrumental demands.

To conclude, determining the influence of social support on child abuse and neglect requires more than simply measuring overall support. Our objective was, therefore, to investigate whether psychological versus instrumental functions, kin versus nonkin sources, and daily versus crisis support distinguished mothers with different incidence of abuse and neglect.

METHOD

Overview

The study to be reported was conducted in a large pediatric hospital of Buenos Aires, which offers services to an impoverished population coming from the southern areas of the inner

city and the suburbs. Most of the children are brought to the outpatient clinic for preventable diseases that are often caused by poor hygiene, inappropriate diet, incorrect administration of medication, use of homemade remedies, or incomplete immunization. (The inpatient clinic, in contrast, receives more complex chronic and acute cases from a broader geographic area.) Although the medical team is well-trained in diagnosing child abuse and neglect, given the social stress and poverty of the population only families with severe abuse and/or neglect are reported to justice.

Procedures

Trained interviewers approached the mothers of children who were hospitalized or attended the outpatient medical clinic. Each interview took approximately 50 minutes and was conducted in the waiting rooms of the hospital after obtaining informed consent for the interview and the use of medical information. Information about the negative effects of child abuse and its ineffectiveness as a disciplinary method as well as referral to support or treatment services was provided to the mothers who reported abuse. Only after interviewing the mothers did the interviewers have access to the medical chart containing additional data on abuse and neglect.

Subjects

A sample of 101 mothers of children was obtained. The mean age of the mothers was 27 years (SD = 7.68) and the mean age of the child was 24.62 months (σ = 25.46). Out of the mothers in the sample: (a) 21.8% had incomplete primary school or less; (b) 45.5% had complete primary school; (c) 16.8% had incomplete secondary school; (d) 12.9% had complete secondary; and (e) 3% had incomplete or complete college level.

Turning to civil status, 42.6% of the women were currently married, 38.6% were single with a live-in partner, 10.9% were single with no live-in partner, 3% were divorced or separated but had remarried, 3% were separated but had a new live-in partner, 1% were separated with no live-in partner, and the remaining 1% were widows with no live-in partner. That is, 12% of the sample of women were household heads.

Several characteristics of the participants were consistent with the view that the target population was at risk. Regarding the number of children, 27.7% had a single child, 34.7% had two children, 19.8% had three children, and 17.8% had four children or more. These children had repeated hospitalizations: 55 women had at least one child with a history of hospitalization; and 10 of them had a child with two, three, or four hospitalizations. (Although other indicants of use of health services may be unrelated to the severity of the disease, hospitalizations are usually decided on the basis of the child pathology.) In addition, these mothers had a high incidence of abusive behaviors, with 51% of them reporting physical punishment of the child (i.e., hitting or slapping the child).

We also investigated aspects in the history of the women that could indicate poor social networks. There was a large proportion of immigrants in the sample. Thus, 29.7% of the women had migrated from outside Buenos Aires state or from outside the country, whereas 70.3% were born within the state. In addition, these women had a considerable rate of abandonment in their personal history. Only 77.2% had been raised by both parents. An 11.9% had been raised by one parent without the collaboration of the other. Another 6% had lived with relatives other than their parents, whereas the remaining five (2%) had been raised by nonrelatives or assigned to foster care, respectively. In sum, 22.8% of the mothers reported paternal and/or maternal abandonment.

Physical Abuse/Neglect Measure

Physical abuse and neglect were assessed by questions to the mother and data from the pediatric chart. One question in the interview said, "In what situations have you hit your

child?'' If the respondent gave an abuse example (e.g., when the child behaved badly), she was further asked, ''Did your child's body show marks at that point?'' Responses to these questions were used as indicants of abuse as reported by the mother. In addition, the medical record was checked for signs of abuse (i.e., unexplained injuries, poisoning episodes, low weight, or confirmed physical punishment) and neglect (i.e., absence of immunization, and repetitive hospitalizations for preventable illnesses). From the information supplied by the mother and the medical report, three experts scored levels of physical abuse and neglect. If more than one child suffered abuse or neglect, the higher level was considered. Given that inter-rater reliability was satisfactory (.85), experts ratings were averaged to obtain an index of child abuse and neglect. Abuse/neglect scores were assigned according to Claussen and Crittenden's (1991) scales, in which physical punishment and neglect are characterized as pertaining to the following levels of severity, as detailed below. The scale has the advantage of including a number of possible degrees of abuse, including physical punishment *per se* and more severe forms of abuse. Within this context, physical abuse and neglect are conceived of as a continuum that takes into account a wide range of parental behavior, without establishing a normative criterion regarding the severity of the episodes that ought to be considered abusive.

0. Absence of physical abuse or neglect
1. Physical abuse or neglect without physical signs
2. Physical abuse or neglect with physical signs that do not require treatment (e.g., bruises)
3. Physical abuse or neglect leading to medical treatment without hospitalization
4. Physical abuse or neglect leading to hospitalization with no permanent disfunction
5. Physical abuse or neglect leading to a dysfunction of at least 6 months
6. Physical abuse or neglect that threatens life
7. Physical abuse or neglect leading to death

The obtained index of child abuse and neglect was used to create a dichotomous variable. From a median-split, low abuse/neglect mothers comprising 51% of the sample were those with scores equal or smaller than 1 (i.e., abuse and neglect that does not leave physical signs), whereas high-abuse/neglect mothers were those who had engaged in abuse and neglect that could lead to physical signs with physical consequences of different levels of severity (levels 2–7 of the scales).

Social Support Measures

To measure social support we used the Mannheim Interview on Social Support (MISS) (for psychometric properties of the scale see, Veiel, 1990). Questions in this interview request the names of the persons who perform certain support functions for the respondent. Four different support functions were assessed.

Daily psychological support. Three items measured daily psychological support: (a) With whom do you like to do things like going for a walk, having a drink, going to the movies, and so on?; (b) With whom do you like to talk about things that interest you, such as the children, a TV show, a vacation, everyday events, and so on?; and (c) In the last months, who has asked you to do something with him/her for fun?

Daily instrumental support. Two questions elicited network members who provided daily instrumental support: (a) If you had to ask someone a small favor, for example, to lend you something, to help you out with some small household repair, or to do some shopping for you, who could you ask?; and (b) If you wanted to have a party at your place, who could help you decorate and organize things?

Crisis instrumental support. Two items measured crisis instrumental support, as follows: (a) Suppose you feel gravely ill and had to stay in bed for a week, who could take care of you?; and (b) If you needed to borrow an amount of money equivalent to 10 salaries, who could you turn to?

Crisis psychological support. Finally, three items elicited psychological support during crises: (a) Imagine a close friend or relative is about to die or has died, and you just need to talk about it with someone who understands you—whom could you turn to?; (b) If you failed in an important area of your life (such as your work or your family), with whom would you share it?; and (c) If you lost your self esteem, who could you talk to to help you recover your self-confidence?

These network items elicited the names of persons who performed the above mentioned support functions. The *social support network* consisted of the sum of providers over 15 who contacted the participant at least every 2 weeks. This latter information was obtained at the end of the interview from questions regarding the type of relationship, the frequency of contact, and the age of the persons elicited. To create the social support network index, each network member was counted only once.

Another network index we calculated was *frequency of contact*. For that purpose we counted the number of times a week each member of the network had contact with the participant. Each member was counted just once a day. Thus, if Person A was contacted once a week, the score assigned was 1. If Person B was contacted once every 2 weeks, the frequency assigned was .5. To obtain an overall frequency variable, the frequencies per each support provider were summed.

Given that the elicitation questions are very specific, this instrument allowed for the computation of network indexes that correspond to the different *support functions* at different *temporal contexts*. Thus, one can calculate the (a) daily psychological, (b) daily instrumental, (c) crisis psychological, and (d) crisis instrumental support received by adding the number of instances in which a support interaction occurs. As before, only the support provided by members of the network was considered, and they were counted only once within each category of support. Thus, if Person A had gone to the movies with the interviewee, talked with her about daily events, and help organize a party, he/she counted once for daily psychological support and once for daily instrumental support.

The social support interview also provided measures of kin and nonkin *source*. Kin members are relatives in any degree and nonkin members are other community members. Indexes of kin and nonkin support functions and frequency were constructed following the procedures described before.

In addition, we obtained a *satisfaction* score by averaging eight trichotomous items about each support function. Per each support function subjects were asked, "Would you like to have more people whom you could ask favors?" No, don't know, and yes answers were scored 1, 2, and 3, respectively.

To summarize, the MISS allowed for the calculation of the following support variables (see first columns of Table 1 for descriptive statistics):

1. Kin support network
2. Nonkin support network
3. Kin frequency of contact
4. Nonkin frequency of contact
5. Kin daily psychological support network
6. Kin instrumental psychological support network
7. Kin crisis instrumental support network
8. Kin crisis psychological support network

Table 1. Means Differences for Support Variables

	Overall Scores				Abuse/Neglect				
	Mean	*SD*	Minimum	Maximum	Low	High	*F*	*p*	*df*
Kin Network Size	3.91	1.90	1	10	4.02	2.63	4.09	.046	1, 99
Nonkin Network Size	1.33	1.49	0	8	1.34	1.13	.16	.692	1, 99
ALL							2.77	.070	2, 98
Kin Frequency	19.40	11.37	0	64	19.92	13.25	2.58	.111	1, 99
Nonkin Frequency	5.27	6.45	0	38	5.29	5.06	.01	.925	1, 99
Kin Daily Psych. Support	2.69	1.65	0	7	2.76	1.88	2.15	.146	1, 99
Nonkin Daily Psych. Support	.89	1.31	0	8	.88	.89	.06	.808	1, 99
Kin Daily Inst. Support	1.26	0.87	0	4	1.31	.63	4.79	.031	1, 99
Nonkin Daily Inst. Support	.26	0.58	0	3	.26	.25	.00	.970	1, 99
Kin Crises Inst. Support	2.48	1.40	0	7	2.55	1.63	3.29	.073	1, 99
Nonkin Crises Inst. Support	.46	0.97	0	8	.44	.63	.26	.611	1, 99
Kin Crises Psych. Support	1.91	1.37	0	8	1.96	1.38	1.33	.252	1, 99
Nonkin Crises Psych. Support	.43	0.79	0	5	.42	.50	.80	.784	1, 99
Satisfaction	.43	.29	0	1	.43	.46	.05	.816	1, 99
ALL							.65	.804	13, 87

9. Nonkin daily psychological support network
10. Nonkin instrumental psychological support network
11. Nonkin crisis instrumental support network
12. Nonkin crisis psychological support network
13. Satisfaction

Internal consistency of these scores was checked by calculating Cronbach's alphas for the different support scores. Results indicated that these indexes were satisfactory, with alphas ranging from .75 to .86.

Demographic Measures

Six demographic variables were of interest for our analyses: (a) mother's age; (b) mother's education; (c) immigration status; (d) number of children; (e) mean children's age; and (f) presence of partner. Mother's age, number of children, and the mean children age were measured along absolute scales. The educational level, in turn, was scored from 1 to 7, as follows:

1. No education
2. Incomplete primary school or less
3. Complete primary school
4. Incomplete secondary school
5. Complete secondary school
6. Incomplete college
7. Complete college

Immigrants were assigned a 1 and nonimmigrants a 0. Similarly, presence of partner was given a 0 (no live-in partner) or a 1 (live-in partner).

RESULTS

To examine the relationship between abuse/neglect and social support, we conducted two multivariate analyses of variance of support indexes as a function of low and high abuse and

neglect (see Table 1 and Figure 1). First, kin and nonkin networks were tested, and only kin support was significantly higher in low abuse/neglect mothers ($F(1, 99) = 5.48$, $p < .02$).

Second, we compared the 11 scores presented in the second section of Table 1 across low and high-abuse/neglect mothers. Compared to low abuse/neglect mothers, those with high incidence of abuse/neglect had a smaller kin network ($F[1, 99] = 4.09$, $p < .05$), and less kin daily-instrumental support $F(1, 99) = 4.79$, $p < .05$). They also tended to have less kin crisis instrumental support than mothers with low abuse/neglect $F(1, 99) = 3.29$, $p < .07$). These results suggest that instrumental and kin support moderated the abuse and neglect in this sample. In contrast, other support indexes and satisfaction were unrelated to the type of parenting observed.

In addition to these analyses we wanted to control for possible demographic differences between both groups. We therefore compared mother's age, education, immigration status, number of children, mean children's age, and presence of partner as a function of abuse/neglect.

In using analysis of variance procedures to test proportions, the assumption of homogeneity of variance is strictly violated. However, their application to proportions that are not at the extremes of the continuum is generally accepted (Huynh & Feldt, 1970). We found that education was higher in the low abuse/neglect group (3.67 vs. 2.34) and that the child's age

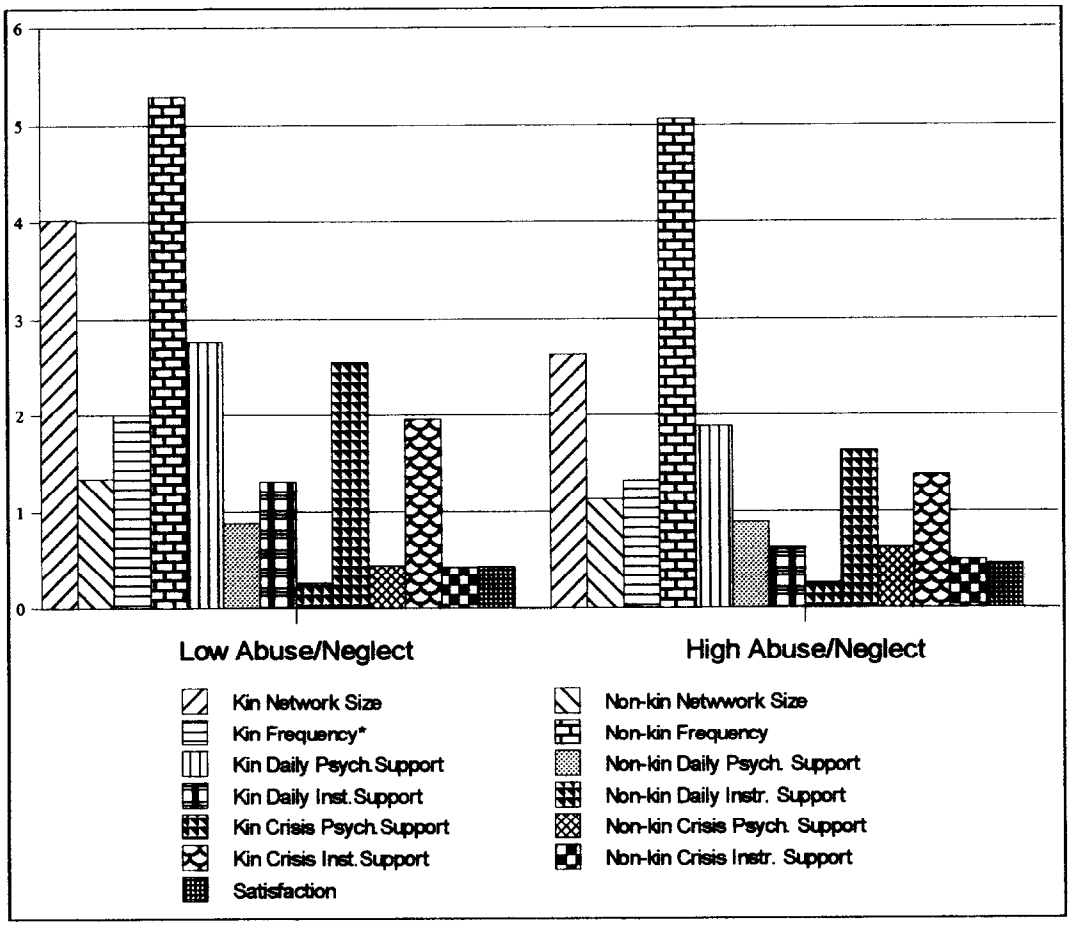

Figure 1. Means of social support indexes by levels of abuse/neglect. In this figure, the variable Frequency of Contact has been rescored from 0 to 2.

tended to be lower (22.72 vs. 39.06 months). Given these differences, we performed a covariance analysis with all the social support indexes as dependent variables as a function of abuse and neglect. After covarying out the effect of mother's education and mean children age, the pattern of results and the statistical significance levels remained identical.

DISCUSSION

The Influence of Social Support on Child Abuse and Neglect

In the present paper, we observed a direct influence of social support on abuse and neglect. That is, with alternative measures and in a different population, we replicated Garbarino and Sherman's (1980) paradigmatic findings. Furthermore, the examination of specific support variables showed that some indexes are more important than others. In particular, low-abuse/neglect mothers had a stronger kin network than high-abuse/neglect mothers. This particular finding is consistent with Corse, Schmid, and Trickett's (1990) data, and suggests the possible benefits of enhancing positive and supportive relationships with both the nuclear and the extended family to prevent child abuse and neglect. Nevertheless, far from concluding that the nonkin network is not responsible for child abuse/neglect, we might have confronted a floor effect. As a result, to find out whether nonkin support contribute to parenting, one should perform a study in which a sample with higher levels of nonkin networks (possibly from another socioeconomic and educational background) is included as well.

Limitations to Internal and External Validity

One important aspect in the interpretation of this study is the type of sample used. Often child abuse samples are drawn from a court setting to be compared with a nonjudicial group (e.g., Gracia, Musitu, Garcia, & Arango, 1994). This procedure may highly compromise causal interpretations because the social support of the family may decrease as a result of the abuse report. In fact, such reports are often accompanied by parental shame, fear, and attempts to conceal the event, which may in turn lead to isolation. In this regard, it is reassuring to replicate findings from court samples in a noncourt sample. On the other hand, however, the same problems concerning the interpretation of causality remain because it is possible that maternal abuse and neglect may in fact alienate some of the kin in the network. In this sense, readers should be cautious about causal interpretations of our findings.

Another important aspect of our study is that we analyzed this problem in a noncourt sample but were also able to have a relatively precise measure of child abuse and neglect. Unlike Garbarino and Sherman (1980), who treated the neighborhood as the study unit, we were able to measure social support and abuse/neglect within the family context. In this regard we achieved the precision of the court studies in a natural sample.

Finally, a word concerning the generalization of these findings to other populations is necessary. Although our sample of mothers may share a lot of characteristics with other Latin American mothers, Argentina may also have idiosyncratic characteristics. Therefore, generalizing these results to other groups should be the subject of further investigation.

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RÉSUMÉ

Objectif: Cet article examine les appuis sociaux dont avaient accès des mères argentines, et quels étaient la fonction, les cources et le contexte temporel de ces appuis, par rapport à la maltraitance et la négligence.

Méthode: Afin de mesurer l'impact des appuis sociaux sur la maltraitance et la négligence, on a retenu un échantillon de 101 mères argentines connues dans un hôpital pédiatrique. L'entrevue contenait des questions concernant les appuis sociaux et le comportement abusif. Après l'entrevue, les dossiers médicaux de chaque enfant ont été consultés pour connaître s'il y avait eu maltraitance ou négligence.

Résultats: On s'est basé sur les données récupérées dans les entrevues et dans les dossiers médicaux pour coter les mères sur une échelle de maltraitance ou de négligence élevée ou faible.

D'après une comparaison entre les deux groupes de mères, on a noté que seuls quelques appuis distinguaient les mères ayant un quotient faible ou élevé de maltraitance. Particulièrement, les appuis concrets ou familiaux étaient associés à la maltraitance et la négligence, alors qu'il n'y avait aucun lien entre la maltraitance ou la négligence et les appuis psychologiques et non familiaux.

Spanish abstract not available at time of publication.