

Predictors of Social Support among at-risk Caregivers with Different Levels of Stress

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Background and Significance

Previous studies revealed that caregivers who had maltreated their children have less social support compared to those who do not maltreated their children (e.g. Cooley, 1996). Social support has a positive impact on parenting both directly and indirectly through buffering risk factors such as stress (e.g. McCurdy, 2005). There are various social support intervention or prevention programs to enlarge participants' social network or improve their social skills (DePanfills, 1996). Although it was found that certain factors are associated with social support such as economic hardship (Thompson, Flood, & Goodvin, 2006), feeling of mastery (Green & Rodgers, 2001), and involvement in community (Manji, Miater & Palmer, 2005), more studies are needed to know how caregivers at risk of child maltreatment receive social support to optimally implement social support intervention. Stress level is also known to be associated with social support in negative direction. To know whether there are different mechanisms of receiving social support depending on caregivers' individual, family, and environmental characteristics will help us to customize social support interventions.

Research Hypothesis

Depending of the level of stress of caregivers, different factors will predict social support.

Methods

The Setting and Procedures: The study used subgroup of caregivers who participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) (N=1,227) both at baseline survey and survey conducted at child age 6. LONGSCAN surveyed 1354 caregivers and focal children in 5 cities in the U.S. since 1991. Caregivers of CPS reported families and matched non-reported families were interviewed biannually and the current study utilizes information from survey conducted at child age of 6.

Participants: At-risk caregivers in the sample were divided into three groups-low level of stress (n=182), medium level (n=835), and high level (n=210). The low stress group had caregivers with stress level below one standard deviation from the mean. The high stress group had those with stress level above one standard deviation from the mean.

Measures: The outcome of this study is social support measured by DUKE-Functional Social Support . The predictors included ethnicity, marital status, employment, income, depression, family cohesiveness and conflict, and neighborhood environment.

Analysis: First, to address missing values, I used multiple imputation using PROC MI and PROC MIANALZE in SAS 9.2 . Second, ordinary least square regression model was used to find predictors of social support among caregivers with different level of stress.

Results

Table 1. Characteristics of caregivers in three different groups

Variables	Low level of stress		Medium level of stress		High level of stress	
	N	Mean or %	N	Mean or %	N	Mean or %
White**	148	26.4 %	698	36.3 %	178	23.6 %
African American**	148	52.7 %	698	52.2 %	178	65.7 %
Other minority**	148	20.9 %	698	11.6 %	178	10.7 %
Not married***	148	55.4 %	698	66.2 %	178	78 %
Employed***	148	48 %	698	42.3 %	177	23.7 %
Income ^a ***	145	4.8	686	4.4	177	2.9
Social support***	145	45.7	692	39.1	176	31.7
Depression***	146	4.8	682	10.8	177	22.6
Family cohesiveness***	148	8.6	692	10.6	176	13.3
Family conflict***	145	16.3	679	19.9	172	26.3
Neighborhood satisfaction***	135	98.6	641	90.6	170	77.5

*<.05, **<.01, ***<.001

Table 2. Predictors of caregivers' social support

Variables	Low level of stress	Medium level of stress	High level of stress
	B	β	β
African American	-0.56	2.55***	6.05**
Other minority	0.65	2.06*	-0.06
Not married	-1.07	-1.38	-3.89
Employed	0.54	0.74	-2.18
Income	-0.20	-0.06	0.25
Depression	-0.09	-0.22***	-0.11
Family cohesiveness	-0.26	-0.05	-0.07
Family conflict	-0.08	-0.15**	0.01
Neighborhood satisfaction	0.06*	0.06**	-0.11

*<.05, **<.01, ***<.001

In Table 1, caregivers with different levels of stress display noticeable differences in social support, depression, family conflict and neighborhood satisfaction.

In Table 2, different factors predicted perceived social support of caregivers across the groups. In the group of low level of stress, only neighborhood satisfaction was associated with social support positively. In the group of medium level of stress, being African American, being minority other than African American, and less depression, less family conflict , and more neighborhood satisfaction predicted social support. In the group of high level of stress, only being African American predicted more social support that caregivers perceive.

Discussion/Conclusion

The findings suggest that depending on the level of stress, different factors are associated with social support for caregivers. For caregivers with low level of stress, neighborhood environment turned out to be a significant predictor, whereas for those with high level of stress, an individual demographic factor was significant. For medium level of stress, all of individual, family, and neighborhood factors were significant predictors.

Although the findings are preliminary, we might need to have differential approaches for caregivers in social support intervention depending on the level of stress. Assessment of the level of stress and possible sources for social support is recommended at the onset of social support interventions.

Next step can be exploring why certain factors predict social support for people with a certain level of stress but not for those with other level of stress.

With more studies confirming the findings, understanding the mechanism and strengthening causal relationships among variables, we will be able to develop more customized social support intervention for caregivers at risk of child maltreatment.

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