

2018

The Role of Family Structure in the Abuse of Children

Ramona Okonya
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Public Health Education and Promotion Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral dissertation by

Ramona Nicole Okonya

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Vasileios Margaritis, Committee Chairperson, Public Health Faculty
Dr. Curt Sobolewski, Committee Member, Public Health Faculty
Dr. Ernest Ekong, University Reviewer, Public Health Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

The Role of Family Structure in the Abuse of Children

by

Ramona Nicole Okonya

MEd, Alabama State University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy,

Public Health

Walden University

May 2018

Abstract

Every year, about 1 million children are abused in the United States and an average of 4.5 of those children die daily at the hands of caretakers, parents, relatives, or friends. Using the ecological model as a guide, the purpose of this study was to investigate the relationship between family structure and specific types of child maltreatment utilizing cases from an agency in Montgomery, Alabama, in 2012-2013. Approximately 727 cases of child maltreatment were reviewed. Logistic regression results indicate married and common law families' children are 1.83 times more likely to experience sexual abuse than the reference category (single) ($OR= 1.834$, 95% $CI:1.19, 2.81$). As it relates to relationship to the offender, children are 2.1 times more likely to experience sexual abuse from an acquaintance; someone who is known by the child but is a non-family member, compared to the reference level (stranger) ($OR= 2.1$, 95% $CI:1.20, 3.65$). This research can promote positive social change by providing awareness to the local community about child maltreatment; the findings provide policymakers, public health departments, healthcare officials, health advocates, and communities needed information on the child maltreatment and the specific family structures that are associated.

The Role of Family Structure in the Abuse of Children

by

Ramona Nicole Okonya

M.Ed., Alabama State University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy,

Public Health

Walden University

May 2018

Dedication

To My Mom

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background of the Study	3
Problem Statement	7
Purpose of the Study	8
Research Questions.....	9
Theoretical Framework.....	10
Nature of the Study.....	11
Definitions.....	13
Assumptions.....	15
Scope and Delimitations	16
Limitations	17
Significance.....	18
Summary.....	19
Chapter 2: Literature Review.....	21
Introduction.....	21
Literature Search Strategy.....	22
Theoretical Foundation: The Social Ecological Model	23
Individual Level	25
Relationship Level	25
Community Level	26

Society Level	27
Use of Social-Ecological Model for Applied Research.....	28
Literature Review Related to Key Variables	30
Physical Abuse.....	30
Sexual Abuse	34
Neglect	38
Family Structure.....	42
Single	43
Married.....	44
Death of a Parent.....	46
Divorced.....	47
Common Law and Separated	49
Other Risk Factors	50
Summary and Conclusions.	52
Chapter 3: Methodology	55
Research Questions.....	55
Research Design and Rationale	57
Population and Sample	58
Data Collection and Instrumentation	58
Data	59
Independent, Dependent and Control Variables	60
Analysis.....	62

Threats to Validity	63
Confidentiality and Ethical Procedures	64
Summary	64
Chapter 4: Results	66
Introduction.....	66
Data Collection	66
Descriptive and Demographic Statistics	67
Sample Demographics	67
Research Questions Results	70
Summary	83
Chapter 5: Conclusion.....	85
Key Findings.....	85
Interpretation of Findings	86
Limitations	89
Recommendations for Research and Practice.....	90
Social Change Implications	91
Conclusion	92
References.....	94
Appendix: Agency Documents.....	110

List of Tables

Table 1. Summary of Sources Used in the Literature Review.....	31
Table 2. Study Sample	72
Table 3. Allegation Study Sample	72
Table 4. Family Study Sample.....	72
Table 5. Age Study Sample	73
Table 6. Relationship to the Offender Sample.....	73
Table 7. Alleged Victim/Gender Sample.....	73
Table 8. Alleged Victim/ Client Race.....	74
Table 9. Allegation Crosstabulation with Physical and Sexual Abuse.....	75
Table 10. Pearson Chi- Square Results for Gender vs Allegation.....	76
Table 11. Phi Cramer’s V for Gender Versus Allegation.....	76
Table 12. Allegation Versus Age Crosstabulation.....	78
Table 13. Chi-Square Test for Allegation vs. Age.....	78
Table 14. Symmetric Measures for Allegation and Age.....	79
Table 15. Allegation Versus Race Crosstabulation	80
Table 16. Chi-Square Test for Allegation Versus Race.....	81
Table 17. Symmetric Measures for Allegation Versus Race.....	81
Table 18. Allegation vs Family Crosstabulation.....	82
Table 19. Chi-Square Test for Family Type and Allegation	83
Table 20. Symmetric Measures for Family Type and Allegation.....	83
Table 21. Allegation vs Relationship to the Offender Crosstabulation	83

Table 22. Chi-Square Test for Relationship to the Offender	84
Table 23 Allegation Categorical Variable and Coding.....	85
Table 24. Omnibus Test of Model Coefficient	86
Table 25. Model Summary	86
Table 26. Hosmer & Lemeshow Test	87
Table 27. Classification Table	87
Table 28. Variables in the Equation for Allegation	88

Chapter 1: Introduction to the Study

In 2010 there were approximately 74.1 million children living in the United States (U.S. Census, 2010). Approximately 1 million children (Tietjen et al., 2010) were reported to face child maltreatment annually, although many cases go unreported (Tietjen et al., 2010). Child maltreatment includes physical, sexual, and emotional abuse as well as neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (Centers for Disease Control and Prevention [CDC], 2014). The agency's data shows that 80.9% of abusers are classified as parents, but the information did not specify if the parents were married, single, divorced, widowed, separated, or common law (Australian Institute of Health and Welfare [AIHW], 2012). The findings of this study will fill the gaps in local literature on child maltreatment. It is imperative to investigate the relationship between family structure and a child's well-being (Hunter & Price-Robertson, 2013). Continuous research regarding child maltreatment is needed and necessary to educate parents as well as childcare givers of the magnitude of physical abuse, sexual abuse, emotional abuse, and child neglect in order to possibly prevent it (Sadler, 2012).

This research focused on child maltreatment and family structure. This research also included an analysis of gender, age, race, and the child's relationship to the offender for each incident for which information was obtained from the agency. The extent to which family structure impacts the wellbeing of children is still a debated topic (Hunter & Price-Robertson, 2013). Living arrangements for children in America are diverse and family arrangements complex (Brown, Manning, & Stykes, 2015). It is unrealistic to

presume that a child is living in a household with two married biological parents. Although the majority of children live only with either full siblings or no siblings, a growing minority reside with either half- or stepsiblings (Manning, Brown, & Stykes, 2014). This complexity influences child outcomes and abuse; therefore, the results of this study could provide much-needed insights about whether family structure is related to child maltreatment (physical abuse, sexual abuse, neglect, and/or witness to violence). The significance of this research could involve increased awareness and knowledge as a force for social change supporting parents (single, married, divorced, common law, widowed and separated) in caring for their children within complex family structures. The findings of this study can be used to improve social awareness about the effect family structures have on child maltreatment; as well as the importance of teaching local community members about the prevalence of child maltreatment so they will be able to recognize it when it occurs. Over the past decades, research on family structure has burgeoned as researchers have carefully explored living arrangement patterns and their implications for a child's wellbeing (Brown et al., 2015; McLanahan & Sandefur, 2015). Yet this literature needs to be expanded to include current family structure, which considers the complexity that characterizes many children's family lives (Bornstein, Kaplan, & Perry, 2007). There are several factors that impact child maltreatment; therefore, highlighting the potential relationship of family structure with child abuse education can promote awareness not only with parents, but also other child-caregivers, which can potentially help reduce child maltreatment cases. This can benefit children who have been abused or the children who are at risk of abuse.

In this chapter, I discuss researchers who have explored the epidemic of child maltreatment and the background of child maltreatment. Chapter 2 includes the CDC's ecological model (2002), which is the framework for this research project. In this chapter, I present the background, purpose, and nature of the study, the issues discovered with existing research as well as the problems in the current research. This chapter includes information regarding the research questions of the study and the framework that grounds the study. The sections of this chapter are as follows: Background of the Study; Problem Statement, Purpose of the Study, Research Questions, Theoretical Framework, Nature of the Study, Assumptions, Scope and Delimitations, Limitations, and Significance of the Study, and Summary.

Background of the Study

Child maltreatment is an important public health problem in the United States (CDC, 2013). In fact, the issue of child maltreatment is often referred to as an epidemic, and it is often a hidden epidemic due to lack of awareness and support attendant this issue (U.S. Government Accountability Office, 2011). The United States has one of the highest numbers of reports of child abuse among all industrialized countries, having child abuse and neglect reported for four to seven children every day (U.S. Government Accountability Office, 2011). Three million child abuse reports involving 6 million children are made annually (U.S. Government Accountability Office, 2011).

Blacks, American Indian/Alaskan Native, and children of mixed- racial heritages have higher rates of child maltreatment reported (U.S. Department of Health and Human Services [DHHS], 2011). In the year 2011, the reports for child maltreatment among

Black children was 14.3 per thousand children; for American Indian/Alaskan Natives, the report rate of child maltreatment was 11.4 per thousand; and children with multiple races showed a maltreatment report rate of 10.1 per thousand (DHHS, 2011). These rates appeared relatively high compared to 8.6 for Hispanic children per thousand, 8.5 per thousand for Pacific Islander children, and 7.9 for White children per thousand (DHHS, 2011).

Statistics indicating that Black children are disproportionately represented in the reports of child maltreatment have been questioned and criticized because they lead some individuals to conclude that Blacks are more likely to abuse and neglect their children (Putnam-Honstein Webster, Needell, & Magruder, 2013). Racial biases exist in reporting of child abuse rates for children of color and some researchers argue that socioeconomic factors should be taken into account when considering reported statistics for child maltreatment (Laskey et al., 2012; Putnam-Hornstein et al., 2013). Race and ethnicity are considered a “marker” for other factors, which possibly explain the observed differences in reports of child maltreatment (Putnam-Hornstein et al., 2013). In their study, the researchers examined reports of child maltreatment made to Child Protective Services (CPS) in various counties in California. The analyses of the CPS reports revealed that while Black children were twice as likely as White children to be referred and substantiated for child maltreatment, when adjustments were made for differences in socioeconomic status and other factors associated with child maltreatment, Black children had a lower risk for referral and substantiation than their White counterparts (Putnam-Hornstein et al., 2013). Additionally, Latino children with foreign-born mothers

were less likely to be involved with CPS while Latino children with native born mothers were less likely to be reported and substantiated for child maltreatment (Putnam-Honstein et al., 2013). However, when the results were adjusted for socioeconomic status and health indicators, the Latino children had a lower relative risk of referral and substantiation compared to White children (Hornstein et al., 2013). Race and ethnicity are merely markers for complex interactions of an array of factors such as socioeconomic status and social and environmental factors rather than an indication that Black and Latino families abuse their children more than White families (Putnam-Honstein et al., 2013).

Child abuse and neglect results have financial costs that impact society. Fang, Brown, Florence, & Mercy, (2012) reported that child maltreatment costs society approximately \$124 billion annually. The costs of child maltreatment include injuries that result in the hospitalization of children and the cost of mental health treatment for the victims of physical, emotional, and sexual abuse and emotional and physical neglect (Fang et al., 2012.) In addition to the financial costs, child maltreatment has long-term consequences for the children involved. Child maltreatment has been shown to be linked to delays in early brain development (CDC, 2014). In addition to the trauma children experience in their early years, there are consequences of child maltreatment that appear in adulthood. For example, research shows that maltreated children who enter adulthood are at increased risk for physical, mental, and behavioral health problems such as (a) causing or being a victim of violence, (b) depression, (c) obesity, (d) smoking, (e) risky sex behaviors, (f) alcohol and drug misuse, and (g) unintended pregnancies (CDC, 2014;

DHHS, 2011; Fang et al., 2012; Langsford et al., 2007). Various studies have shown a correlation between child abuse and poor health (CDC, 2014; Felitti, 2002; Flaherty, Hanson, Sargent, & Mondale, 2006). Adults who experienced neglect or abuse as a child are more likely to acquire physical ailments such as asthma, allergies, bronchitis, high blood pressure and ulcers (Springer, Sheridan, Kuo, & Carnes, 2007). Other poor health consequences of child maltreatment are cancer, heart disease, sexually transmitted diseases, and suicide (CDC, 2014).

Alabama, a state thought to have a child welfare system that is a national model (U.S. Government Accountability Office, 2011), had 20,159 reports of child maltreatment in 2011, which is about 8.5 per 1,000 children (Child Welfare League of America, 2012). This figure represents an increase of 15.6% from 2009 to 2011. Of the 20,159 reports, 50.0% of the children were physically abused, 37.6% were neglected, and 22.5% were sexually abused (Child Welfare League of America, 2012). A wide array of studies on child maltreatment and abuse programs exists connecting family type/structure as a risk factor for child maltreatment (Bornstein et al., 2007; Burton & Hardaway, 2012; Carlson, Carlson, & Furstenberg, 2006).

Even though the literature and research on child maltreatment has increased since 1970, a period during which child maltreatment research became increasingly empirical, there are still gaps in the knowledge and understanding of the constellation of factors that contribute to child maltreatment in general and specific types of child maltreatment (Sadler, 2012). One of the gaps in the knowledge of child maltreatment is the role of family structure. That is, some researchers have found that single parent families are at

greater risk of child maltreatment than two parent families (Berger, 2005; Mersky, Berger, Reynolds, & Gromoske, 2009), while other researchers have found no such relationship (Sedlak et al., 2010; Wilkins, Warren, Hahn, & Houg, 2011). This lack of consistency in the research has led some policy makers to disparage single parent households and use findings from studies of child maltreatment to criticize the existence of such households (Kaplan, 2000; Mead, 2004). Of the many studies, the evidence base is not sufficient to determine how these family types or structures act as causal factors in child maltreatment (Sedlak et al., 2010). For this reason, this research can fill a gap in knowledge by focusing specifically on the family types of children who have been abused in Montgomery, Alabama.

Problem Statement

Child maltreatment is a national problem regardless the efforts of researchers, policy makers, psychologists, social workers, and child advocates. In 2012, over 3.5 million children in the United States were investigated by CPS in regard to maltreatment (DHHS, 2011), although, the numbers of children who encountered abuse is thought to be much higher. Child maltreatment is acknowledged as a crime that is grossly under reported (Ewigman et al., 2011). Children who experience maltreatment are subjected to an array of problems and negative outcomes that include: emotional issues, health-related problems, drug and alcohol abuse, and social difficulties (Springer & Misurell, 2010). Additionally, children who have experienced maltreatment are more likely to display disorganized or insecure attachments that leave them at a higher risk for psychopathy (Lieberman, 2005). To decrease the risks, there is a need for better child

maltreatment efforts and interventions. Along with the considering the long-term consequences of child maltreatment, it is imperative to comprehend the group and family structure of the child affected by maltreatment (Springer & Misurell, 2010).

Gender differences, racial differences, and family differences exist when considering the rates of children who have experienced child maltreatment and the children who are at risk (Besharov & Laumann, 2011). When examining the association of race, gender, age, and family there has been a considerable debate regarding the impact of these factors. The information gathered from the current study can help expand local literature and fill the gap in the existing literature about the role of family structure on child maltreatment in Montgomery, Alabama. Maltreated children are subjected to many issues and often these children come from homes with various risk factors. In this study I tested specific family types with other risk factors (gender, age, race, and the child's relationship to the offender).

Purpose of the Study

The purpose of this quantitative study was to investigate the relationship between family type (single, married, divorced, common law, widowed, and separated) and child maltreatment (physical abuse and witness to violence) and sexual abuse among children who experienced abuse and received services from an agency in Montgomery, Alabama. This research is unique because it addresses an area of child maltreatment that has inconsistencies in research (Sedlak et al., 2010). Child maltreatment, (physical abuse and witness to violence) and sexual abuse will serve as dependent variables. The independent

variable was the family type (single, married, divorced, common law, widowed, and separated). Specific covariates are race, sex, age, and relationship to the offender.

Research Questions

RQ1: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender?

H₀1: There is no relationship between types of family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender.

H_a1: There is a relationship between types of family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender.

RQ2: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender?

H₀2: There is no relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender.

H_{a2}: There is a relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender

Theoretical Framework

I used the CDC's ecological model (2002) to examine potential factors salient in the commission of child maltreatment. The ecological model was used to consider multiple factors in the examination of child maltreatment. These factors were individual, relationship, societal, and community and have been shown to contribute to child maltreatment by various researchers (Gelles, 2009; McCoy & Keen, 2009).

As recommended in the ecological model, the individual level identifies personal history and biological or physical factors that contribute to the child's chance of becoming a victim to child abuse (Dahlberg & Krug, 2002). These factors include education, sex, age, income, substance use, and history of abuse. Additionally, physical factors such as the health of the child and the child's temperament are considered as contributors to child maltreatment (Wood, 1997). The second level includes observing and examining close relationships that enhance the child's chance of becoming a victim of child abuse (Dahlberg & Krug, 2002). The child's relationship with peers, family members, and partners influences the child's behavior and ultimately contributes to the range of experience that the child faces. The third level, community, includes the identification of different settings such as workplaces, schools, and neighborhoods where social relationships emerge. The community level includes characteristics of the settings

that are linked with children being abused (Dahlberg & Krug, 2002). Lastly, the fourth level includes the observation of a broad range of societal factors that help produce a climate where abuse is inhibited or encouraged (Dahlberg & Krug, 2002). These factors include cultural and societal norms, economic, educational, and social policies and health that maintain inequalities among groups in society. This research aligns with two of the four levels in the social ecological model: individual and relationship. The individual level of the social ecological model was tested through the covariates in the study which were race, sex, and age. The relationship level of the theoretical model was tested through the independent variable (family structure) and a specific covariate: relationship to the offender. Through this study, I analyzed case reports of child maltreatment for both male and female children of multiple racial backgrounds between the ages of 2 to 18 years.

Nature of the Study

I employed a quantitative research method using a chi-square and regression analysis approach for data analysis. This cross-sectional design was appropriate because a regression analysis can be extended to include one or more categorical variables that predict relationships of the dependent variables (child maltreatment and sexual abuse). A cross-sectional study involves a population at a single point in time. It examines the relationship between exposure and outcome prevalence in a defined population without regard to changes over time (Aschengrau & Seage, 2007, p. 137). Regression analysis is a statistical approach that investigates the relationships between variables. This design was also appropriate because categorical variables or covariates (race, sex, and

relationship to the offender) and the continuous variable (age) may have an influence on the dependent variable and can also be included in a regression analysis.

Data for this study are from a Children's Advocacy Center located in Montgomery, Alabama. The data were compiled in NCAtrak Database; NCAtrak (Technology Reaching All Kids) is a computerized case tracking system that was developed to help advocacy centers for children keep track of information in a user-friendly manner. The agency's database included the victim's name, age, race, alleged offender's name, the relationship to the abuser, a brief description, family structure, family income, presenting problem, child health information, and summary notes (counseling notes if the victim had counseling sessions). For the proposed research, the following variables were utilized: child maltreatment (physical abuse and witnessing violence) and child sexual abuse served as the dependent variable and family type served as the independent variable. Age, race, sex, and relationship to the offender were the only descriptors used as covariates in the study.

The study used a cross-sectional approach analyzing data from the agency located in Montgomery, Alabama. The data for the proposed research used independent cases reported for child maltreatment during 2013. The 736 cases from the agency consisted of sexual abuse, physical abuse, neglect, witnessing violence, and witness to murder/domestic violence/rape or abuse of a sibling. The research focused on 645 of the 736 cases that included sexual abuse (511), physical abuse (75) and witness to violence (59). All the cases were not included in the current study; the omission of a case was due to lack of data when the family type, type of abuse, or covariates were unknown. Since

pertinent information was unknown for the child who experienced abuse, the case was not included for the study. I tested the relationship of both the child maltreatment and sexual abuse (dependent variable) to each specific family type (independent variable). I also tested the influence that the continuous variable and categorical variables (covariates) have on the dependent variables.

Definitions

Abuse: Abuse is separated into the following categorical types: sexual abuse, physical abuse, and emotional/psychological abuse (American Psychological Association, 2014).

Child maltreatment: Child maltreatment involves a harsh dysfunction in parenting, as well as considerable disturbances with the child–parent relationship that could lead to a severely atypical child development; child maltreatment involves abhorrently destructive or inadequate parenting patterns (Rogosch, Cicchetti, Shields, & Toth, 1995). Child maltreatment is divided into two categorical types: abuse and neglect.

Common law marriage family: A common law marriage family is a family in which the couple lives together for an extended period of time but never goes through a formal marriage ceremony or gets a marriage certificate.

Divorced parents family: A divorced family is a family in which a husband and wife choose to take legal action to end their marriage.

Family structures are defined as follows (Oliver, 2011).

Married family: A family with two married parents of the child or children in the family.

Neglect: Child neglect is a continuous pattern of inadequate care that is easily observed by people in close contact with the child. Child neglect is the neglect from the parent to deliver the essential care that results in any type of injury or possible harm to the child (Risser & Murphy, 2000)

Physical Abuse: Physical abuse is a nonaccidental physical injury or trauma caused by beating, punching, biting, kicking, burning or harming, physical abuse is the most evident form of child maltreatment (CDC, 2014).

Relationship to offender- The agency documented the relationship the maltreated child victim had with their perpetrator. The relationship to the offender were labeled and defined as follows: acquaintance, acquaintance and cousin, adoptive father, adoptive mother, aunt, aunt's boyfriend, aunt & father, babysitter, brother, brother-in-law, brother and father, brother and grandmother, cousin, ex-boyfriend, ex-step father, family friend, father, father's ex-girlfriend, father's girlfriend, father & half-brother, father and mother, father and stepmother, father and victim's boyfriend, foster mom, foster brother, friend/schoolmate, god brother, grandfather, grandfather and grandmother, grandmother, grandmother's boyfriend, great uncle, group home employee, half-brother, mother, mother's boyfriend, mother's boyfriend's cousin, mother's boyfriend's son, mother's ex-boyfriend, mother and father, neighbor, nephew, none, other relative, step father, step father's cousin, stepfather's son, step grandfather, step great uncle, step sister, stranger, teacher, uncle, unknown, victim's boyfriend, or second cousin's husband. For the study, the relationship to the offender was collapsed into five categories: family, extended family, acquaintance, multiple offenders (mother and father), and stranger.

Separated parents family: A family separation can be a family living together or them living separately. Examples are: A family with married parents who live separately, a couple who have split up and are not living together, or cohabitating parents but the parents are no longer in a monogamous relationship.

Sexual Abuse: The American Psychological Association (2014) defines sexual abuse as unwanted sexual activity, where perpetrators use force, make threats, or take advantage of victims not able to give consent.

Single parent family: A single family is one with one biological parent (mother or father) of the child or children in the family.

Widowed parent family: A family where a husband or wife died.

Witness to domestic violence: Witness to domestic abuse is a child's witnessing of domestic violence as visual, auditory, or inferred, as well as cases in which the child perceives the consequences of violence, such as bodily injuries to family or harm to property (Child Welfare League of America, 2012).

Assumptions

The basic assumption underlying the research study is that the child who experienced abuse answered all questions truthfully and their experiences were captured accurately as well. It is assumed that all information and data gathered from the agency that will be used for the study is accurate. It is assumed that all the cases from the entire fiscal year were included in the spreadsheet from the agency. The notion that all participants in the data collection process have traits of truthfulness, integrity and each child shared their experience with no fear of consequence are all also important

assumptions for the study. Creswell (2014) expressed the need for integrity. Without integrity, the credibility and dependability of the research would be considerably compromise (Creswell, 2014).

Scope and Delimitations

The original data collected by a Child Advocacy's center that was used for the study were limited to 645 children (male and female) who lived in the Montgomery, Alabama area. The study included cases recruited from the agency; local law enforcement utilized this agency instead interrogating a child (2-18 years) who had experienced some form of child maltreatment. Data collection involved interviews as well as other therapeutic interventions. The interviews and interventions were designed to capture the maltreatment experience the adolescent faced.

The results of the present study were limited to the population named; 645 children who were physically abused, sexually abused or a witness to violence. The results of this study were directly generalizable to the population being studied, children (male and female), ages 2-18 years in the city of Montgomery, Alabama; although it is desired that the patterns recognized could provide insight on a broader spectrum with the general population of children who have faced maltreatment throughout the United States.

The original study involved anonymous participation, all the children's names were voided and they were numbered based on gender. A possible delimitation of the study could be use and choice of variables. A delimitation of the study is the inclusion of certain descriptors and variables. The following variables were used in the study:

physical abuse, witnessing violence, child sexual abuse, age, race, sex, and relationship to the offender. The study did not include brief descriptions that were provided by the victim, family income (optional for the family to provide), presenting problem, child health information and summary notes (counseling notes if the victim had counseling sessions).

Limitations

The researcher of the study tested the relationships between family structure and child maltreatment. Nevertheless, it is beyond the scope of this study to explore additional risk factors that cause child maltreatment to occur in the first place. While investigating child maltreatment and specific family structure, the relationship of the offender(s) is not always captured accurately. In this study, the relationship to the offender was categorized into five groups (family, extended family, stranger, acquaintance, multiple offenders) because there were more than 50 different labels or combinations (e.g., mother, father, uncle, family friend, aunt & uncle) listed as the relationship to the offender. The structure of the categories posed an issue if the covariate “relationship to the offender” is mistaken for the wrong category; then we measured something unintended creating possible bias.

Bias could have occurred during interviews that involved a systematic change in how information was given, asked, recorded and interpreted (Field, 2011). Another possible limitation of the study could have been that a child might not be able to express fully how he/she experienced abuse during their interview. A limitation of a cross-sectional study design was since the exposure and outcome are assessed simultaneously,

there is usually no proof or evidence relationship between exposure and outcome. Although researchers may have determined that there was an association between an outcome and an exposure, there was usually no evidence that the exposure caused the outcome (Sedlak et al., 2010).

Significance

The results of this study could provide much-needed insights about whether a family structure is related to child maltreatment. The importance of this research could involve increased awareness and knowledge as a force of social change supporting parents (single, married, divorced, common-law, widowed and separated) with caring for their children. This research could also impact the local public health professional's insights on child abuse and the correlation factors; subsequently educating the local community as a whole. Alongside awareness, greater knowledge of risk factors (individual, relationship) can assist health professionals working with children and families identify high-risk situations and maltreatment so they can intervene appropriately. Thus, this research could provide a unique contribution to child maltreatment by advancing our knowledge of the factors associated with the family type of children abused. The proposed research could also lead to additional serious discussions on the local level, and possibly the implementation of policies to address child abuse; specifically family factors. The implications for positive social change from this study include better knowledge about one potential precursor of child maltreatment, a better understanding of this complex problem, and valuable information for parents and other members of our community to gain and continue dissemination.

Specifically, the study's findings could allow educators and public health advocates the opportunity to tailor education about child maltreatment. Educators could tailor the information based on family structures. This could also increase parent's understanding of the potential risk their child or children in general have with being abused. This education and understanding is essential in protecting their children from abuse and ultimately preventing child maltreatment; done by parents or by others (CDC, 2014). The agency can utilize the findings from the study which could lead to social change in the neighborhood. Child maltreatment has short-term and long-term effects on a child; thus, educating parents about abuse could create more awareness to the local community members possibly creating a better understanding and even attitudinal changes about the issue. The agency can make mention of the study's findings on their website, as well as the yearly brochures and pamphlets. Dissemination of this information could lead to an even larger publication, resulting in more awareness in the local community. Although, this research is not a large study, it can still serve as a small piece to a larger puzzle in combating child maltreatment through awareness and education.

Summary

Child maltreatment has been an issue for decades. Child maltreatment happens in many cultures, backgrounds and family structures (Wilkins et al., 2011). Child maltreatment includes child abuse, physical abuse, sexual abuse, witness to violence and neglect (Wilkins et al., 2011). Child maltreatment research has increased since the 1970's but there are still gaps in the knowledge and understanding of factors that contribute to child maltreatment in general and to specific types of child maltreatment; one, in

particular is the family type or structure (HHS, 2013). Therefore, the purpose of this quantitative study was to test the relationship between family type (single, married, divorced, common law, widowed and separated) and child maltreatment (physical abuse and witness to violence) and sexual abuse among six hundred and forty-five cases. Child maltreatment, and sexual abuse served as dependent variables, and the independent variable was family type. Specific covariates were race, sex, age, and relationship to the offender. It is expected that the findings of this study could be used to convey social awareness in the community and could benefit parents about child maltreatment and the risk factors associated with a specific family type. This awareness can also prevent or decrease the actual prevalence of child maltreatment in the local community which could lead to healthier and happier children less burdened by maltreatment.

In Chapter 2, the researcher discussed the child maltreatment as well as the family structures associated to children who have been abused. Chapter 2 also provided information on children who are at risk for child abuse, the family structures associated to a specific type of abuse, the nature and purpose of the study, as well as the problem statement. Researchers also highlighted the effects of child abuse, the hypothesis of the study, and the review of the literature related to the study. Chapter 2 provided more detailed information about literature supporting the foundations of the study and it will provide information about the Ecological Model which served as the foundation of this study

Chapter 2: Literature Review

Introduction

Child maltreatment is a significant problem in the United States. Every year, more than 3.6 million referrals are made to Child Protective Services, which includes more than 6.6 million children who have experienced child maltreatment (CDC, 2014). The United States has one of the worst records rates of child abuse among industrialized nations (DHHS, 2011). Existing research indicates that over the past 30 years, American family types/structures generated more occurrences of child maltreatment than other countries (Petersen, Joseph, & Feit, 2014; Lin & Lin, 2011).

The purpose of this quantitative study was to investigate the potential impact of the family structure on children who have experienced sexual abuse or maltreatment controlled for race, sex, and age of the child, and relationship to the offender. This is important because it addresses an area of child maltreatment that has inconsistencies in research (Sedlak et al., 2010). The dependent variables were child maltreatment, which is defined as physical abuse and witness to violence (Child Protective Services, 2012), and sexual abuse. The independent variable was family structure based on the relationship between adults in the family: single, married, divorced, common law, widowed, or separated. Specific covariates were race, sex, and age of the child, and relationship of child to the offender. These and other risk factors linked to child sexual abuse and maltreatment and the specific type of abuse or maltreatment are discussed in this chapter. The chapter also covers the CDC's (2014) ecological model, which served as the framework for the study.

Child maltreatment has both short-term effects, such as shaken baby syndrome, brain injuries, and behavioral regression (Child Welfare Information Gateway, 2013), and long-term effects, including behavioral issues, addictions, substance abuse, mental illness, and emotional problems. The most dangerous long-term effects are physical illness and even death. In some physical abuse cases, children are poisoned, burned, and even suffocated (Price-Robertson, Rush, Wall, & Higgins, 2013).

Existing research has influenced child maltreatment reporting, helping to change laws and policies that made it mandatory in some areas to report maltreatment cases (Tietjen et al., 2010). Even with the existing legislation, about 1.3% of children in the United States are still being maltreated (Child Welfare Information Gateway, 2015). Research shows that certain family structures place children at a higher risk for child maltreatment (Australian Institute of Health and Welfare [AIWU], 2013). Increased knowledge of the family structure of children who have been abused may be helpful in predicting future child abuse and possibly preventing it (Hussey, Chang & Kotch, 2016). Additional research is needed on the role of family structure in child maltreatment, specifically in one city in the Southeastern United States.

Literature Search Strategy

I conducted a literature review on child maltreatment. The search publication period for studies was 2010-2017. I used the following databases in the search: Academic Search Premier, ProQuest, PubMed/Medline, PsychARTICLES, and PsychINFO. The keywords I used in the search included *child maltreatment*, *child abuse*, *child abuse and family structure*, *child abuse and family type*, *effects of child abuse*, *child abuse reports*,

long-term effects of child abuse, short-term effects of child abuse, different types of child maltreatment, family type and sexual abuse, child abuse prevention, and the CDC's social ecological model. Table 1 summarizes the type of references used for the study.

Table 1

Summary of Sources Used in the Literature Review

Reference Type	Total	Less than 5 years	Greater than 5 years	%
Peer-reviewed journals	89	87	2	89%
Nonpeer-reviewed journals	4	4	0	4%
Dissertations	1	1	0	1%
Books	3	2	1	3%
Websites	3	3	0	3%
Total	100	97	3	

Theoretical Foundation: The Social Ecological Model

The social ecological model was initially espoused by Bronfenbrenner (1977) and was expanded by Belsky (1980) when he explained and explored child maltreatment. During the 1970s, psychological theories progressed; both theories did not adequately account for the etiology of abuse. The use of the Bronfenbrenner's ecological framework was supportive in emerging a greater understanding of various social phenomena with its ability to incorporate multiple levels of influences and interactions. Critics, yet, propose that Bronfenbrenner's ecological model is very broad and very hard to test, and that it is perhaps instead a meta-theory that can essentially be applied to any concept or issue.

Consequently, researchers turned consideration to sociological theories and social risk factors. Sociological theories focused on factors such as socioeconomic status, poverty, isolation, social status, and the acceptance of violence as other causes of child abuse and neglect. Because the emphasis on child abuse changed, the ecological conceptualized model was developed by Bronfenbrenner (1977). Despite this, ecological models are used to offer a more comprehensive and descriptive approach and guide to child maltreatment assessment and interventions.

Sociological theories of child maltreatment have expanded to where the focus is also on child practices, community health, prevention, substance abuse treatment, foster care outcomes, and developmental effects of ill treatment (Petersen et al., 2014). By 2014, prevention activities focused for the most part on modifying parental behavior and reducing child maltreatment (Petersen et al., 2014). Research has evolved over the years from focusing solely on the parents with regard to risk factors to an array of factors from the individual child to the environment in which the child lives. In this study, the social ecological model proposed by the CDC (2014) as the theoretical guide.

The CDC's (2014) social ecological model is a wide-ranging public health method that can be used not only to consider risk factors that individuals face, but also to include the beliefs, norms, and social and economic systems that cause the conditions for child maltreatment to occur. The model has four levels: (a) individual, (b) relationship, (c) community, and (d) societal.

Individual Level

The first level of this model identifies impacts that include personal history and biological factors that intensify the probability of an individual becoming a victim or a perpetrator of violence (CDC, 2014). This level consists of child and parent characteristics such as psychological and emotional attributes, problem-solving skills, temperament, health conditions, and beliefs. These factors can affect the rearing of children. Interventions targeted at the individual level are usually designed to have an impact on a person's social and cognitive skills as well as behavior. Examples of these interventions include therapy, counseling, and educational training sessions (CDC, 2014).

The individual level of the ecological model aligns with variables in the current study including age, gender, and the victim's race or ethnicity. Race/ethnicity is addressed in more detail through the society level of the ecological model. Examples of other variables that are considered in other research pertaining to child abuse but were not tested in this study include the victim's health and physical and intellectual disabilities.

Relationship Level

The next level of this model examines the relationship level, which includes interpersonal relationship influences. Influences encompass factors that maximize risk through relations with peers, family members, and partners (CDC, 2014). A person's social circle, which includes partners, peers, and family members, has the potential to shape an individual's behavior and experience (CDC, 2015). This level is often considered the family level, which includes the family size, communication, conflict, type, and cohesion. The make-up of the household directly affects the child and

influences the care parents provide for the child. Interventions targeted for this interpersonal relationship level could include parenting training, family therapy, or bystander intervention skill development (CDC, 2015).

The relationship level of the ecological model also aligns with variables in the proposed study. The variables in the study that align with the relationship level are the relationship of the offender and parental relationship to the victim of child maltreatment. Personal relationships including friends, family, peers, and intimate partners can influence child abuse. Other examples of variables that may influence child abuse on this level but were not tested in this study include poor parenting practices, friends who engage in violence, parental conflict, and low socioeconomic household status.

Community Level

The third level of this model explores the setting, such as workplace, neighborhood, and schools, where the social relationships happen, and classifies the characteristics of these places that relate to individuals becoming perpetrators or victims of child maltreatment. Interventions targeted for this level are designed particularly to impact the climate of an existing system (CDC, 2013). Youth recreational activities, family fun nights, and afterschool programs are all examples of community-level strategies used to foster a positive climate in families, schools, and neighborhoods (CDC, 2014).

I did not test any variables on the community level. The community level contexts in which the social relationships occur such as neighborhoods, schools, and jobs are examples of places where child abuse occurs (CDC, 2014). Risk factors on the

community level may include gun and violence trade, unemployment rates, and population rates (CDC, 2014). Some variables that may influence child abuse but were not tested in this study are communities with high crime and poverty, high residential mobility, situational factors, and unemployment rates.

Society Level

The fourth and final level of this model includes the wide-ranging societal factors that help develop a climate where child maltreatment is inhibited or encouraged. These factors involve cultural and social norms. Additional large societal factors include the educational, health, financial, and social policies that assist in maintaining economic or social inequalities among different groups in society (CDC, 2013). Examples of strategies that influence the society are efforts to adjust social norms including using social media to change the way the members of the community think about the treatment of children in order to encourage them to make different choices in certain situations (CDC, 2015).

Societal factors influence the prevalence of child abuse (CDC, 2013). These factors include social and economic policies that sustain economic inequalities among people, the presence of weapons, cultural and social norms (e.g., the dominance of men over women and parental dominance over children), and cultural norms that endorse violence to resolve conflict (CDC, 2014). A societal variable that was tested in the study is the race/ethnicity of the victim of child abuse. Additional examples of factors on the society level are stressful life events, community violence, poor schools, lack of access to health insurance, poor medical care, and inadequate child care options (CDC, 2015).

Use of Social-Ecological Model for Applied Research

The social ecological model is commonly used for strategic planning to prevent child maltreatment (CDC, 2015). The model can be used for those whom the abuse is directed toward and when prevention should happen (Townsend, 2008). Because multiple factors influence child maltreatment, there are several components to a sufficient prevention effort (CDC, 2015). Educators and advocates use the model when they plan, draft, implement, and evaluate the prevention programs. The burden of preventative measures should be distributed through members of the community, organizations, and social structures (CDC, 2015). In the United States, physical abuse and sexual abuse are two common forms of child maltreatment (Belsky, 2010). The social ecological model has been applied to different studies by various authors who proposed that child abuse could be best understood if it was analyzed in a multidimensional form, with an emphasis placed on the child, the child's family, environment, and social environment (AIHW, 2014; CDC, 2015; Hussey et al., 2016; Manning, 2015).

Children with exceptionalities and disabilities are almost four times more likely to face sexual abuse than are their non-disabled peers (Sevlever, Roth, & Gillis, 2013). Furthermore, the abuse is usually committed by someone they trust and know such as a parental guardian, sibling, teacher, priest, day care provider, or coach (Smith & Harrell, 2013). For this reason, it is important for schools to implement sexual abuse intervention and prevention programs (Pulido et al., 2015). Researchers dedicated to preventing sexual abuse in special education have used the social ecological model for intervention strategies (Sharbek et al., 2009). Of the existing research, reducing risk techniques only

speak about possible ways for the individual child to avoid sexual abuse and do not address measures that stop the perpetrator from abusing children (Smith & Brown, 2012).

I have identified the social ecological model as the theoretical framework of the study. This model expands both responsibility and perspective into an approach that is holistic, which, in turn, allows an integrated approach to prevent child maltreatment (Smith & Brown, 2012). The interconnectedness of child maltreatment in child, family, and external relationships and throughout the local communities and society highlights the need for collaborative efforts across disciplines. Along with researchers using the model to examine child maltreatment throughout many facets of life, the model can be used to highlight prevention strategies, which are educational, healthcare driven, community-based, legal, and societal (Pulido et al., 2015).

Children and their families exist and are a part of the ecological system, which means prevention strategies should target intermediations at all levels: individual, family, community and society (CDC, 2014). The researcher of current study will test the impact family relationship structure has on child maltreatment. The social ecological model relates to the present study because the independent variable (family type) is a level that is a part of the ecological model itself. In addition, the ecological model can be directly associated with the individual, family, or community level aspect of the theory. The main responsibility for the growth and well-being of a child lies in the family; however, all parts of society must support families as they raise children (CDC, 2015).

Literature Review Related to Key Variables

Child abuse is most frequently defined as any form of child maltreatment, which includes neglect (Levi & Portwood, 2011). For the purpose of this study, child maltreatment included physical abuse, sexual abuse, neglect, and witness to violence. This section of the literature review will discuss the key variables of the study, child maltreatment and identified risk factors. The risk factors discussed in this section are family structure (single, married, death of a parent/widow, divorced, and separated), gender, age and race.

Physical Abuse

Physical abuse occurs when a person deliberately harms or injures a child; it even includes the failure to prevent a child from physical injury (Wright, 2015). In addition, physical abuse during childhood is a world-wide phenomenon (CDC, 2014). Cultural differences and the occurrence of physical abuse in children have not been investigated extensively (Stoltenborgh et al., 2013). Although inconsistencies exist regarding the influence cultural differences have on childhood physical abuse, it has become a social norm in the United States to use physical aggression on children (Stoltenborgh et al., 2013), which can range from a spanking to brutal punishment (Smith & Brown, 2012). Parents who discipline their children physically are at a greater risk of physically abusing their children (Stoltenborgh et al., 2013); 17.6% of children who have been abused, suffer from physical abuse (HHS, 2013). In 2014, a reported 85% to 94% of families in the United States used physical punishment; however, about 5% of these actions were found to be severe aggression that could be categorized as child abuse (Smith & Brown, 2012).

Consistent with these studies, Lansford et al. (2010) explained that physical abuse was common when it was used to discipline a child; however, the authors noted that the frequent use of physical discipline resulted in physical abuse. Children who endure physical abuse frequently have broken bones and other unexplained bodily injuries that cause them to be frightened (HHS, 2013).

Frechette, Zoratti, and Romanon (2015) also acknowledged that spankings were linked to an increased risk of physical abuse, which adds to existing literature; but the researcher puts emphasis on the age of the abused child. Frechette et al. (2015) conducted their study with a sample size of 370 students to assess the disciplinary experiences that occurred at age 10. Frechette et al. recommended future researchers attempt to depict a link between physical abuses at an early age with a larger sample size to gain a better understanding of factors, which contribute to physical abuse. These findings are pivotal in the undertaking of this research primarily because age will be considered in the current research, with a larger sample size, possibly to fill the gap in the literature as it relates to *early age* and its influence on physical abuse.

Although physical discipline is a social norm in the United States (WHO, 2015), inconsistencies occur when identifying physical abuse. The definitions of physical abuse are more streamlined compared to other types of abuse. However, concerns remain about the process in identifying physical abuse (Wright, 2015).

Physical abuse often results in physical signs of abuse (e.g., bruises, burns, cuts, abrasions, broken bones); most actions regarding physical abuse are easy to identify and are clear (Wright, 2015). However, in some cases, this is not true. For example, shaken

baby syndrome's impacts may or may not be visible immediately; it depends on the child's age (CDC, 2015). Shaking an infant and shaking a toddler yield different outcomes (CDC, 2015). When assessing child physical abuse, it is imperative to understand the child's voice, their story, and their understanding of their physical abuse experience (Besharov & Laumann, 2011).

When identifying physical abuse, it is also important to consider the screening process (Hooft et al., 2015), which is the procedure used to determine or identify if any signs of maltreatment or abuse are present. The screening process for physical abuse is different based on the facility or health care officials. Hooft et al. conducted a cross-sectional study and examined how accurate ICD-9-CM codes reflected the likelihood of abuse in three children's hospitals. The conclusion of the study revealed variations in coding practices and physician commentary, which contributed to changes in specificity and sensitivity of ICD-9-CM codes in child abuse. Like Hooft et al.'s study, Scott, Fraser, and Valmuur (2014) took a sample of children under the age of 18 at a hospital's emergency department to explore characteristics and noted the differences between abused children and unintentional injury using a surveillance database. These researchers found a similarity between children coded to the abused group and the children coded unintentional injuries, which presents a difficulty in identifying maltreatment related injuries. Because of the inconsistencies in the results, further investments in improving routine data collecting for trend analysis is necessary to understand the differentiation between other intent classifications.

Identifying child abuse is not only limited to commentary from physicians and coding from hospitals, some screenings of physical abuse involve an extensive interview with the parents as well as the abused child. However, Selph et al. (2013) noted that parents are often frightened if a health official raises the issue of child abuse. Selph et al. and Wright (2015) found insufficient evidence that behavioral and screening interventions for parents regarding physical abuse reduced the occurrence of disability or premature death. It is important to examine the intent of the parent because it is difficult to judge the accuracy of the parent's statements regarding the alleged abuse of the child (Wright, 2015). Although Wright raised questions regarding physical abuse and screening practices, it remains the most objective form of abuse to identify.

Children do face issues or consequences after experiencing physical abuse. Children who are physically abused are more likely to become alcoholics than children who were not abused (Taylor & Balkarin, 2011). In addition, a strong correlation was found between child incarceration rates and child abuse (Smith & Brown, 2012). Along with these consequences, Jones (2009) found gender moderated a strong correlation between child incarceration rates. Males who had been abused were incarcerated at a considerably higher rate than females who had been abused. Children who are physically abused are subjected to short term impacts (physical injuries) as well as long-term impacts (incarceration, low academic performance, drug addiction, and even mental illnesses). These researchers also emphasized the definition of physical abuse and the issues regarding identifying children who are physically abused. The researchers also

highlighted the importance of understanding physical abuse and the impacts it has on the lives of children in different ways (Jones, 2009; Smith & Brown, 2012).

Sexual Abuse

Child sexual abuse is a multi-faceted life experience, which includes, attempted intercourse, sex, and genital contact, fondling of genitals, exhibitionism or exposing children to adult sexual activity, and using a child for prostitution (Wright, 2015). Child sexual abuse is prevalent in both genders, all cultures, at all levels of socio-economic status and different age ranges. Most sexual abuse happens during childhood ages, with incest being the most common (Malz, 2012). One in four females and one in six males are sexually abused before their 18th birthday in the United States (Finkelhor et al., 2016). The actual rates of child sexual abuse are unknown and nameless because of the absence of reported cases and underreporting (Gray, 2016). However, the United States Department of Health and Human Services (2014) indicated 9.3% of cases of maltreatment of children were classified as sexual abuse.

Finkelhor, Shattuck, Turner, and Hamby (2014) articulated that perpetrators tended to violate victims and typically go without being caught and/or charged legally because the perpetrators are usually known by the victim. When the perpetrators are known by the victim, the victims are reluctant to report a person they know simply because they might be afraid no one will believe them. When the perpetrator is known by the victim and the family, it decreases the likelihood of disclosure (Murray, Nguyen, & Cohen, 2014).

In addition, a two-part study by Minto et al. (2016) sought to ascertain the failure of institutions effectively to respond to allegations of child sexual abuse. Minto et al. examined an allegation against a Catholic Church priest. The first study examined how people responded to the allegations based on their loyalties (Catholic, non-Catholic Christian or non-Christian). The second study replicated the first study's design but also examined whether the objective likelihood that the accused priest was found guilty moderated the effect of the responses to the accused. The results yielded that participants were more likely to defend the accused based on integrity and being a part of the same religious group. Identifying sexual abuse has been an issue; additionally, the sexually assaulted victim might have been afraid to report a person they knew personally as a perpetrator of sexual abuse (Finklehor, 2014) and furthermore, the accused priest was defended based on religious beliefs. In conclusion, there are documented inconsistencies as it relates to identifying sexual child abuse and consequently, rates and the incidence of sexual abuse among children might be higher than what is documented.

Although additional screenings are necessary to diagnose child sexual abuse, Hilton (2016) conducted a study emphasizing dermatologist as physicians who also suspect child maltreatment, including sexual abuse. Dermatologist suspect signs of oral abuse from injuries outside the lips that might be caused from forced oral sex or even from a bottle being forced down a baby's mouth. One way to decipher oral abuse is unexplained erythema that is normally at the back of the palette. Sexual abuse manifests in many ways, and some signs are apparent on the victim's skin. Hilton made mentioned

that dermatologists who suspect sexual abuse should investigate the family's police history, the child's bed wetting history, refusal to go to the restroom, and abdominal pain.

Furthermore, the variability of child sexual abuse incidences throughout the research is attributed the lack of consensus in the definitions of sexual abuse as it pertains to children (Collin-Vezina, Daigneault, & Hebert, 2013). The disparity in research that relates to the definition of child sexual abuse should be highlighted (Wright, 2015).

Collin-Veniza, et al., (2013) agreed that having sex with a child was considered child sexual abuse; nonetheless, there is indistinctness surrounding certain behaviors, such as bathing a child or even sleeping with a child Murray et al. (2014) studied different behaviors and found the importance of not only considering a particular behavior but also the severity and continuum on which the sexual behaviors falls. For instance, a father bathing a young child or baby is appropriate but bathing a teenager may be considered inappropriate. According to the CDC (2014), child sexual abuse is defined as "any completed or attempted sexual act, sexual contact with, or exploitation (noncontact sexual interaction) of a child by a caregiver" (para. 20). The CDC provides detailed definitions for sexual contact, sexual acts, and noncontact sexual interaction. Sexual acts are those acts involving penetration, sexual contact is intentional touching without penetration, and noncontact sexual abuse includes exposing a child to sexual activity, taking sexual videos/pictures of the child, prostitution or trafficking and sexual harassment.

The World Health Organization (WHO) (2014) defines child sexual abuse as:

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement. (p. 75)

The American Psychology Association (2016) defined child sexual abuse as the unwanted sexual activity that involves a perpetrator using force, taking advantage of, or making threats to victims who have not given consent. Medline Plus (2016) defined child sexual abuse as a wide range of actions between an older child or an adult with a child that often involves inappropriate body contact or behavior. Examples of inappropriate behaviors are exposing a child's genital area, pressuring a child for sex, and even using a child for pornography. Child Protective Services (2016) defined child sexual abuse as any sexual activity or exploitation or attempted sexual activity/exploitation with a child.

Although Collin-Vezina et al. (2013) and Wright (2015) questioned the accuracy and clarity in clearly defining behaviors associated with child sexual abuse, there is a consensus that sexual intercourse with a child is sexual abuse and will impact the child adversely. For the purposes of the proposed study, Child Protective Services (2016)) definition is used to define sexual abuse because it was used by the agency to define

sexual abuse, and it is conventional enough to fit many circumstances or experiences children describe during their interview process at the agency.

Subsequently, this form of maltreatment was the most common experienced by children in the data set available for my study. Sexual abuse was experienced by approximately 70% of the children in the study. Findings from the study could allow the local community to understand the family type that has the highest risk associated to sexual abuse because it is the most common form experienced by children at the agency. Local community members, teachers, healthcare officials and parents must comprehend the potential for their child or other children to experience abuse based on family type; this understanding of risks associated to sexual abuse is essential for protecting children from abuse (DHHS, 2011).

Neglect

States usually define neglect as the failure of the parent or guardian with the responsibility to provide a child with food, shelter, clothing, supervision, or medical care to the point where the child's safety, health, and wellbeing are threatened (Child Welfare Information. 2013). Failure to provide medical healthcare, medications, exposure to hazardous environments, or placing the child under inadequate care is also neglect. For the study, neglect is defined as the failure of a guardian, parent, or caregiver to provide a child with his or her basic needs; basic needs include physical, emotional, medical, and education (Wright, 2015). The failure to protect a child from any form of danger or care is neglect (Wright, 2015). The most common form of maltreatment is neglect (Davis, 2014). Recognizing neglect is a complex problem because neglect is a multi-dimensional

problem (Child Welfare Information. 2013). The inconsistencies regarding neglect are because child neglect is the most prevalent type of maltreatment (Wright, 2015).

However, in the past, neglect received the least attention compared to the other forms of maltreatment (Child Welfare Information, 2013).

Comparable to the different types of child maltreatment, the definition of neglect is subjective to lawmakers and researchers. It is problematic to evaluate the severity of the parent's omitted acts to determine neglect (Akerhurst, 2015). If the omitted acts fall on a specific spectrum, Brandon et al. (2014) asked when or at what point is a child's need not being met to predict and identify neglect, researchers highlight risk factors healthcare officials and authorities can be aware of (Brandon et al., 2014; David et al., 2011). The goal is to identify the risk factors or concerns early to provide the appropriate support. Brandon et al. noted specific family behaviors that may also signal neglect. For example, if a child has a medical emergency and if an unexplainable delayed medical attention or even missed vital medical appointments exist, both could classify as neglect.

Neglect is difficult to identify as well as define. Neglect is an act of omission, the underreporting and under acknowledgement of neglect may be affected by the lack of a uniform definition (Davis, 2014). Wright (2015) explained that neglect included, but was not limited to, a lack of attention to the child, food, shelter, clothing, stimulation, emotional connectedness, nutrition, hygiene, medical attention, supervision, or situations that could yield the child being harmed.

Although there are several subtypes of neglect, commonalities among them simply portray the need of the child is not being met. Neglect during childhood can have

detrimental influence on the child's emotional, physical, and social health. Even with the considerable impact, neglect is not easy to identify, which often leads to chronic maltreatment throughout many years (Akehurst, 2015). Cozza et al. (2015) conducted a study to identify the types, subtypes as well as the severity of neglect between four different Army communities. The findings of the study included five types and 17 subtypes of neglect represented in the sample. Lack of supervision was 177(35.3%), emotional neglect 159 (31.8%), failure to provide physical needs 131 (26.2%), moral-legal neglect 20 (4%) and educational needs 13(2.6%). Child neglect occurred mainly among younger children. Cozza et al., highlight the need to focus on the subtypes, types and severity of neglect cases that provide specific understanding of the risks associated with neglect to better inform policy.

Horace and Widom (2015) conducted a study where neglected or abused children were matched with non-neglected and non-abused children and followed into their adulthood. Unlike Cozza et al. (2015), where the groups were categorized by the type/subtype of neglect or severity of neglect, the groups in Horace and Widom's study were categorized and matched closely by age, sex, race and an assessment were given to note the long-term consequences of neglect and/or abuse beyond adolescence to adulthood. The researcher's findings of the suggested an early onset of specific risk behaviors that may have negative consequences that are not considered during treatment or intervention. The findings of the study showed that child abuse and neglect influences early sexual intercourse with females and, in turn, symptoms of anxiety and depression, substance abuse and if they receive financial assistance from the state or federal programs

in adulthood and the suggested interventions should be multifaceted. Horace and Widom recommended future research to consider other potential mediators or moderators that may account for significant variance in the relationship of the child who has experienced abuse and/or neglect with other factors such as family, environmental, genetic or individual.

Puvenbroeck et al. (2014) also suggested additional research was needed to understand the environmental and genetic factors associated to child abuse and neglect that might help explain the outcomes abused children have in adulthood. As such, there is a gap in the literature that needs to be filled to put the study by Horace and Widom (2015) in perspective. Through this proposed study, I aim to fill the gap that exists with considering potential mediators and moderators. The proposed study will include specific covariates (race, sex, age, and relationship to the offender) that will be tested as moderating variables. The database available for the proposed study has approximately 2% of children reported who experienced child neglect. I will analyze the family type that is most associated to children who experience neglect at the agency. The complexities of neglect provide difficulties not only for the child but also community-based programs, legislators, and other service providers. It is essential that these groups collaborate to develop strategic and promising interventions and practices to prevent abuse and neglect (Wright, 2015). A part of this process is providing the child, family, and community members with resources, knowledge, and services that deal with factors associated with child abuse (Wright, 2015). Child Welfare agencies are a part of the solution (Child Welfare Information. 2013). This study aims to provide the agency with information to

become a part of the solution in preventing child neglect. Neglect is not only an individual or family problem but it is a community problem, requiring a response from the community (Child Welfare Information,2013)

Family Structure

Family structure is a risk factor that can be arbitrated by other factors (Petereson, 2014; Sidebotham et al., 2006; Turner, Finkelhor, & Ormrod, 2006). There have been progressive shifts in the typical family of two parents and their children to a multiplicity of living arrangements. Since families are more diverse today, Petereson, 2014; Sidebotham et al., 2006; Turner et al., 2006) all agree that diverse families contribute to complexities within the family that have been associated with a higher likelihood of child maltreatment. Adding to complexities of families, Kostolitz, Hyman, and Gold (2014) elaborated in their research that people who survive abuse may be relationally and cognitively disadvantaged as a result of being raised in emotionally impoverished families. These families lack self-expression, flexibility, organization, self-expression, moral and ethical values, and fail to provide opportunities for learning effectively. Family structure is the risk factor that is mostly associated to child sexual abuse (Lalor & McElvaney, 2010). I will use demographic data along with agency's data to see if certain family structures provided a lower or higher risk of maltreatment. The researcher of the current study seeks further to investigate the child maltreatment data and examine the relationship between children's well-being and family structure.

Single

Although most research available in 2016 recommended that children in a single-parent household tended to have a higher risk for maltreatment (Doyle & Timms, 2014), some research or findings were inconsistent with that assessment (AIHW, 2013). Some researchers reported substantial difference between single-parent households and married households (AIHW, 2013), although other researchers found differences could be generally explained by other factors (e.g., poverty) (Hunter & Price-Robertson, 2013). Children from single-parent households or families had a greater risk of being on the Child Protective registry than did those who lived in a married household (Hunter & Price-Robertson, 2013). Contributing risk factors were modified by the parent's background such as, young age, socio-economic factors, adverse childhood experiences, low educational achievement, and past psychiatric history. These extra stressors were commonly experienced by single parents, which, in turn, created risk in the environment. Finally, risks were higher for single parent households than for married households, but the clear majority of single-parents (96%) had no record of registration for child maltreatment (Hunter & Price-Robertson, 2013).

Doyle and Timms (2014) agreed with Hunter and Price-Robertson (2013) but emphasized that child neglect cases that involved single-parent households were overrepresented in the Child Protection system. Single parent households represented 49% of cases involving child neglect whereas married families represented 38% of child neglect cases. Single parents experienced a larger number of social and personal

problems than did other parents. The variation regarding risks by families in the study explained the differences in personal and social problems (Doyle & Timms, 2014).

In contrast to the previous studies, Tuner et al. (2012) investigated family structure variations within the rates of child victimization, which included maltreatment, but did not find any significant differences in the rates between single-parent households and married households. The mentioned studies all suggest that single-parent households should not be considered the only indicator of risk for child maltreatment (Doyle & Timms, 2014; Hunter & Price-Robertson, 2013). Child maltreatment is caused by a complex range of issue is and risks (CDC, 2014). Although single parents tend to have the greatest disadvantages (education, finances, poverty), they also have a diverse range of socio-economic and cultural backgrounds (CDC, 2014). Single-parent cases are also overrepresented while married cases of abuse are under-represented in the Child Protection system which causes bias in research findings.

Married

Mothers and fathers both play vital roles in the development and growth of children (Child Trends Databank, 2015). The number of parents and type of parent (i.e., biological, step) are consistently linked to the well-being of a child (Manning, 2015). Although two-parent households have a smaller risk of child abuse than do single parent households, studies have shown that in 30%-60% of families where spousal abuse occurs, child maltreatment occurs as well (AIHW, 2013).

Finkelor et al. (2014) found an association between violence and discord between the spouses (husband and wife) and the occurrence of child maltreatment in the family In

addition, lack of support in a marriage had an association with child maltreatment; hence, a partner who was unsupportive seemed to enhance the risk for child maltreatment (Hunter & Price-Robertson, 2013). Problems in communications and interactions with parents and their children have been connected to a higher risk of possible child abuse (Hunter & Price-Robertson, 2013). Adolescents who reside in violent homes and witness violence among parental guardians may also be victims of physical abuse and may also face neglect by parents whose focus was on their partner because of fear (Chang et al., 2016).

Although a married family cannot guarantee a child's safety, Chang et al. (2016) suggested this family type was the safest environment for children. Research show that married households are the family structures with the least amount of risk factors. Conversely, there has been an ongoing debate about the reliability of parents reporting child victimization; Chan (2015) provided evidence that suggested parents were not accurate in reporting child abuse, particularly when the parents were the ones who inflicted the violence or abuse.

Cowan and Cowan (2014) used their research as justification for recent public policy initiatives to strengthen as well as promote marriages. The research described the policy contexts as well as summarized meta-analytic discussions and research of authors about Couple Relationship Education (CRE) interventions (Cowan and Cowan, 2014). The research explains that there is no question that there is a normal decline in marital satisfaction over time and it also affects family relationships, with negative outcomes for children (which includes abuse). The findings featured three different cases and they

showed increased risks of abuses for children without both parents were noted and placed as a reason for concern; but Cowan and Cowan (2014) explained that most reduced risk children in single-parent families. Furthermore, continued debates pertaining to how the disadvantages of children (which includes abuse) are attributable to family structure versus poverty, as well as about if marriage itself that makes a difference.

Death of a Parent

Some children reside with a single parent, not because of divorce, but because a parent is deceased. Children with a deceased parent are affected economically and emotionally (Welch & Bonner, 2013). The stress from a death of a parent is like that of a single-parent household, which leads to stress that in turn is a risk factor to physical abuse. Moreover, the widow or parent who has lost a spouse can suffer several deprivations, amplifying both the child's vulnerability to abuse (Welch & Bonner, 2013). Shaw, Bright, & Sharpe, (2015) addressed a gap in literature by comparing children in foster care because of parental death or children in foster care because of parental incarceration with children in care because of child maltreatment in terms of the duration of time to achieve a permanent home. The results of the study concluded that children who entered care as a result of parental death or incarceration experienced longer lengths of stay in group homes or foster homes, which leads to decreased odds in moving children into permanent homes within 30 months. These children will need more options for guardianship or adoption and policy makers should explore more opportunities to speed up the process of permanency for the children. More research on length of stay, placement, health and behavior of children in foster care as a result of incarceration and

death of the parent has become a necessity for the purpose of developing policies that can notify the provision of clinical services and education to foster care children (Shaw, Bright, & Sharpe, 2015)

Although research findings are mixed and limited regarding death of a spouse or parent and child maltreatment, Welch and Bronner, (2013) noted that losing a parent was traumatizing and put a child at risk to multiple problems but not more than divorced or single-parent households. Shaw et al., (2015) also emphasized that future studies should take into account the overall experiences (which includes abuse) that children who have parents in jail or who have passed compared to the broader welfare population. The researcher of the proposed study will consider children who are a part of a widow/death of a parent household (family type). The study will test the relationship of both the child maltreatment and sexual abuse (dependent variable) to each specific family type, and case, it will involve widow/death of a family. I will also test the influence that the continuous variable and categorical variables (covariates) have on the dependent variables. Testing the relationship of child maltreatment and widow/ death of a family will fill the gap in literature as it pertains to the overall experience of children who have parents who have passed away.

Divorced

The effects of divorce are immense, and divorce permanently weakens the family as well as the relationship between children and parents (Fagan & Churchill, 2012). Not only does divorce weaken relationships between the parents and the children, divorce also can cause emotional issues (i.e., dealing with conflict, self-image and self-

perception) for the child (Fagan & Churchill, 2012). Another reason why divorce weakens the family is also by the continuous contact with a child and domestic abuse, an issue that has gained significant attention.

Zeoli, Rivera, Sullivan, and Kubiak, (2013) conducted qualitative interviews with 19 mothers who experienced intimate partner violence (IPV) but divorced their perpetrating husbands within the 3 years prior. Despite that the families were married prior to the study, being a part of an IPV relationship, the children had an increased risk of child abuse. The research examined the responses to abuse committed by the ex-husbands and who they had to undergo custody disputes. Women set boundaries through family court to govern the interaction between the ex-husbands and their children to protect themselves and children. Conversely, when mothers turned to the judicial system for help regarding IPV, they normally found the justice system responsive.

Holt (2013) explored the experience of post-separation fathering in a mixed methodological research study implemented over two phases. The data from interviewing 219 mothers highlighted clear evidence of post-separation contact that facilitated the continued abuse of ex-wives and their children. It is imperative to take into consideration abusive relationship that result in divorce and the impact the abusive behavior has on the children and ex-partners. Similar to Zeoli, Rivera, Sullivan, and Kubiak (2013), both studies focused on the lack of attention to abusive fathers' behaviors which undermines the support and protection needed to reduce domestic and child abuse

Current researchers highlight that domestic abuse may not end when parents get divorced or separated, the continued interaction and presence with the children has been

found to be a risk factor for continued abuse (Holt, 2015; Morrison, 2015). Morrison conducted a qualitative study with 18 children who were ages 8-14 and 16 mothers who had experienced domestic abuse. Morrison found evidence of continued abuse of the children and their mothers after divorce or separations that was linked to contact arrangements. Findings suggested that a child's contact with a non-resident father contributed to lack of communication and cooperation, which are characteristics traced to domestic abuse. Consequences of domestic abuse continues through contact that leave children being vulnerable to reoccurring parental conflict and exposure to abuse. Holt (2013) argued that abusive fathers needed to be held accountable for their behavior before additional contact begins. It is imperative to consider the impact of an ongoing relationship after domestic abuse act when considering the child's contact arrangements.

Common Law and Separated

Research on common-law families and families that are separated is limited (AIHW, 2013). Many studies do not differentiate between separated families, married families, and common-law families. To further confuse matters, some researchers use the term *common law* and *cohabitation* to refer to families where there are two unmarried parents and families with one step-parent and one biological parent. The terminology within the research could cause confusion (AIHW, 2013).

Qu and Weston (2011) reported about six to nine percent of the sample in their study were families were cohabitating or in a common-law arrangement. In the study, the cohabitating families were compared to married and single family structures to identify the impact the family structure had on a child's well-being. Although the research did not

specifically investigate child maltreatment, with so few studies existing, it is worth noting the results of the study. Comparing married families to cohabiting families, cohabiting families tended to be younger in age, more likely to identify themselves as indigenous, have lower levels of education, have financial difficulties, and be unemployed. The children with parents who were cohabiting tended to perform lower on a variety of developmental outcomes than did children in married families, and the researchers explained that the differences could be clarified by the parental factors and the social factors (Qu & Weston, 2011).

Other Risk Factors

Gender. Although no child is invulnerable, certain risk factors heighten or lower the risk of child maltreatment (CDC, 2014). Risk factors are based on identified and reported cases of child maltreatment. Gender is noted as a risk factor for child maltreatment. With sexual abuse, females are five times more probable to be abused than males (DHHS, 2011). Males and females are similarly as likely to become victims of abuse and neglect (U.S. Census Bureau, 2014). In 2012, almost 49% of abused children were males and approximately 51% of abused children were females (DHHS, 2013). The fatality rate of children is higher for males. In 2012, about 58% for males and 42% for females of child fatalities were caused by abuse and neglect (U.S. Census Bureau, 2014).

Age. Age is associated with child maltreatment, as it influences how often child maltreatment occurs. For example, the younger the child, the more vulnerable he or she is to maltreatment (U.S. Census Bureau, 2014). In 2012, 50 states in the United States reported that more than a quarter of victims of child abuse were under the age of 3; which

equaled approximately 181,493 or 26.8% (U.S. Census Bureau, 2014). Age is also important regarding sexual abuse. Although age is a risk for children of all ages to experience sexual abuse, the most vulnerable ages are between 7-13 with more than 20% of children sexually abused before the age of 8 (U.S. Census Bureau, 2012).

Relationship to offender. Victim data are often analyzed by relationship of victims to their perpetrators. In 2012, 81.5% of the children who were maltreated were maltreated by one or both parents (U.S. Census Bureau, 2014). In the same year, 36.6% of the maltreated children were maltreated by only their mothers, and 18.7% of the maltreated children were maltreated only by their father acting alone. Both parents victimized 19.4% of the children, and about 12% were maltreated by a perpetrator who was not the parent; the non-parent perpetrators were majority male. Altogether, approximately 80% of the perpetrators were parents, 6% were relatives but not parents, 4% were the unmarried partners of the parents, and the remaining 4% were classified as *other* because the relationship was unknown (U.S. Census Bureau, 2014).

Race. Race/ethnicity is also an important factor in identifying maltreatment. African American children are almost at twice the risk of being sexually abused than are European American children (DHHS, 2011). Children of Hispanic ethnicity have a slightly greater risk than do non-Hispanic White children. Alaska Natives, American Indians, and Asian Pacific Islanders accounted for less than all other ethnicities (less than 1%) (DHHS, 2011). In addition to family type, other risk factors are associated with child maltreatment. Santa-Sosa and Runyon (2015) used the ecological model to find relevant ethno-cultural factors (ECFs) to suggest an evidence-based treatment (EBT) for specific

families at risk for child abuse. The study involved three vignettes with families of diverse backgrounds: (a) African American and European American family, (b) an African American family, and (c) an Arab American family who were referred to a clinic after allegations of substantiated or inappropriate physical abuse. The three cases describe strategies used to address the ECFs which included the ethnicity and race, immigration, religious beliefs, acculturation, practices about discipline and sociocultural context. The ECFs identified in the research by Santa-Sosa & Runyon (2015) can lead future research in highlighting relevant variables that is associated in multicultural families and the risk for child physical abuse.

The researcher of the proposed study aimed to further the research pertaining to Santa-Sosa and Runyon (2015) by exploring risk factors that will serve as specific covariates. Race, sex, age, and relationship to the offender will serve as the covariates in the study again income. As previously mentioned, these factors are important in identifying maltreatment.

Summary and Conclusions.

Child abuse is a problem affecting many family types in the United States. The influence of variables such as gender, age, and race may mediate or moderate the relationships between child sexual abuse or maltreatment and family type. The purpose of this study was to investigate the relationships between family type (single, married, divorced, common law, widowed and separated) and child maltreatment (physical abuse and witness to violence) and sexual abuse. This chapter included literature that is existing pertaining to child abuse and the key variables of the proposed study.

In this proposed study, I aimed to determine if the risk of child maltreatment is greater for family structures. Specifically, if the risk of child maltreatment is greater for particular family structures, and witness to violence with the goal of gaining data that can be used to improve social services to children or families with children who have experienced abuse. This research can assist local family support services which support parents in the role as the primary caregiver. Greater knowledge of risk factors can assist health professionals working with children and families identify high-risk situations and maltreatment so appropriate interventions can take place.

In 2017, there are no studies published in Alabama analyzing the factors related to family structures and child maltreatment. Findings from this study can shed light on the family structures of children who have been maltreated or sexually abused. Specifically, this study can provide insights regarding age, race and cultural differences which influence the risk for child maltreatment. Public educators and public health officials can use the information gathered from the study to tailor education about child maltreatment for community members. Educators could tailor the information based on family structures to possibly increase community member's understanding of the potential risk children in being abused.

In Chapter 3, I discussed the description of the methodology, research design, and threats to validity. Within the research design section, the central methodological approach and the research variables were described. The methodology section would identify the targeted population, sample, and sampling procedure, as well as the 2012 agency's processing and interview procedures. The gaining access to the processing and

interview procedures for the data set would also be described. It further specified the operationalization of all variables and it provided a statistical analysis.

Chapter 3: Methodology

Child maltreatment is a public health problem in the United States, and the overall number of reports are higher than any other industrialized countries (CDC, 2013; Hunter & Roberson, 2013). Child maltreatment is a national problem. Despite the efforts public health advocates, the numbers of children who encountered abuse is higher in rates but underreported (Ewigman et al., 2011). The purpose of this quantitative study was to explore if a pattern exists between the reported child abuse and five different family types in which the abuse occurred. I used a quantitative approach in the study to investigate the relationships between variables. In this chapter I discuss procedures used to gather data, analysis of data, sampling, population, and confidentiality. Appropriateness of the research design is also included in this chapter. The chapter concludes with a summary and an introduction to Chapter 4.

Research Questions

RQ1: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender?

H_01 : There is no relationship between types of family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender.

H_{a1} : There is a relationship between types of family structure (single and two parent households, divorced, common law marriage, parents are separated)

and child sexual abuse after controlling for race, sex, age, and relationship to the offender.

RQ2: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender?

H₀₂: There is no relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender.

H_{a2}: There is a relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age, and relationship to the offender.

I used the CDC's ecological model (2014), to examine potential factors salient in the commission of child maltreatment. The ecological model was used to consider multiple factors in the examination of child maltreatment. These factors that have been shown to contribute to child maltreatment by various researchers (Gelles, 2009; McCoy & Keen, 2009) were viewed in the contexts of the individual, relationships, society, and community.

Research Design and Rationale

Two types of quantitative designs were considered for the study: descriptive and correlational quantitative research designs. A quantitative correlational research design systematically investigates and explains the nature of the relationship between variables. Correlational research goes beyond a descriptive research design, describing what exists and testing the relationships that variables have with one another (Polit & Hungler, 2013). The most commonly used methods of data collection in quantitative designs are questionnaires, surveys, and self-reporting tools (Moxam, 2013; Polit & Hungler, 2013). The nature of data available for analysis in this research is unique in the sense that it has been collected over time by a combination of these methods (self-report tools and questionnaire). The agency's data were obtained through questionnaires and self-reporting from children who experienced abuse in order to classify the type of abuse. Therefore, for the purposes of this quantitative study the most suitable approach to analyze data was to lead the data exploration with a descriptive design and to find what patterns exist in the data. The descriptive approach allowed for testing the goodness of fit for various advanced statistical approaches. If certain data groups were identified where data are normally distributed and statistically significant mean differences are identifiable, I resorted to the correlational design to find how identified data groups were related. Ideally, if data permitted, I intended to a logistic regression to test if certain family structure or relationship could be identified as a predictor for child abuse. For this purpose, a correlational design was more appropriate for the proposed study.

Population and Sample

For the current study, the population consisted of children who received services from a Child Advocacy center during years 2012-2013. The population of the study included children who experienced and reported child abuse in Montgomery, Alabama. The study used 736 cases that were reported from the agency, and the cases consisted of sexual abuse, physical abuse, neglect, witnessing violence, witness to murder/domestic violence/rape, or abuse of a sibling. Based on the focus of this study, the sample data used from existing information consisted of 645 of the 736 cases. This data included sexual abuse (511), physical abuse (75) and witness to violence (59). The study investigated the relationship of both the child maltreatment (dependent variable) to each specific family type (independent variable). Post hoc power analysis was conducted to see if there was adequate statistical power to analyze the data.

Data Collection and Instrumentation

The data for this research was obtained by an agency located in Montgomery, Alabama provided data for analysis that was collected from October 1, 2012, through September 30, 2013. This is a governmental agency that responds to reports of child abuse and neglect. The agency investigates reports of child abuse and neglect, provides services to children and families in their homes, or places children in alternative living situations when families are unable to provide for them.

Data from the agency were a combination of interviews, fill in the blanks questions, demographic information, true or false questions, and additional information (see Appendix). The data was obtained from two forms, Intake Application 1, and Intake

Application 2. Intake Application 1 contains all information pertaining to demographics and family as well as the incident. Incident items involve items that are descriptive of each child maltreatment case reported, intake date, and the source of data collection. Intake Application 1 has items that are plotted as independent variables because it provides descriptive data. Intake Application 2 includes variables on every level of the ecological model, containing subsections involving family dynamics, adult issues, income, social support, and the relationship of the alleged offender (see Appendix).

Data

Data used in the study were derived from interviews conducted by professional staff with specialized training (forensic interviewer) in the treatment of child maltreatment with abused children and their parents. The interview with the parent constituted the intake interview with the caretaker. Child maltreatment is separated in two categories: (a) sexual abuse, or (b) child maltreatment, which includes physical neglect and abuse and a mixture of maltreatments. The first type of child maltreatment is sexual abuse, which is unwanted sexual activity with perpetrators using force, making threats, or taking advantage of victims not able to give consent. (APA, 2014). The second category of child maltreatment in the study included physical neglect, abuse, and a mixture of maltreatment. Physical neglect usually involves the parental guardian not sustaining the child in the child's basic needs (i.e., food, clothes, and shelter) (APA, 2014). Physical abuse is violence or physical force that results bodily injury, impairment or pain. Finally, a mixture of maltreatments is a case that involves a combination of sexual abuse, physical abuse, or physical neglect (Wright, 2015).

The categories used on the form derived from the information obtained during the forensic interview. Sexual abuse was recorded if the child stated that an adult committed a sexual act. Sexual abuse of the child included, but was not limited to, sexual touching to any part of the body (unclothed or clothed), sexual intercourse (including oral), encouraging the child to perform sexual activity (which includes masturbation), engaging in sexual activity in front of children intentionally, showing or creating pornography, and encouraging the engagement of prostitution. If the child disclosed that they experienced any of the above actions, the interviewer entered sexual abuse on the form. If the child was under age, the caregiver/parent provided information about the alleged abuse. During the intake process, the caseworker was the only interviewer; the caseworker was trained to communicate with the child for them to disclose information about sexual activity. After sexual abuse was documented by the caseworker, the child was referred for an examination with a physician.

Using the ecological model discussed in previous chapter as a guiding framework, the independent variables were selected from data on the intake application collected by the social workers. Not all data (factors) discussed on the intake application and in the ecological model were available for this research because case information was maintained at another site. The study focused on one dependent variable, child maltreatment; the agency recorded the available variables in an excel sheet.

Independent, Dependent and Control Variables

The dependent variables in the study were child physical abuse, which includes physical abuse and witnessing violence and child sexual abuse. Family type served as the

independent variable. There were five categories of descriptors used as covariates in the study: caretaker's marital status (family structure), victim's age, victim's gender, victim's race, and victim's relationship to the alleged offender.

The social ecological model includes individual factors, or the factors that relate to the child, the family system, the environmental factors, and social factors. Research on specific family structures and whether they place a child at a higher risk of maltreatment have generated mixed results. In several studies it was found that single parented and step families tend to have a higher risk of abuse and maltreatment than children in married families (Doyle & Timms, 2014), but the results were inconsistent. Research has also associated certain characteristics of an adolescent and caregiver/parent and features of the family environment to child abuse and neglect (Kotch et al., 1997). Being vulnerable to child maltreatment (physical, sexual, or neglect), is also partially contingent upon on the adolescent's age and sex. Children who are younger have a higher risk of physical abuse, while the children who have reached the stage of puberty have the highest rates of sexual abuse. Differences in patterns of abuse by gender/sex and race/ethnicity have been noted in the literature. Black adolescents, predominantly Black males, have a higher risk of abuse than White adolescents. Overall, male adolescents who are abused are the victims of physical abuse such as physical punishment/beatings more so than females, while female adolescents have a higher risk of being abused sexually, forced into prostitution, and neglected (Turner et al., 2006). About 30%-40% of abused children are abused by a family member or relative. Children who have experienced abuse tend to have mental health issues, low self-esteem, and poor control over impulsivity.

Indices for independent and control variables were coded as follows: *Family Structure* (1 = single parent family, 2 = two parent family/married, 3 = divorced, 5 = common law marriage, 6 = parents are separated), *Age* (coded by utilizing the numbers that indicate frequency, 1 = 1, 2 = 2, 3 = 3, etc.) *Gender* (1 = male, 2 = female), *Race* (1 = African American/Black, 2 = White/Caucasian, 3 = Hispanic/Latino, 4 = Asian, 5 = Biracial), *Relationship to alleged offender* (1 = family member, 2 = nonfamily member).

Analysis

The study deployed descriptive methods to test the goodness of fit for data for the application of parametric testing. An analysis of descriptive statistics, such as frequency distributions, was conducted on all relevant variables. After a descriptive statistical analysis, correlational analysis will be conducted to examine the relationships between the family structure and the recorded incidents of abuse. Bivariate analysis was the first level of inferential analysis which is the simultaneous analysis of two variables (attributes). A non-parametric chi-square approach was adapted based on the nature of the data to test for a bivariate analysis. In addition, the inter-correlations between the other relevant variables were examined, such as marital status. Second, an examination of the relationship between family structures and report rates of sexual abuse were conducted by looking at control variables (age, race and gender of the abused child), using logistic regression test, to see if the one variable is more important than the other in predicting the prevalence of child abuse. All statistical analysis were conducted using SPSS software.

Threats to Validity

A research study must include an authentic, precise, and unbiased assessment (Cone & Foster, 2006; Creswell, 2007). The validity of a study is imperative since it checks if the study measured what it was meant to measure (Neuman, 2011; Popham, 2010). Interventional groups will be used based on gender, age, race and family type to reduce threats to the validity of the study (Salkind, 2010). As it relates to secondary data, this type of research is unobtrusive, and it can allow for a larger scale study on a smaller budget. Also, using secondary data is less expensive than collecting data (Salkind, 2010). Potential drawbacks of secondary data include, data collection methods may change over time, data may have been modified by previous researcher, or poor documentation of secondary data.

Sample size was carefully calculated using the design of the study, effect of size, and power (Creswell, 2012). An interventional or controlled design assists the investigator of the study in controlling the threats to the internal and external validity of the proposed study (Creswell, 2012). Internal validity threats compromise the confidence in saying that a relationship exists between the independent and dependent variables (Leung, 2015). In order to limit threats of internal validity, it can be partially confirmed by using the appropriate multivariate analysis, such as regression, to control confounding as much as we can. Threats to external validity compromise our confidence in stating whether the study's results are applicable to other groups (Leung, 2015). To limit threats of external validity, I can provide evidence that the results can be generalized to other

populations. A broad representative sample enables the findings to be generalized to a population that is diverse.

Confidentiality and Ethical Procedures

I received Walden IRB approval (# 08-25-17-0254756) since they are responsible for ensuring that all research at the university complies with federal regulations. I also complied to the University's requirements as well. To receive any information from the agency, a confidentiality form had to be read and signed (see Appendix). The confidentiality agreement was needed to protect the confidential information connected to the victim's case. For this purpose, the agency agreed to provide data after stripping it of the identifiers that could compromise any individual's identity. The confidentiality form explained that records and reports should not be used or disclosed for any purpose other than to prevent child abuse or neglect.

Summary

A quantitative correlational design was selected to examine if there was any relationship between the socio-economic factors that construes a family and the incidents of child abuse within the family. The data for this research were collected and made available by an agency located in Montgomery, Alabama. All ethical measures were taken in taking permission from the agency to acquire data. To protect identity of individuals all personal information was removed from the data. SPSS will be used to perform descriptive and inferential statistics on the available data. The research aimed to identify if any of the social or economic factors within a family can be used as a predicting factor of future cases of child abuse. The researcher hopes the findings from

this research may become useful for agencies like the agency located in Montgomery, Alabama to provide better protection to our children.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to investigate the potential impact of the family structure on children who have experienced sexual abuse or maltreatment controlled for race, sex, and age of the child and relationship to the offender. The independent variable was family structure based on the relationship between adults in the family: single, married, divorced, common law, widowed, or separated families. Specific covariates were race, sex, and age of the child and relationship of child to the offender. In this chapter, I present a summary of research results, reviewing the research questions and a description of the study sample.

Data Collection

Data for this research were obtained by an agency located in Montgomery, Alabama, provided data for analysis that were collected from October 1, 2012, through September 30, 2013. Data from the agency consisted of a combination of interviews, fill in the blank questions, demographic information, true or false questions, and additional information. In order to accurately measure the research questions, variables were uploaded from Excel into SPSS. For the purposes of this study, the ages were grouped into levels, age range 1.00, (which includes 1-6-year-old children), age range 2.00 (7-12-year-old children) and age range 3.00 (13-18-year-old-children). The relationship to the offender was categorized in 5 groups: acquaintance, extended family, family, multiple offenders, and stranger. For race, Asian children were labeled "Race (1)" in the SPSS logistic regression output, Biracial children were labeled "Race (2)," Black/African

American were “Race (3),” Hispanic “Race (4), and White was the reference level for race. Last, family types were categorized into 3 groups. 1 = married and common law, 2 = widowed/divorced/separated and 3= single.

Descriptive and Demographic Statistics

Descriptive statistics were calculated in SPSS for the independent variable of family structure and all the covariates of the study (race, gender, family type, and age). The database only involved the above variables; it did not include interview notes, brief descriptions provided by the victim, family income (optional for the family to provide), child health information, and summary notes (counseling notes if the victim had counseling sessions). Race, gender, and age were all coded variables that were included in the database and included in the analysis.

Sample Demographics

The entire sample for the study consisted of 727 children who experienced abuse. All children experienced some type of abuse; about 76% of children experienced sexual abuse and 24% experienced physical abuse. Almost half, about 46% of children who experienced abuse, were in a married/common law household, about 32% of the children lived in single parent households. Tables 2-5 summarize the full descriptive statistics of the complete sample. Descriptive statistics, chi-square, and regression analyses were performed and completed in SPSS.

Table 2

Study Sample

	Frequency	Percent	Valid percent
Physical abuse	188	25.9	25.9
Sexual abuse	539	74.1	74.1
Total	727	100.0	100.0

Note. $N = 727$

Table 3

Allegation Study Sample

		Allegation	Family	Age	Relationship to alleged offender	Alleged victim/client name	Alleged victim/client race
N	Valid	727	724	727	727	727	727
	Missing	0	3	0	0	0	0

Note. $N = 727$

Table 4

Family Study Sample

	Frequency	Percent	Valid percent
Married/Common Law	334	45.9	46.1
Divorced/Widowed	158	21.7	21.8
Single	232	31.9	32.0
Total	724	99.6	100.0
Missing	3	.4	
Total	727	100.0	

Note. $N = 727$.

Table 5

Age Study Sample

	Frequency	Percent	Valid percent
1-6 yrs	208	28.6	28.6
7-12yrs	285	39.2	39.2
13-18yr	234	32.2	32.2
Total	727	100.0	100.0

Note. $N = 727$.

Table 6

Relationship to the Offender Sample

	Frequency	Percent	Valid percent
Acquaintance	212	29.2	29.2
Extended Family	98	13.5	13.5
Family	306	42.1	42.1
Multiple Offenders	13	1.8	1.8
Stranger	98	13.5	13.5
Total	727	100.0	100.0

Note. $N = 727$.

Table 7

Alleged Victim Gender Study Sample

	Frequency	Percent	Valid percent
Female	452	62.2	62.2
Male	275	37.8	37.8
Total	727	100.0	100.0

Note. $N = 727$.

Table 8

Alleged Victim/Client Race Study Sample

	Frequency	Percent	Valid percent
Asian	3	.4	.4
Bi-racial	32	4.4	4.4
Black/African American	315	43.3	43.3
Hispanic/Latino	19	2.6	2.6
White	358	49.2	49.2
Total	727	100.0	100.0

Note. $N = 727$.

Research Questions Results

RQ1: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child sexual abuse after controlling for race, sex, age, and relationship to the offender?

RQ2: What is the relationship between family structure (single and two parent households, divorced, common law marriage, parents are separated) and child physical abuse (including physical abuse or witnessing violence) after controlling for race, sex, age and relationship to the offender?

The null hypotheses were that there is no relationship between types of family structure and child sexual abuse and physical abuse after controlling for race, sex, age, and relationship to the offender. The alternative hypotheses were there is a relationship between types of family structure and child sexual abuse and physical abuse after controlling for race, sex, age, and relationship to the offender. To test the hypotheses, I conducted a regression and chi-squared analysis for allegation and all the covariates.

The results (Table 9) show both male and females had experience more sexual abuse than physical abuse. Out of 727 cases of abuse, 452 were female and 275 were male; there were 110 physical abuse cases and 342 sexual abuse cases for females and 78 physical abuse cases and 197 sexual abuse cases for males. Table 10 shows that when evaluating the Pearson chi-square, $\chi^2(1) = 1.446, p = .229$. This means that no statistically significant association between gender and allegation (physical abuse and sexual abuse); that is, both males and females equally experienced abuse. In this case, $\phi = -.045$, which is a weak positive relationship between the two variables. This correlation is flagged nonsignificant, with the same p -value that was given for the chi-square test.

Table 9

Allegation Crosstabulation with Physical and Sexual Abuse

		Alleged victim/client name			
		Female	Male	Total	
Allegation	Physical abuse	Count	110	78	188
		Expected Count	116.9	71.1	188.0
		% within Allegation	58.5%	41.5%	100.0%
		% within Alleged Victim/Client	24.3%	28.4%	25.9%
	Sexual abuse	Count	342	197	539
		Expected Count	335.1	203.9	539.0
		% within Allegation	63.5%	36.5%	100.0%
		% within Alleged Victim/Client	75.7%	71.6%	74.1%
Total	Gender				
	Count	452	275	727	
	Expected Count	452.0	275.0	727.0	
	% within Allegation	62.2%	37.8%	100.0%	
		% within Alleged Victim/Client	100.0%	100.0%	100.0%

Table 10

Pearson Chi-Square Results- Gender vs. Allegation

	Value	Df	p value	Exact p (2-sided)	Exact p (1-sided)
Pearson Chi-Square	1.446a	1	.229		
Continuity Correction b	1.244	1	.265		
Likelihood Ratio	1.436	1	.231		
Fisher's Exact Test				.256	.133
N of Valid Cases	727				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 71.11.
b. Computed only for a 2x2 table

Table 11

Phi Cramer's V for Gender Versus Allegation

		Value	p
Nominal by Nominal	Phi	.045	.229
	Cramer's V	.045	.229
N of Valid Cases		727	

The next set of tables shows allegation versus age. Table 12 shows that all age ranges experience more sexual abuse than physical abuse. Out of 727 cases of abuse, 1-6-year-old children experienced about 154 cases of sexual abuse and 54 cases of physical abuse. There were a total of 208 children who had experienced abuse of some sort between the ages 1-6 years. Seven to twelve-year-old children had about 211 cases of sexual abuse and 74 cases of physical abuse. There were a total of 285 children who had experienced abuse between the ages of 7-12. Thirteen to eighteen-year-old-children experienced about 174 cases of sexual abuse and 61 cases of physical abuse. There were a total of 234 children who had experienced abuse of some sort between the ages 13-18. Altogether there were a total of 539 cases of sexual abuse and 188 cases of physical abuse. When

reading Table 13, $\chi^2(1) = 4.251, p = .119$. According to this result, there is no statistically significant association between the age of the child and the type of abuse (allegation); that is, all ages equally experience sexual and physical abuse. Phi and Cramer's V both test the strength of association and the strength of association between the variables is very weak.

Table 12

Allegation Versus Age Crosstabulation

			Age			
			1.00	2.00	3.00	Total
Allegation	Physical abuse	Count	62	76	50	188
		Expected Count	53.8	73.7	60.5	188.0
		% within Allegation	33.0%	40.4%	26.6%	100.0%
		% within Age	29.8%	26.7%	21.4%	25.9%
	Sexual abuse	Count	146	209	184	539
		Expected Count	154.2	211.3	173.5	539.0
		% within Allegation	27.1%	38.8%	34.1%	100.0%
		% within Age	70.2%	73.3%	78.6%	74.1%
Total	Count	208	285	234	727	
	Expected Count	208.0	285.0	234.0	727.0	
	% within Allegation	28.6%	39.2%	32.2%	100.0%	
	% within Age	100.0%	100.0%	100.0%	100.0%	

Table 13

Chi-Square Tests for Allegation vs. Age

	Value	df	p
Pearson chi-square	4.251 ^a	2	.119
Likelihood ratio	4.302	2	.116
N of valid cases	727		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 53.79.

Table 14

Symmetric Measures for Allegation Versus Age

		Value	p
Nominal by nominal	Phi	.076	.119
	Cramer's V	.076	.119
N of valid cases		727	

Table 13 shows the race of all 727 children who experienced abuse. All races experienced more sexual abuse than physical abuse. Whites had the most cases of abuse; about 265 children experienced sexual abuse and 82 experienced physical abuse. Second to Whites, African Americans had about 234 children who experienced sexual abuse and 82 experienced physical abuse. Biracial children experienced more abuse (24 sexually abused and 8 physically abused) than Asians (2 sexually abused and 1 physically abused). Table 14 shows that chi-square = 3.577, $p > 0.05$, thus there is not a statistically significant association between race and allegation. Phi and Cramer's V both test the strength of association, and the strength of association between these variables was very weak (Table 16).

Table 16

Chi-Square Tests for Allegation Versus Race

	Value	df	p
Pearson chi-square	3.577 ^a	4	.466
Likelihood ratio	4.163	4	.384
N of valid cases	727		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is .78.

Table 17

Symmetric Measures for Allegation Versus Race

		Value	p
Nominal by nominal	Phi	.070	.466
	Cramer's V	.070	.466
N of valid cases		727	

The family types were categorized into 3 groups. 1 = married and common law, 2 = widowed/divorced/separated and 3= single. Family type 1 experienced the most abuse, 248 sexual abuse cases and 86 physical abuse cases. Next to Family type 1, Family type 3 had 172 sexual abuse cases and 60 physical abuse cases. Last, Family type 2 has the least amount of abuse, 117 cases of sexual abuse and 41 cases of physical abuse (Table 18). Table 19 shows that chi-square = 6.984, $p < 0.05$, thus there is a statistically significant association between family type and allegation. The probability of the chi-square test statistic chi-square = 6.894 was $p = 0.030$, less than the alpha level of significance of 0.05. Phi and Cramer's V both test the strength of association and the

strength of association between the variables was very weak (Table 19). According to these results, I can reject the null hypothesis and accept the alternative hypothesis that there is a relationship between types of family structure and child sexual abuse after controlling for race, sex, age, and relationship to the offender.

Table 18

Allegation Versus Family Crosstabulation

			Family			
			Married/ Common			
			Law	Divorced/Widowed	Single	Total
Allegation	Physical abuse	Count	71	45	71	187
		Expected Count	86.3	40.8	59.9	187.0
		% within Allegation	38.0%	24.1%	38.0%	100.0%
		% within Family	21.3%	28.5%	30.6%	25.8%
	Sexual abuse	Count	263	113	161	537
		Expected Count	247.7	117.2	172.1	537.0
		% within Allegation	49.0%	21.0%	30.0%	100.0%
		% within Family	78.7%	71.5%	69.4%	74.2%
Total	Count	334	158	232	724	
	Expected Count	334.0	158.0	232.0	724.0	
	% within Allegation	46.1%	21.8%	32.0%	100.0%	
	% within Family	100.0%	100.0%	100.0%	100.0%	

Table 19

Chi-Square Tests for Family Type and Allegation

	Value	df	p
Pearson chi-square	6.984 ^a	2	.030
Likelihood ratio	7.029	2	.030
<i>N</i> of valid cases	724		

Table 20

Symmetric Measures for Family Type and Allegation

		Value	p
Nominal by nominal	Phi	.098	.030
	Cramer's V	.098	.030
<i>N</i> of valid cases		724	

Table 21

Allegation Versus Relationship to the Offender Crosstabulation

Count		Relationship to alleged offender					Total
		Acquaintance	Extended family	Family	Multiple offenders	Stranger	
Allegation	Physical abuse	41	23	89	3	32	188
	Sexual abuse	171	75	217	10	66	539
Total		212	98	306	13	98	727

Table 22

Chi-Square Tests for Relationship to the Offender

	Value	df	p
Pearson chi-square	9.064 ^a	4	.060
Likelihood ratio	9.216	4	.056
N of valid cases	727		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 3.36.

Table 23

Allegation Categorical Variables Codings

		Freque	Parameter coding			
		ncy	(1)	(2)	(3)	(4)
Relationship to alleged offender	Acquaint	212	1.000	.000	.000	.000
	Extended	96	.000	1.000	.000	.000
	Family	305	.000	.000	1.000	.000
	Multiple	13	.000	.000	.000	1.000
	Stranger	98	.000	.000	.000	.000
Alleged victim/client race	Asian	3	1.000	.000	.000	.000
	Bi-racia	31	.000	1.000	.000	.000
	Black/Af	315	.000	.000	1.000	.000
	Hispanic	19	.000	.000	.000	1.000
	White	356	.000	.000	.000	.000
Age	1-7yrs	208	1.000	.000		
	8-12yrs	284	.000	1.000		
	13-18yrs	232	.000	.000		
Family	Married/Common law	334	1.000	.000		
	Divorce/Widowed	158	.000	1.000		
	Single	232	.000	.000		
Gender	Female	449	1.000			
	Male	275	.000			

Table 23 shows the students were grouped by their ages. For the purposes of this study, the ages were grouped into ranges: 1-6-year-old children, 7-12-year-old children and 13-18 year-old-children. The relationship to the offender is categorized in 5 groups: acquaintance, extended family, family, multiple offenders, and stranger. For race, Asian children will be labeled “Race (1)” in the SPSS logistic regression output, Biracial children were labeled “Race (2),” Black/African American was “Race (3),” Hispanic “Race (4),” and White was the reference level for race. You will also see that the Gender is categorized by Male (1) and Female (2). Family is compiled as follows: Family 1 is Married/Common Law, Family 2 is Divorced/Widowed/Separated, and Family 3 is Single.

Table 24

Omnibus Tests of Model Coefficients

		Chi-square	df	p
Step 1	Step	25.511	13	.020
	Block	25.511	13	.020
	Model	25.511	13	.020

Table 25

Model Summary

Step	-2 Log likelihood	Cox & Snell R square	Nagelkerke R square
1	801.670 ^a	.035	.051

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Tables 24 and 25 contain three different versions, Step, Block, and Model. The Step and Block are rows that are important adding certain variables to the model in a stepwise manner. The Model row compares the new model to the baseline. In the above case, the variables were added to one block, therefore we have one step. Thus, this means that the chi-square values are the same for step, block and model. The Sig values are $p < .001$, which means the accuracy of the model improves when we add variables. The above model summary is used to check that the new model is an improvement over the baseline model; chi-square = 25.511, df= 13, $p < .000$, so the new model is significantly better.

Table 26

Hosmer and Lemeshow Test

Step	Chi-square	df	p
1	9.853	8	.276

Table 27

Classification Table

Step 1	Observed Allegation	Physical	Predicted Allegation		Percentage Correct
			Physical	Sexual	
	Physical abuse		0	187	.0
	Sexual abuse		3	534	99.4
	Overall percentage				73.8

a. The cut value is .500

Next, Hoser & Lemeshow test of the goodness of fit indicates the model is a good fit to the data as $p=0.276 (>.05)$. In the next table it can be seen that the model is classifying correctly the outcome for 73.8% (Table 26 and 27). Based on the results of I can reject the null hypothesis and accept he alternative hypothesis that there is a relationship between types of family structure and child physical abuse after controlling for race, sex, age and relationship to the offender. According to regression results, Married and Common Law families' children are 1.83 times more likely to experience sexual abuse than the reference category (Single) $OR= 1.834, 95\% CI:1.19, 2.81$. Also,

as it relates to relationship to the offender, children are 2.1 times more likely to experience sexual abuse from an acquaintance; someone who is known by the child but is a non-family member, compared to the reference level (Stranger) $OR= 2.10$, 95% $CI:1.20, 3.65$).

Table 28

Variables in the Equation for the Dependent Variable Allegation

		B	S.E.	Wald	df	p	OR	95% C.I. for OR	
								Lower	Upper
Step 1 ^a	Family			8.436	2	.015			
	Married/Common Law	.607	.218	7.736	1	.005	1.834	1.196	2.813
	Divorced/Widowed	.211	.254	.688	1	.407	1.234	.751	2.030
	Age			2.478	2	.290			
	1-7 yrs	-.360	.229	2.468	1	.116	.698	.445	1.093
	8-12 yrs	-.211	.216	.957	1	.328	.809	.530	1.236
	Gender	.163	.180	.816	1	.366	1.177	.827	1.674
	Victim's Race			3.290	4	.511			
	Asian	20.065	23058.169	.000	1	.999	517652855.970	.000	.
	Bi-racial	-.329	.410	.643	1	.423	.720	.322	1.608
	Black/African American	.227	.203	1.253	1	.263	1.255	.843	1.867
	Hispanic)	.639	.597	1.144	1	.285	1.894	.588	6.108
	Relationship to Offender			8.910	4	.063			
	Acquaintance	.742	.283	6.880	1	.009	2.101	1.206	3.658
	Extended Family	.423	.329	1.646	1	.199	1.526	.800	2.910
	Family	.195	.254	.590	1	.443	1.216	.739	2.001
	Multiple Offenders	.445	.701	.404	1	.525	1.561	.395	6.164
	Constant	.387	.371	1.091	1	.296	1.473		

a. Variable(s) entered on step 1: Family Structure, Age, Gender, Race, Relationship to Alleged Offender.

Summary

The statistical analysis of the study supported the alternative hypotheses for research questions and rejected the null hypotheses. According to regression results,

Married and Common Law families' children are 1.83 times more likely to experience sexual abuse than the reference category (Single). Also, as it relates to relationship to the offender, children are 2.1 times more likely to experience sexual abuse from an acquaintance; someone who is known by the child but is a non-family member, compared to the reference level (Stranger) (Table 28). For gender, it was found that there was no significant difference between male and female abuse in children. There was also no significant overall effect with Race and Age.

Chapter 5 includes a summary of the study results, a detailed discussion on the study limitations, as well as the conclusion for this study. Additionally, an analysis will be offered regarding social change implications of this research and recommendations for future practice and research.

Chapter 5: Conclusion

In 2010 there were approximately 74.1 million children living in the United States (Census, 2010), and approximately 1 million children are reported to face maltreatment annually (Tietjen et al., 2010). Child maltreatment includes physical, sexual, and emotional abuse as well as neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (CDC, 2014). Child Protection data shows that 80.9% of abusers are classified as parents, but the information did not specify if the parents were married, single, divorced, widowed, separated or common law (AIHW, 2012).

The purpose of this quantitative study was to investigate the relationship between family type (single, married, divorced, common law, widowed, and separated) and child maltreatment (physical abuse and witness to violence) and sexual abuse among children who experienced abuse and received services from the Child Protective Services in 2012. This research is unique because it addresses an area of child maltreatment that has inconsistencies in research (Sedlak et al., 2010). Child maltreatment (physical abuse and witness to violence) and sexual abuse served as dependent variables. The independent variable was family type (single, married, divorced, common law, widowed and separated). Specific covariates were race, sex, age, and relationship to the offender.

Key Findings

The key findings of the study are: (a) children who are part of married and common law families are 1.83 times more likely to experience sexual abuse than children in single parent families; (b) children are 2.1 times more likely to experience sexual

abuse from an acquaintance, someone who is known by the child (not a stranger); (c) gender has no significant difference between male and female abuse in children; and (d) there also no significant overall effect with race and age on the abuse of children in the study.

Interpretation of Findings

According to the results of this study, married and Common law families' children are more likely to experience sexual abuse than single families, and those who experience abuse are more likely to be abused by an acquaintance. The findings of family type and child abuse in this study are not in agreement with findings of similar studies. Manning (2015) found that the number of parents is consistently linked to the well-being of a child; Hussey et al. (2016) suggested that married families were the safest environment for children. Alternatively, Doyle & Timms (2014) concluded most research recommended that children in a single-parent household tended to have a higher risk for maltreatment. Some researchers reported a substantial difference between single-parent households and married households (AIHW, 2013), although other researchers found differences could be generally explained by other factors (e.g., poverty; Hunter & Price-Robertson, 2013).

Further, in the study by Malz (2012) results revealed child sexual abuse is prevalent in both genders, all cultures, at all socioeconomic levels with incest being the most common (Malz, 2012). The results in this study also showed that gender, age, and race did not significantly affect child abuse. This means child abuse is equally prevalent across gender, age, and race. However, the findings of the study by Malz (2012) are not

in agreement with this study because the findings of the current study suggest that incest is not the most common method of child abuse; rather, children experience most sexual child abuse by an acquaintance, nonfamily member. Finkelhor (2017) concluded that approximately 90% of children who experienced abuse know their abuser, and about 30% of those children were abused by a family member (Whealin, 2014b). Townsend & Rheingold (2013) also concluded that about 60% of children who experience sexual abuse are sexually abused by people who are trusted by the family. Even though our findings are not in agreement, all studies suggest children are most likely to experience abuse from an individual they know personally.

The study by Doyle & Timms (2014) suggested that most research available recommended that children in a single-parent household tended to have a higher risk for maltreatment. Hunter & Price-Robertson, (2013) reported substantial difference between single-parent households and married households generally explained by other factors: young age, socioeconomic factors, adverse childhood experiences, low educational achievement, and past psychiatric history (AIHW, 2013). Children from single-parent households or families had a greater risk of being on the Child Protection registry than did those who lived in a married household. A study by Hussey et al. (2016) suggested that a married family was the safest environment for children, showing that married households are the family structures with the least amount of risk factors. These findings from Hussey et al. (2016) and Cowan and Cowan (2014) are not in agreement with our study's findings since children in married families experienced the highest amount of sexual abuse. The findings of this study suggested that married/common law families'

children were 1.83 times more likely to experience sexual abuse than then children from single parent households. Past researchers Hussey et al (2016) and Cowan and Cowan (2014) concluded that married households are the family structures with the least amount of risk factors that are associated with child abuse. Similar to other studies, we did not differentiate between married families and common-law families. Research on common-law families and families that are separated is limited (AIHW, 2013) and is recommended for future research.

The overall findings of this study are in consonance with the social ecological model, which is frequently used to understand and help to prevent child maltreatment (CDC, 2015). The social ecological model aligned with the study because the independent variable, family type, is a level that is a part of the ecological model itself. In addition, the ecological model can be directly associated with the individual, family, or community level aspect of the model. The social ecological model is commonly used for strategic planning to prevent child maltreatment (CDC, 2015). Prevention requires understanding the factors that influence violence; the social ecological model studies the complex interplay between individual, relationship, community, and societal factors. The model can be used for those who are abused and when prevention should happen (Townsend & Rheingold, 2013). Since multiple factors influence child maltreatment, there are several components to that are geared toward prevention (CDC, 2015). Educators and advocates use the model when they plan, draft, implement, and evaluate prevention programs. The burden of preventative measures should be distributed through members of the community, organizations, and social structures (CDC, 2015).

Sociological theories of child maltreatment have expanded to where the focus is also on Child Protection practices, community health, prevention, substance abuse treatment, foster care outcomes, and developmental effects of ill treatment (Petersen et al., 2014). In this study, the social ecological model proposed by the CDC (2014) was used as the theoretical guide. The CDC's social ecological model is a wide-ranging public health method that can be used not only to consider risk factors that individuals face, but also to include the beliefs, norms, and social and economic systems that cause the conditions for child maltreatment to occur. The model expands both responsibility and perspective into an approach that is holistic and that allows for an integrated approach to prevent child maltreatment (Petersen et al., 2014). The interconnectedness of child maltreatment in child, family, and external relationships and throughout local communities and society highlights the need for collaborative efforts across disciplines. Children and their families are a part of the ecological system, which means prevention strategies should target intermediations at all levels: individual, family, community, and society (CDC, 2014).

Limitations

I conducted the study using data from an agency in Montgomery, Alabama. I tested the relationships between family structure and child maltreatment. However, it is outside the scope of this study to explore further risk factors that cause child maltreatment to occur in the first place. While investigating child maltreatment and specific family structure, the relationship of the offender was not always captured correctly. In this study, the relationship to the offender is categorized into five groups

because there were more than 50 different labels or combinations listed as the relationship to the offender in the data. The structure of the categories could possibly pose an issue if the covariate “relationship to the offender” is mistaken for the wrong category; in such case I have measured something unintended, creating possible bias.

Bias can also have occurred during interviews that involved a systematic change in how information was given, asked, recorded, and interpreted (Patten, 2018). An additional limitation of the study could be a child might not be able to express fully how they experienced abuse during their interview. Furthermore, a limitation of a cross-sectional study is that the exposure and outcomes are assessed simultaneously; there is usually no proof or evidence of relationship between exposure and outcome. Although researchers possibly will determine that there is an association between an outcome and an exposure, there is usually no evidence that the exposure caused the outcome (Sedlak et al., 2010). I attempted to address the limitations of the study design by utilizing the multivariate analysis to control variables and have more valid results.

Recommendations for Research and Practice

The purpose of this quantitative study was to investigate the potential impact of the family structure on children who have experienced sexual abuse or maltreatment controlled for race, sex, and age of the child and relationship to the offender. Along with awareness, greater understanding of risks associated with child abuse can assist health professionals working with children and families to recognize high-risk situations and maltreatment so they can arbitrate appropriately. This research could provide a unique contribution to child maltreatment by advancing knowledge of the factors associated with

the family type of abused children. This research could also lead to additional serious discussions on the local level and possibly the implementation of policies to address child abuse that focus on family factors.

Specifically, the study's findings could allow educators and public health advocates the chance to tailor education about child maltreatment based on family structures. This could also increase parents' understanding of the potential risk their children have for experiencing abuse. The agency can also make use of the findings from the study that could lead to social change in the neighborhood. The agency can make mention of the study's results on their website, as well as in the yearly brochures and pamphlets. Dissemination of this information could lead to an even larger publication, resulting in more awareness in the local community. Suggestions for further research could focus on a larger sample size and inclusion of other predictors that I did not investigate (e.g., the parent's age, household income, family dynamics, adult issues, and social support). Although this research is not a large study, it can still serve as a small piece to a larger puzzle in combating child maltreatment through awareness and education.

Social Change Implications

In this proposed study, I attempted to determine if the risk of child maltreatment is greater for specific family structures. Distinctively, if the risk of child maltreatment is greater for particular family structures, the goal of gaining data can be used to improve social services for children who have experienced abuse. In 2017, there are no studies published in Alabama examine the factors related to family structures and child

maltreatment. Findings from this study can also provide awareness on the family structures of children who have been maltreated or sexually abused. Particularly, this study provided insights regarding gender, age, race and cultural differences which influences the risk for child maltreatment. The influence of variables such as gender, age, and race could possibly mediate or moderate the relationships between child sexual abuse or maltreatment and family type (Sosa, & Runyon. 2014). For this study there was no significant difference between male and female abuse in children and there was also no significant overall effect with race and age.

Conclusion

Significant progress has been made in efforts of fully understanding child physical and sexual abuse and its contributing factors. Child maltreatment is an important public health problem in the United States. This research focused on child maltreatment and family structure which includes an analysis of gender, age, race, and the child's relationship to the offender for each used from the agency. The extent to which family structure impacts the wellbeing and the consequences it has on children is still a debated topic that yields inconsistencies in the findings.

The implications for positive social change from this study include better knowledge about one potential precursor of child maltreatment, a better understanding of this complex problem, and valuable information for parents and other members of our community to gain and continue dissemination. The results of this research strengthen the call for increased attention to maltreatment prevention. Prevention can be in form of programs that involve a range of interventions for families aimed at identifying and

correcting potential problems before they occur. As research advances, health officials could tailor the information based on family structures to possibly increase community members understanding of the potential risk children in being abused. Educators could tailor the information based on family structures. By intervening before abuse and neglect take place, many of the subsequent costs, both personal and financial, can be avoided altogether. This awareness can also prevent or decrease the actual prevalence of child maltreatment in the local community which could lead to healthier and happier children less burdened by maltreatment.

References

- Akehurst. (2015). Intrafamilial abuse. *Child Sexual Abuse*, 113-134. doi:10.1007/0-306-47200-7_7
- American Psychological Association. (2014). Retrieved from <http://www.apa.org/monitor/2008/11/maltreatment.aspx>
- American Psychological Association. (2016). *Sexual abuse*. Retrieved from <http://www.apa.org/topics/sexual-abuse/index.aspx>
- Australian Institute of Health and Welfare. (2013). *Australia's health 2012*. Retrieved from <http://www.aihw.gov.au/publication-detail/?id=10737422172>
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35(4), 320-335. doi:10.1037/0003-066x.35.4.320
- Berger, L. M. (2005). Income, family characteristics, and physical violence toward children. *Child Abuse & Neglect*, 29(2), 107-133. doi:10.1016/j.chiabu.2004.02.006
- Besharov, D. J., & Laumann, L. A. (2011). Child abuse reporting. *Society*, 33(4), 40-46. doi:10.1007/bf02700306
- Bornstein, B. H., Kaplan, D. L., & Perry, A. R. (2011). Child abuse in the eyes of the beholder: Lay perceptions of child sexual and physical abuse. *Child Abuse & Neglect*, 31(4), 375-391. doi:10.1016/j.chiabu.2006.09.007
- Brandon, R. T., Jager-Hyman, S., Wagner, C. A., Alloy, L. B., & Gibb, B. E. (2012). Number of childhood abuse perpetrators and the occurrence of depressive

episodes in adulthood. *Child Abuse & Neglect*, 36(4), 323-332.

doi:10.1016/j.chiabu.2011.11.007

Bronfenbrenner, M. (1977). Beyond Economic Man: A New Foundation for

Microeconomics. Harvey Leibenstein. *American Journal of Sociology*, 83(3), 780-782. doi:10.1086/226617

Brown, S. L., Manning, W. D., & Stykes, J. B. (2015). Family structure and child well-

being: Integrating family complexity. *Journal of Marriage and Family*, 77(1), 177-190. doi:10.1111/jomf.12145

Burton, L. M., & Hardaway, C. R. (2012). Low-income mothers as “othermothers” to

their romantic partners children: Women’s coparenting in multiple partner fertility relationships. *Family Process*, 51(3), 343-359. doi:10.1111/j.1545-5300.2012.01401.x

Carlson, D. S., & Furstenberg, M. (2011). Supervisor Recognition of Subordinate

Deceitfulness Measure. *PsycTESTS Dataset*. doi:10.1037/t35637-000

Centers for Disease Control and Prevention. (2013). Violence Prevention: Child abuse and neglect prevention. Retrieved from

<https://www.cdc.gov/violenceprevention/childmaltreatment/index.html>

Centers for Disease Control and Prevention. (2014). Retrieved from

<https://www.cdc.gov/violenceprevention/childmaltreatment/index.html>

Centers for Disease Control and Prevention. (2015, March 25). The social-ecological model: A framework for prevention. Retrieved from

<https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

- Child Protection Agency. (2013). Retrieved from <http://www.childprotect.org/our-services.html>
- Child Trends. (2015). Family structure. Retrieved from <http://www.childtrends.org/?indicators=family-structure>
- Child Welfare Information Gateway. (2013). *What is child abuse and neglect? Recognizing the signs and symptoms*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Child Welfare Information Gateway. (2015). *Child maltreatment 2015: Summary of key findings*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.bing.com/cr?IG=FBF437B635F04ECC9FD0D2ABC0CC3BF4&CID=3D459B47153A6E912E3890E314956F33&rd=1&h=cnpMFWcXtb9YIsklgADKe7UG_GgTzqo4H0RTyOFK9w&v=1&r=https%3a%2f%2fwww.childwelfare.gov%2fpubPDFs%2fcanstats.pdf&p=DevEx,5065.1
- Child Welfare League of America. (2012). Alabama's children 2012: Alabama's children at a glance. Retrieved from <https://www.cwla.org/wp-content/uploads/2017/03/ALABAMA.pdf>
- Cone, J. D., & Foster, S. L. (2006). *Dissertations and theses from start to finish: psychology and related fields*. Washington, D.C.: American Psychological Association.
- Cowan, C. P., & Cowan, P. A. (2014). Council on contemporary families. *Encyclopedia of Family Studies*, 1-4. doi:10.1002/9781119085621.wbef400

- Creswell, J. W. (2007). *Designing and conducting mixed methods research*. Thousand Oaks: Sage.
- Creswell, J. W. (2014). *Studyguide for Research design: qualitative, quantitative, and mixed methods approaches*.
- Creswell, J. W. (2012). *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. Boston, MA: Pearson.
- Cozza, S. J. Parker, T., Salton, J. (2015). Addressing the Needs of Children of Combat Injured. *PsycEXTRA Dataset*. doi:10.1037/e660242010-001
- Dahlberg L. L, & Krug E. G. (2012). *Violence: A global public health problem. World report on violence and health* (pp. 1-21). Geneva, Switzerland: World Health Organization..
- Doyle, C., & Timms, C. (2014). Child neglect & emotional abuse: Understanding, assessment & response [Monograph]. doi:10.4135/9781473919716
- Ewigman, N. (2011). Family adjustment. *Encyclopedia of Clinical Neuropsychology*, 1017-1018. doi:10.1007/978-0-387-79948-3_2108
- Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165. doi:10.1016/j.chiabu.2011.10.006
- Felitti, V. J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead [Belastungen in der kindheit und gesundheit im erwachsenenalter: die verwandlung von gold in blei]. *Zeitschrift für Psychosomatische Medizin und Psychotherapie*, 48(4), 359-369.

doi:10.13109/zptm.2002.48.4.359

Field. (2011). *Bias*. 12(3). doi:10.1016/s1468-1641(11)00029-6

Finkelhor, D. (2017). *Characteristics of crimes against juveniles*. Durham, NH: Crimes against Children Research Center.

Finkelhor, D., & Jones, L. (2011). Have Sexual Abuse and Physical Abuse Declined Since the 1990s? *PsycEXTRA Dataset*. doi:10.1037/e534942013-001

Finkelhor, D., Jones, & Porter. (2016). Improving the Adverse Childhood Experiences Scale. *PsycEXTRA Dataset*. doi:10.1037/e621642012-122

Finkelhor, D., Ormrod, R., & Chaffin, M. (2011). Juveniles Who Commit Sex Offenses Against Minors. *PsycEXTRA Dataset*. doi:10.1037/e630532009-001

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. *Journal of Adolescent Health, 55*(3), 329-333.
doi:10.1016/j.jadohealth.2013.12.026

Flaherty, R. M., Hanson, R. F., Sargent, J., & Mondale, W. F. (2006). Treatment of child abuse: Common ground for mental health, medical, and legal practitioners. Retrieved from <https://onlinelibrary.wiley.com/doi/epdf/10.1002/car.2398>

Gelles, R. (2009). The youngest victims: Violence toward children. In R. K. Bergen, *Issues in Intimate Violence* (pp. 5-24). Thousand Oaks, CA: Sage Publications.
doi:10.4135/9781483328348.n1

Government Accountability Office. (2011). *Child maltreatment: Strengthening national data on child fatalities could aid in prevention*. Washington, DC: Author.

- Hardaway, C., & Burton, E. M. (2012). Intergenerational experiences of parentification: four case studies.
- Hilton, M. R. (2016). Victims and Perpetrators of Child Sexual Abuse. *British Journal of Psychiatry*, 169(04), 408-415. doi:10.1192/bjp.169.4.408
- Holt, S. (2015). Post-separation Fathering and Domestic Abuse: Challenges and Contradictions. Retrieved June 27, 2017, from <http://onlinelibrary.wiley.com/doi/10.1002/car.2264/abstract>
- Hooft, T., Krug, D., Hüttel, S., and Müller, R. (2014). Improving Coding Identification through \ Workflow. *Analytical Chemistry*. doi: 707 10.1021/ac502805w
- Horace, J. M., & Widom, C. S. (2014). Does Age of Onset of Risk Behaviors Mediate the Relationship Between Child Abuse and Neglect and Outcomes in Middle Adulthood? *Journal of Youth and Adolescence*, 44(3), 670-682. doi:10.1007/s10964-014-0161-4
- Hunter, & Price-Robertson. (2013). Fathers with a history of child sexual abuse: New findings for policy and practice. *PsycEXTRA Dataset*. doi:10.1037/e567042013-001
- Hussey, J. M., Chang, J. J., & Kotch, J. B. (2016). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics*, 118(3), 933-942. doi:10.1542/peds.2005-2452
- Jones, D. P. (2009). Erratum to “Editorial—false positives in the field of child maltreatment”. *Child Abuse & Neglect*, 26(3), 227. doi:10.1016/s0145-2134(01)00320-9

- Kaplan, S. J. (2000). Child and Adolescent Abuse and Neglect Research: A Review of the Past 10 Years. Part I: Physical and Emotional Abuse and Neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(10), 1214-1222. doi:10.1097/00004583-199910000-00009
- Kotch, J. B., Browne, D. C., Ringwalt, C. L., Dufort, V., Ruina, E., Stewart, P. W., & Jung, J. (1997). Stress, social support, and substantiated maltreatment in the second and third years of life. *Child Abuse & Neglect*, 21(11), 1025-1037. doi:10.1016/s0145-2134(97)00063-x
- Lalor, K., & Mcelvaney, R. (2010). Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior, and Prevention/Treatment Programs. *Trauma, Violence, & Abuse*, 11(4), 159-177. doi:10.1177/1524838010378299
- Lansford, J. E., Pettit, G. S., Bates, J. E., & Dodge, K. A. (2010). Parental agreement of reporting parent to child aggression using the Conflict Tactics Scales. *Child Abuse & Neglect*, 36(6), 510-518. doi:10.1016/j.chiabu.2012.04.005
- Laskey, A. L., Stump, T. E., Perkins, S. M., Zimet, G. D., Sherman, S. J., & Downs, S. M. (2012). Influence of race and socioeconomic status on the diagnosis of child abuse: A randomized study. *Journal of Pediatrics*, 160(6). doi:10.1016/j.jpeds.2011.11.042
- Leung, L. (2015). Reliability and Validity. *Reliability and Validity in Qualitative Research*, 14-21. doi:10.4135/9781412985659.n2
- Levi, & Portwood. (2011). Child Abuse and Neglect: Examination of Commonalities and Distinctions. *PsycEXTRA Dataset*. doi:10.1037/e537412007-001

- Lieberman, AF, & Van Horn, P. (2004). Assessment and treatment of young children exposed to traumatic events. In: Osofsky JD, editor. *Young children and trauma: Intervention and treatment. Guilford; New York* pp. 111–138.
- Lieberman, E. S. (2005). Nested Analysis as a Mixed-Method Strategy for Comparative Research. *American Political Science Review*, 99(03), 435-452.
doi:10.1017/s0003055405051762
- Lin, F. & Lin, S. (2011). Family and Child Maltreatment. *Filomat*, 25(3), 93-103.
doi:10.2298/fil1103093l
- Manning, W. D., Brown, S. L., & Stykes, J. B. (2014). Family complexity among children in the United States. *The Annals of the American Academy of Political and Social Science*, 654(1), 48-65. doi:10.1177/0002716214524515
- McLanahan, & Sandefur. (2015). Growing up with a single parent: What hurts, what helps [Video file]. Retrieved February 28, 2018, from
http://www.bing.com/cr?IG=6F3A73EF536A4C3B85FD4079C2D3A766&CID=1A0117C0A63D67D000C91C64A792669E&rd=1&h=xE8Outq9K7CSX0RUoHdhYDG-Ab_Orb84T4ClT7DXOqQ&v=1&r=http%3a%2f%2fwww.youtube.com%2fwatch%3fv%3dQ0lor9jiSkw&p=DevEx,5496.1
- Mead. (2004). Government matters: Welfare reform in Wisconsin. *Choice Reviews Online*, 42(03). doi:10.5860/choice.42-1865

- Malz, K. (2012). Authority as coercion: When authority figures abuse their positions to perpetrate child sexual abuse. *Journal of Child Sexual Abuse, 11*(1), 27-51.
doi:10.1300/j070v11n01_02
- Mersky, J. P., Berger, L. M., Reynolds, A. J., & Gromoske, A. N. (2009). Risk factors for child and adolescent maltreatment. *Child Maltreatment, 14*(1), 73-88.
doi:10.1177/1077559508318399
- McCoy, M & Keen, S. (2009). Child abuse and neglect. *Journal of Child and Family Studies, 19*(6), 803-805. doi:10.1007/s10826-009-9342-2
- Minto, K., Hornsey, M. J., Gillespie, N., Healy, K., & Jetten, J. (2016). A social identity approach to understanding responses to child sexual abuse allegations. *Plos One, 11*(4). doi:10.1371/journal.pone.0153205
- Morrison, F. (2015). 'All over now?' The ongoing relational consequences of domestic abuse through children's contact arrangements. *Child Abuse Review, 24*(4), 274-284. doi:10.1002/car.2409
- Moxam, R. E. (2013). Methods. *Drug Intelligence & Clinical Pharmacy, 16*(2), 104-112.
doi:10.1177/106002808201600203
- Murray, C. D., Nguyen, D. R., & Cohen, J. R. (2014). Prevalence and demographic correlates of childhood maltreatment in an adult community sample. *Child Abuse & Neglect, 28*(2), 167-180. doi:10.1016/j.chiabu.2003.09.012
- Neuman, W. L. (2011). Social Research Methods: Qualitative and Quantitative Approaches. *Teaching Sociology, 30*(3), 380. doi:10.2307/3211488

- Oliver, K. (2011). African American Grandchildren Raised in Grandparent-Headed Families: An Exploratory Study. *The Family Journal*, 19(4), 396-406.
doi:10.1177/1066480711417235
- Patten, M. L. (2018). Understanding research methods: An overview of the essentials. Glendale, CA: Pyrczak Publishing.
- Perry, D. F., & Conners-Burrow, N. (2016). Addressing Early Adversity Through Mental Health Consultation in Early Childhood Settings. *Family Relations*, 65(1), 24-36.
doi:10.1111/fare.12172
- Petersen, A. C., Joseph, J., & Feit, M. N. (2014). *New directions in child abuse and neglect research*. Washington, D.C.: The National Academies Press.
- Polit, D., & Hungler, B. (2008). Essentials of nursing research: Methods, appraisal and utilization—sixth edition. *Nursing Standard*, 22(32), 30-30.
doi:10.7748/ns2008.04.22.32.30.b745
- Popham, W. J. (2010). *Classroom assessment: what teachers need to know*. Upper Saddle River, NJ: Merrill.
- Price-Robertson, R., Rush, P., Wall, L., & Higgins, D. (2013). Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma. *PsycEXTRA Dataset*. doi:10.1037/e567272013-001
- Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., & Freeman, K. (2015). Knowledge gains following a child sexual abuse prevention program

- among urban students: A cluster-randomized evaluation. *American Journal of Public Health*, 105(7), 1344-1350. doi:10.2105/ajph.2015.302594
- Putnam-Hornstein, E., Webster, D., Needell, B., & Magruder, J. (2013). A public health approach to child maltreatment surveillance: Evidence from a data linkage project in the United States. *Child Abuse Review*, 20(4), 256-273. doi:10.1002/car.1191
- Puyenbroeck, V., Loots, G., Grietens, H., & Jacquet, W. (2015). 'I Just Don't Agree': A Voice-Oriented Analysis of An IFPS Case of Alleged Child Maltreatment. Retrieved April 11, 2018, from [https://www.rug.nl/research/portal/publications/i-just-dont-agree\(4f6c9431-44ad-4f06-9237-241e7b257e4a\)/export.html](https://www.rug.nl/research/portal/publications/i-just-dont-agree(4f6c9431-44ad-4f06-9237-241e7b257e4a)/export.html)
- Qu, L., & Weston, R. (2011). Parental Marital Status and Childrens Wellbeing. *SSRN Electronic Journal*. doi:10.2139/ssrn.2190146
- Risser, N., & Murphy, M. (2000). Child neglect. *Nurse Practitioner*, 25(11), 70-70. Retrieved from <http://search.proquest.com/docview/222348034?accountid=35812>
- Rogosch, F. A., Cicchetti, D., Shields, A. & Toth, S. L. (1995). Parenting dysfunction in child maltreatment. In M.H. Bornstein (Ed.), *Handbook of parenting: Vol. 4. applied and practical parenting*. New Jersey: Lawrence Erlbaum Associates, Publishers
- Robertson, & Hunter. (2003). Child Maltreatment in the Family: The Experience of a National Sample of Young People, Pat Cawson, London, National Society for the Prevention of Cruelty to Children, 2002, pp. x , ISBN 1-84228-013-9, pound15. *British Journal of Social Work*, 33(1), 128-130. doi:10.1093/bjsw/33.1.128

- Sadler, B. L. (2012). Preventing child abuse: The author replies. *Health Affairs*, 31(4), 1. doi:10.1377/hlthaff.2012.0223
- Salkind, N. J. (2010). *Excel statistics quantitative research in education*. Place of publication not identified: Sage Publications.
- Santa-Sosa, E. J., & Runyon, M. K. (2015). Addressing Ethnocultural Factors in Treatment for Child Physical Abuse. *Journal of Child and Family Studies*, 24(6), 1660-1671. doi:10.1007/s10826-014-9969-5
- Santa-Sosa, E. J., & Runyon, M. K. (2014). Addressing Ethnocultural Factors in Treatment for Child Physical Abuse. *Journal of Child and Family Studies*, 24(6), 1660-1671. doi:10.1007/s10826-014-9969-5
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families
- Selph, S. S., Bougatsos, C., Blazina, I., & Nelson, H. D. (2013). Behavioral Interventions and Counseling to Prevent Child Abuse and Neglect: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation. *Annals of Internal Medicine*, 158(3), 179. doi:10.7326/0003-4819-158-3-201302050-00590
- Sevlever, M., Roth, M. E., & Gillis, J. M. (2013). Sexual abuse and offending in autism spectrum disorders. *Sexuality and Disability*, 31(2), 189-200. doi:10.1007/s11195-013-9286-8

- Scott, Fraser, & Valmuur. (2013). A needle in a haystack: The use of routinely collected emergency department injury surveillance data to help identify physical child abuse. *International Journal of Injury Control and Safety Promotion*, 21(3), 227-235. doi:10.1080/17457300.2013.806558
- Shaw, T. V., Bright, C. L., & Sharpe, T. L. (2015). Child welfare outcomes for youth in care as a result of parental death or parental incarceration. *Child Abuse & Neglect*, 42, 112-120. doi:10.1016/j.chiabu.2015.01.002
- Sidebotham, P., & Fleming, P. (2006). Responding to Unexpected Child Deaths. *Unexpected Death in Childhood*, 95-131. doi:10.1002/9780470988176.ch7
- Smith, B., & Brown, A. (2012). Helping crime victims: Levels of trauma and effectiveness of services in arizona, 1983-1984. *ICPSR Data Holdings*. doi:10.3886/icpsr09329.v1
- Smith, & Harrell (2013). Sexual Abuse of Children with Disabilities. Retrieved, from <https://www.vera.org/publications/sexual-abuse-of-children-with-disabilities-a-national-snapshot>
- Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect*, 31(5), 517-530. doi:10.1016/j.chiabu.2007.01.003
- Springer, C., & Misurell, J. R. (2010). Game-Based Cognitive-Behavioral Therapy (GB-CBT): An Innovative Group Treatment Program for Children Who Have Been

Sexually Abused. *Journal of Child & Adolescent Trauma*, 3(3), 163-180.

doi:10.1080/19361521.2010.491506

Stoltenborgh, Hall, & Strong. (2013). A Global Perspective on Child Sexual Abuse:

Meta-Analysis of Prevalence around the World. *PsycEXTRA Dataset*.

doi:10.1037/e516542013-024

Taylor, & Balkarin,. (2011). Extrafamilial Abuse. *Child Sexual Abuse*,91-112.

doi:10.1007/0-306-47200-7_6

Tietjen, G. E., Brandes, J. L., Peterlin, B. L., Eloff, A., Dafer, R. M., Stein, M. R., . . .

Khuder, S. A. (2010). Childhood maltreatment and migraine (Part I). Prevalence and adult revictimization: A multicenter headache clinic survey. *Headache: The Journal of Head and Face Pain*, 50(1), 20-31. doi:10.1111/j.1526-

4610.2009.01556.x

Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization

on the mental health of children and adolescents. *Social Science & Medicine*, 62(1), 13-27. doi:10.1016/j.socscimed.2005.05.030

Townsend, M. C. (2008). *Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice*. Philadelphia: F.A. Davis.

Townsend, C. & Rheingold, A., (2013). Estimating a child sexual abuse prevalence rate for practitioners: Studies. Charleston, SC: Darkness to Light. Retrieved from www.D2L.org.

- US. Census Bureau. (2010). Family Type and Family Size. Retrieved from <http://www.census.gov/hhes/www/income/statemedfaminc.html>
- U.S. Census Bureau. (2014). State median family income by family size. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf>
- U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.
- U.S. Department of Health and Human Services. (2011). *Definition of the social ecological model*. Washington, DC: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control Division of Violence Prevention
- Welch, G. L., & Bonner, B. L. (2013). Fatal child neglect: Characteristics, causation, and strategies for prevention. *Child Abuse & Neglect*, 37(10), 745-752.
doi:10.1016/j.chiabu.2013.05.008
- Whealin, J. (2014a). "Child Sexual Abuse". National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs.
- Whealin, J. (2014b). Unwanted Sexual Attention: Gender Specific Frequency and Related Emotional Reactions. *PsycEXTRA Dataset*. doi:10.1037/e349872004-001
- Wilkins, R., Warren, D., Hahn, M., & Houg, B. (2011). *Families, incomes and jobs, volume 6: A statistical report on waves 1 to 8 of the household, income and*

labour dynamics in Australia survey. Melbourne, Australia: Melbourne Institute of Applied Economic and Social Research.

- Wood, J. M. (1997). Risk predictors for re-abuse or re-neglect in a predominantly Hispanic population. *Child Abuse & Neglect*, 21(4), 379-389. doi:10.1016/s0145-2134(96)00178-0
- World Health Organization. (2014). Child maltreatment. Retrieved from http://www.bing.com/cr?IG=8CACBA959D9049F3A560D0AD366D0A50&CID=360266800E8E67843C826D260F88666C&rd=1&h=5cfmc9go-q3yv5I4i3ZmL302s9bqGVYAZh6XS99YioQ&v=1&r=http%3a%2f%2fwww.who.int%2fviolence_injury_prevention%2fviolence%2fchild%2fen%2f&p=DevEx,5071.1
- Wright. (2015). Child Protection in the community: a community development approach. *Child Abuse Review*, 13(6). doi:10.1002/car.875
- Zeoli, A. M., Rivera, E. A., Sullivan, C. M., & Kubiak, S. (2013). Erratum to: Post-Separation Abuse of Women and their Children: Boundary-Setting and Family Court Utilization among Victimized Mothers. *Journal of Family Violence*, 29(3), 353-353. doi:10.1007/s10896-013-9552-7

Appendix: Agency Documents

Authorization of Release

I, _____, parent or guardian of

(name of child)

give _____ Center, permission to disclose any information gained at the center to any of the following agencies: Department of Human Resources, Police Department, Sherrif's Office, District Attorney's Office, Family Advocacy Program, Office of Special Investigations at Maxwell AFB, of the Federal or Alabama Bureau of Investigations.

I authorize _____ to photograph my child and videotape the interview process. I understand that this photograph/videotape becomes property of the agencies involved. It is understood that the photograph and videotape will be used in accordance with state laws protecting the privacy of juveniles and/or as indicated above.

 Signature of Parent or Guardian

 Date

 Witness (DHR or (

 Witness (Law Enforcement or)

Address of the Custodian
(if different from child's address on page 2)

Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	

Please list everyone who lives at home with the child.

Name	Age	Race	Sex	Relationship to Child

Please list brothers and/or sisters of child who do not live at home with the child.

Name	Age	Race	Sex	Relationship to Child

Family History

Does anyone in your family have a history of any of the following?

Check all that apply:

Who:

Drug Use

Physical Abuse

Sexual Abuse

Treatment by a Mental Health Professional

Conviction of a Crime

Has anyone in your home been a victim of or witnessed domestic violence? Y N

If yes, please list who: _____

Do you have any pets? Y N

Pet's Name/s: _____

Who is responsible for taking care of animals? _____

Does the child/family currently or have had an open DHR case? Y N

If yes, please answer the following:

Is the case open or has it been closed? _____

Who is/was the DHR worker? _____

What type of case? Check all that apply:

Aid to Dependent Children

Child Protective Services

Food Stamps

Agreement for Confidentiality and Records

BOARD OF DIRECTORS

Pursuant to the Alabama Statute on the reporting of child abuse and neglect, Code of Alabama 1995, Section 26114-8, which provides that the reports and records of child abuse and neglect shall be confidential, and further provides (among other things) that the said records and reports shall not be used or disclosed for any purpose other than to permit their use to prevent or to discover abuse and neglect of children through the information contained therein, I do hereby acknowledge the provisions of this law and agree to keep confidential all case information discussed during the child abuse investigation.

In an effort to better serve families and children, I recognize the benefits of associated agencies cooperating and collaborating on child protection cases. Hence, I will serve as a volunteer board member and share my time and efforts on behalf of ()ster.

JEB Member Signature/Date

Printed Name

Witness

Executive Director