

A NEIGHBORHOOD-BASED APPROACH TO RISK ASSESSMENT

—by Jill E. Korbin,
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Areas with the combination of many children per adult, few elderly residents, and a low proportion of adult males were at the greatest risk of high child maltreatment report rates.

Child maltreatment risk assessment has generally focused on characteristics of the parent, attributes of the child, and parent-child interaction. Early and continued research by Garbarino and colleagues alerted the field that child maltreatment is a matter not only of high-risk individuals and families, but also of high-risk neighborhoods (Garbarino & Crouter, 1978; Garbarino & Kostelny, 1992; Garbarino & Sherman, 1980). Despite longstanding calls for an ecological perspective on child maltreatment (see National Research Council, 1993), the impact of neighborhood factors on child maltreatment has received relatively little attention. The U.S. Advisory Board on Child Abuse and Neglect (1993) proposed a reorientation of child protection to the neighborhood level, with the strengthening of both social and economic conditions in neighborhoods as an important element. Yet little is known about the neighborhood conditions that contribute to child maltreatment and that therefore can be used to assess risk and target prevention and intervention.

Research on the impact of neighborhood factors on child maltreatment (e.g., Coulton et al., 1995; Garbarino & Kostelny, 1992; Garbarino & Sherman, 1980; Korbin & Coulton, 1994; Zuravin, 1989) suggests that risk assessment at the neighborhood level is a promising direction. We are not suggesting that neighborhood risk be considered in lieu of individual risk. Rather, we are suggesting that neighborhood factors create a milieu that impedes or enhances a family's abilities to parent in a nonabusive, nonneglectful fashion. Debate continues about the degree to which maltreating parents are actually influenced by their neighborhood environment (e.g., Polansky et al., 1985). Risk assessment at the neighborhood level

needs to take into account the interrelatedness of individual, family, and contextual factors, including features of the neighborhood and the community.

Identifying neighborhoods

Neighborhoods are geographically bounded units such as census tracts, block groups, or statistical planning areas. Several types of data are readily available and can be employed using geocoding software such as MapInfo. Using addresses, child maltreatment rates and multiple types of data can be calculated by neighborhood.

Resident perceptions of neighborhood boundaries are also important. Our research suggests that residents' maps of their neighborhoods are not necessarily congruent with census tracts, block groups, or statistical planning areas. We are currently exploring variations in the ways in which residents draw their neighborhood boundaries depending on the level of maltreatment report rates in

their neighborhoods. Do residents of lower risk neighborhoods more consistently draw neighborhood boundaries similar to those of their neighbors than residents of higher risk neighborhoods? Do residents view their neighborhoods as larger or smaller depending on their perception of good or bad conditions in their surroundings?

These questions are important because service delivery within the neighborhood context will be enhanced if residents identify with and regard themselves as part of the targeted neighborhood. Further, whether or not residents identify with their neighborhoods (e.g., have a neighborhood name) has been associated with variation in rates of child maltreatment reports in several studies, including our own.

Neighborhood risk factors are complex and interrelated

As with individual risk assessment, single risk factors are unlikely to predict or be helpful in predicting neighborhood risk. Our research in Cleveland's urban neighborhoods found that a model using four factors predicted approximately half of the variance in neighborhood child maltreatment report rates. This model also predicted other adverse outcomes for children such as rates of delinquency, teen pregnancy, low birth weight, crime, and drug trafficking (Coulton et al., 1995; Korbin & Coulton, 1994).

First, a factor we termed "impoverishment" had the greatest effect on rates of reported child maltreatment. The impoverishment factor was made up of six variables: poverty rate, unemployment rate, vacant housing, population loss, female-headed households, and race. Second, a factor we termed child-care burden reflected the ratio of children to adults. Areas with the combination of many children per adult, few elderly residents, and a low proportion of adult males were at the greatest risk of high child maltreatment report rates. Third, whether or not a census tract was contiguous with another high-poverty census tract was also associated with higher child maltreatment report rates. Finally, population instability, reflected by movement into, out of, and within the community, was associated with higher rates of child maltreatment reports. This model awaits replication in other areas. However, the data to assess neighborhood risk are available at the census tract and block group level and have the potential to assist in targeting prevention and intervention programs.

Neighborhood risk assessment must examine both potentiating and protective factors

Neighborhood risk assessment must include both neighborhood stresses and strains that increase the risk of child maltreatment and neighborhood strengths that can prevent it or ameliorate the risk. To use a well-known example, while child maltreat-

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In our study, residents in high-risk neighborhoods felt both unable to manage the behavior of neighborhood children and hesitant to intervene for fear of retaliation.

ment has been associated with poverty, not all poor families abuse or neglect their children. Similarly, neighborhoods with similar rates of poverty may differ in their rates of reported child maltreatment. All poor neighborhoods are not alike and do not pose similar risks to children. This neighborhood variability, in both strengths and strains, must be considered in child abuse and neglect risk assessment.

Neighborhood risk assessment requires multiple methods

Our ongoing work on the impact of neighborhood factors on reported child maltreatment rates highlights the importance of using a combination of aggregate analyses and ethnographic studies.¹ Aggregate analyses can tell us about the relationship of various factors to child maltreatment, but we also need to know how individuals living in neighborhoods experience these factors. For example, a high ratio of children to adults can be identified using census tract data. This ratio can be related to rates of reported child maltreatment geocoded from county child protection records. Ethnographic open-ended interviews can illuminate

how this ratio creates difficulties for neighborhood residents and how it may contribute to child maltreatment. In our study, residents in high-risk neighborhoods felt both unable to manage the behavior of neighborhood children and hesitant to intervene for fear of retaliation.

Neighborhood risk assessment depends on the type of program being implemented

The locus of risk assessment depends on the type of program to be implemented. Clearly, some interventions are more appropriately aimed at individuals, some at neighborhoods, and some at both. The field needs empirical testing of current interventions. For example, will home visiting be more effective in some neighborhoods than others? That is, in addition to targeting at-risk individuals to receive scarce resources, can we target at-risk neighborhoods?

In assessing risk and designing appropriate prevention and intervention, the views of neighborhood residents are critical. Neighbor-to-neighbor helping networks, for example, will only work in neighborhoods in which a sufficient number of neighbors feel a sufficient degree of optimism.

Neighborhood risk assessment should focus on both outcome and context

Two different orientations can be applied to the impact of neighborhood on child maltreatment

¹ For a complete list of aggregate level variables, their definitions and data sources, see Coulton, 1995, and Coulton et al., 1995. For a discussion of ethnographic methods and findings, see Korbin and Coulton, 1994; Korbin and Coulton, in press.

(see Coulton, 1995). An outcome orientation views neighborhood areas as important units for measuring the status of children according to various indicators, including child maltreatment. Comparing rates of child maltreatment across neighborhoods, then, can reveal differences that suggest levels of need and indicate where to target programs and resources. These comparisons can also suggest variations in program effectiveness across neighborhoods.

A contextual orientation assumes that neighborhoods affect children and families in positive and negative ways. Some of these effects can be measured in rates of outcomes, including child maltreatment rates. A contextual orientation, however, leads to the examination of how neighborhood and community factors affect child well-being, including child maltreatment rates, and therefore how neighborhood conditions can be targeted to prevent child maltreatment.

A note of caution

As with individual risk assessment, caution is required. False positives and false negatives occur at the neighborhood as well as at the individual level. This should be remembered before labeling a neighborhood "at risk." Predicted rates of child maltreatment reports (e.g., based on socioeconomic variables) may vary from actual report rates. These discrepancies are important to understand in sorting out risk and protective factors in neighborhoods. Further, data sources are imperfect. Child abuse and neglect reports (an example well understood by readers of *The APSAC Advisor*) may be biased. Risk assessment at the neighborhood level should not mask variability of families living in neighborhoods. High-risk neighborhoods do not contain only high-risk families, or vice versa.

In sum, a neighborhood/community response to child maltreatment is appealing in its potential. It has long been recognized that child maltreatment occurs within an ecological framework, even if some components of that framework, most notably neighborhood factors, have received scant attention. Risk assessment at the neighborhood level, in coordination with individual and family risk assessment, provides an opportunity to target efforts in times of scarce resources.

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THE USE OF RISK ASSESSMENT IN CHILD ABUSE PREVENTION

—by Deborah Daro

The social and health problems facing parents today are most serious and for some, overwhelming. Among the consequences for children are poor nutrition, low immunization rates, lack of school readiness, and increasing rates of child abuse and neglect. Statistics suggest that one in five children are being reared in poverty, one in four children are being born to single parents, only one-quarter of infants are born to mothers who received early prenatal care, and fewer than half of children starting school in a sample of nine major cities were fully immunized (National Commission on Children, 1991). Prevention efforts are key for ensuring parents access to the supports they need to avoid the most negative of these conditions for their children and to mediate those conditions they are unable to escape.

How to ensure that prevention services reach those most in need of assistance is of growing concern to prevention advocates. Repeated evaluations of existing prevention programs suggest that

most of our efforts to support families are primarily successful with parents who recognize their limitations with respect to child development knowledge, parenting skills, and the use of formal and informal supports. Far fewer resources exist for families who may not know they need assistance or, if they do know, may not know how to access it (Daro, 1993). As resources become more limited, prevention advocates are being asked to document measurable change not only in the population being served but also in aggregate indicators of child

and family distress. Policy makers and the general public are looking for aggregate measures, such as reduction in child abuse rates, to indicate that early intervention can make inroads into costly social problems. In an effort to provide such measurable outcomes, prevention planners are increasingly interested in targeting their services to families most likely to engage in high-risk behavior.

Reducing child abuse rates and other negative outcomes among the most distressed populations involves the expansion of prevention services that

are intensive, comprehensive, and flexible. Such services should also provide ample opportunity for families to observe and model positive interactions (Schorr, 1985; Daro, 1993). Beyond this issue of program structure, however, is the equally critical question of appropriate participant identification. Predicting future parenting behavior is a complex, and some would argue, impossible task (Starr, 1982). Despite such dire claims, numerous theoretical models exist that suggest certain personal (Steele, 1987), familial (Straus & Kantor, 1987), and environmental factors (Garbarino, 1988) contribute to an elevated risk of maltreatment or, at a minimum, to poor parenting. While such frameworks are useful in accurately predicting which groups are at an elevated risk for negative outcomes, misclassification of specific individuals is common (Browne, Davies, & Stratton, 1988).

In assessing the failure of existing risk assessment protocols, many have argued that little empirical evidence exists that consistently ties any one variable or any combination of factors directly to poor parenting. Rather, it appears that any particular risk factor is but one dimension of a complex picture. Further, the evolving nature of human development and the changing demands of parenting as a child matures make it highly unlikely that a single-point risk assessment is reliable over time. While the key to prediction may indeed be in understanding the interplay among personal skills, stressful events, and social structure, determining a family's given status on these factors over time would require a level of personal surveillance intolerable in a free society.

The absence of perfect predictive capabilities is one of the most compelling reasons for advocating the expansion of universal primary prevention. Since it is believed that most parents will fall victim to one or more risk factors over the course of their child-rearing years, making educational and support services available to all new parents has substantial theoretical appeal. A universal type of service delivery system also avoids the issue of stigmatization, a common criticism of secondary prevention. This strategy is not without its own set of

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