An Epidemiological Study of Children’s Exposure to Violence in the Fragile Families Study

Executive Summary

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Introduction

A large body of research shows that children raised in low-income families are exposed to more violence than children raised in high-income families, including neighborhood violence, domestic violence and parental violence, also referred to as ‘harsh parenting.’ Violence, in turn, is known to be associated with children’s mental health and human capital development. This report summarizes what we have learned from the Fragile Families and Child Wellbeing Study about the prevalence, predictors and consequences of children’s exposure to 1) neighborhood violence, 2) intimate partner violence (IPV) and 3) harsh parenting.

Neighborhood Violence

Education and race/ethnicity/nativity are important risk factors in children’s exposure to neighborhood violence. Black children are the most likely to live in violent neighborhoods, while white and Latina immigrant mothers are the least likely. Despite their lower rates of exposure to actual violence, immigrant mothers are the most likely to worry about their children’s safety. Mothers exposed to moderate and high levels of neighborhood violence are more likely to engage in harsh parenting practices, and their children are more likely to exhibit aggressive behaviors.

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Given the negative physical and psychological consequences of living with both actual and perceived danger, policies are needed that promote safe neighborhoods and that prevent neighborhood violence, as well as those that reduce racial stigma and stereotypes, which associate particular communities with violence.

The following specific action items are important policies that potentially reduce community violence as well as the perceptions of a lack of safety. These action items create a three-pronged approach, which fosters community cohesion, culturally-congruent services for victims of violence, while rehabilitating the perpetrators of violence.

• Create pro-active dispute resolution structures and support at the neighborhood level. Community conflict mediators can be utilized to foster non-violent resolution to conflict among community residents.

• Support research and program development for the implementation, maintenance, and evaluation of violence reduction programs, including programs for victims that are culturally relevant for black families who are disproportionately at risk for community violence and Latina immigrant mothers whose perceptions of neighborhood safety are disproportionately negative

• Assist incarcerated persons in the transition from detention to the community, through mental health services, substance abuse treatment, job training, employment acquisition, and support for family members.

Intimate Partner Violence

Exposure to intimate partner violence is relatively common among mothers in fragile families, ranging from a low of about 5 percent for physical violence to a high of nearly 30 percent for psychological violence. IPV is highest among Latina mothers and among mothers with less than a high school degree and lowest among white mothers and mothers with a college degree. Key predictors of IPV included traditional attitudes about women’s roles, mother’s economic dependency, depression and problems with substance abuse. Key outcomes of IPV are higher rates of union dissolution, lower father-involvement, higher levels of harsh parenting and more child neglect.

To foster intimate relationships that are free from emotional, verbal, and physical abuse, policies are needed that support public education of factors contributing to healthy relationships as well as services for couples who are currently in unhealthy relationships. Given the noted risk factors for intimate partner abuse, the following action items are recommended:

• Promote routine screening for IPV and its effects (such as depression) by mental health professionals, primary care physicians and faith community leaders with access to Latinos and African American mothers at increased risk for IPV.

• Provide funding for multi-lingual screening resources to better serve immigrant mothers who are at increased risk of IPV. [Without such screening, programs and policies may promote unification, cohesion, and silence in families where there is unrecognized abuse.]

• Provide mothers with education, job training, and job placement services to reduce their economic dependency.
• Integrate a discussion of gender roles in couples therapy, premarital counseling and family services to increase awareness of differences in cultural norms. Avoiding such discussions may foster silence create or exacerbate violent and controlling behaviors.

Harsh Parenting

Children in the Fragile Families Study are subject to high rates of corporal punishment and other types of harsh parenting, with African American parents showing the highest rates of harsh parenting and Latina immigrant parents showing the lowest rates. Whereas among white parents, increases in education are associated with decreases in harsh parenting, these effects are reversed for Latina and black mothers. Finally, mothers’ age, parents’ relationship quality, parents’ mental health, religiosity, and family instability are all associated with the use of physical and psychological violence.

The prevalence of harsh parenting demonstrated in this sample and the potential long-term effects of psychological and physical maltreatment during childhood underscore the need for policies that promote safe and effective parenting strategies. These include policies that:

• Promote culturally congruent mental health services that are accessible, attractive, and effective in increasing healthy parenting practices for ethnically diverse parents.

• Increase screening for the untreated or undertreated mental health needs of parents, especially ethnically marginalized parents. Factors to be addressed may include poverty, racism, and unaddressed trauma histories.

• Engage respected cultural and religious leaders to serve as public service educators and advocates for alternative approaches to discipline.

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Conclusion

Our review presents a disturbing picture of the role of violence in the lives of vulnerable families. Violence is endemic, as documented by high levels of neighborhood violence and concerns about safety, mothers’ exposure to multiple types of domestic violence and children’s exposure to harsh parenting. Moreover, the studies we reviewed provide a good descriptive picture of how these different types of violence are related to one another.

Consistent with our original model, the studies reviewed in this report indicate violence becomes a self-reinforcing system, with neighborhood violence being associated with domestic violence, with domestic violence being associated with harsh parenting, and, finally, with harsh parenting being associated with aggressive behavior in children. The interconnections among these different types of violence suggest that effective policies will need to address these multiple domains simultaneously. Trying to address harsh parenting among mothers who are experiencing domestic abuse and/or who are worried about their child’s safety, is not likely to be nearly as effective as trying to address parenting while also addressing one or more of these other domains.

By identifying violence as a threat to the public’s mental health and recognizing the role of mental health challenges in increasing the risk for both victimization and perpetration of violence, the need to address violence in its varied forms becomes clear. Consistent with the Surgeon General’s report, these studies find disparities in both mental health and exposure to violence. Specific recommendations for each type of violence was described in the text above, but the following are some over-arching action steps that need to be considered.

• Resources are needed to support research, with diverse populations, that examines both causal links between violence and its risk factors and effects.

• Local and state-level policies need to ensure a strategic focus on communities at greatest risk, namely African American, Latinos, and immigrants.

• To stop the cycle of violence, policies need to be adopted that will reduce disparities in access to quality mental health services, including preventative healthcare.

• Multi-level policies are needed to evaluate prevention and intervention strategies and programs aimed at eliminating community violence, IPV, and harsh parenting.

• Local and federal level policies are needed to increase the cultural awareness of mental health care providers, which includes attention to race, ethnicity, nativity, and SES among other factors.

• Local organizations need to set policies that ensure they train and hire more qualified staff from underrepresented racial and ethnic minorities to engage as both counselors and community educators.

• Policies need to be established that enhance care coordination given the interconnections between the types of violence as well as the common stressors that increase the risk for each of them. These efforts at coordinated care include wrap around programs which address housing, educational needs, and vocational training.