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Explicating the Social Mechanisms Linking Alcohol Use Behaviors and Ecology to Child Maltreatment

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This paper begins to describe and explicate the specific mechanisms by which alcohol use and the alcohol use environment contribute to specific types of child maltreatment. These mechanisms relating alcohol outlet densities to child maltreatment described here include effects on social disorganization, parent's drinking behaviors, and parental supervision. By investigating potential mechanisms, new information could be obtained on the importance and role of alcohol and its availability in the etiology of child maltreatment. This knowledge can be used to further tailor interventions to those conditions most likely to prevent and reduce maltreatment.

Key words: child maltreatment, alcohol outlet density, venue utilization, alcohol use, supervisory neglect, physical abuse

In 2009, approximately 763,000 children were found to be victims of child maltreatment by Child Protective Services (about 10.1 per 1,000 children, U.S. DHHS, 2010), and over 400,000 children resided in foster care (U.S. DHHS, 2011). General population estimates of physical abuse and neglect suggest that the actual rates of child maltreatment are likely to be much higher (Sedlak et al., 2010; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). The vast majority of research on child physical abuse and neglect has traditionally focused on the psycho-social characteristics of parents and caretakers that lead to child maltreatment. However, a growing number

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of studies suggest that characteristics of the environment in which these families live may also affect parenting behaviors. Yet, with a few notable exceptions (see Coulton, Korbin, & Su, 1999; Molnar, Buka, Brennan, Holton, & Earls, 2003), these studies of individual or environmental characteristics occur in isolation of each other. For this paper, child maltreatment will be used interchangeably with 'child abuse and neglect' and refers to physical abuse, sexual abuse, and neglect as defined by the Child Abuse Prevention and Treatment Act of 1974 (Public Law, 93-247).

Currently, broad theories exist that seek to understand why individuals maltreat their children (e.g., stress and coping) while others seek to understand how the larger environment affects rates of maltreatment (e.g., social capital). An overarching framework that can encompass these and other theories is the ecological framework by Bronfenbrenner (1979) that posits multi-levels of relationships and environments influence behavior. Lacking in most of these theoretical frameworks are explicit statements or understandings of the social mechanisms at play. Here social mechanisms are defined as "frequently and easily recognizable causal patterns that are triggered under generally unknown conditions or with indeterminate consequences" (Elster, 1998, p. 45). While large-scale theories are general enough to include explanations for all types of behaviors, social mechanisms seek to identify under what conditions certain behaviors are more or less likely to result in abusive or neglectful parent practices.

This paper provides a framework for beginning to explicate the specific mechanisms by which the ecology of where children and families interact with family and parental characteristics result in child maltreatment. Specifically, mechanisms of the alcohol environment will be explored in order to develop a greater understanding of what supports or hinders maltreating behaviors by parents. Findings from studies investigating these mechanisms can be used to develop primary prevention activities aimed at populations of families living in neighborhoods with characteristics deemed high risk for potential maltreatment or secondary prevention efforts targeted at places where the individuals most at-risk for committing abuse and neglect spend time.

Social Mechanisms

As researchers, we often are able to identify relationships between variable “x” and variable “y.” For example, parents who abuse alcohol are more likely to physically abuse their children (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999; Chaffin, Kelleher, & Hollenberg, 1996), greater densities of alcohol outlets are related to higher rates of child maltreatment in neighborhood areas (Freisthler, 2004; Freisthler, Midanik, & Gruenewald, 2004), and those in poverty are more likely to be involved with the child welfare system (Jonson-Reid, Drake, & Kohl, 2009; Pelton, 1981). These correlational relationships, once identified, provide almost no information on *why* these relationships exist. Certainly, explanations for and theories about why these relationships occur are provided, but the exact mechanism that links one variable to another is generally unknown. In fact, without identifying the mechanisms that generate the relationships, we might unintentionally be giving too much weight to some factors and not enough to others (Hedström & Swedberg, 1998). Incorporating the appropriate variables from various hypotheses relating sets of factors to maltreatment would allow us to get at the real source of what is causing maltreatment. As social welfare practice continues to move toward providing evidence-based services in the field and as funders increasingly require the use of these practices, developing interventions based on a more complete understanding of these mechanisms becomes more important.

The Moving to Opportunities (MTO) program, designed and implemented by U.S. Department of Housing and Urban Development (HUD), is one example of a good intervention idea that may have taken an approach that did not fully address the mechanisms at play. MTO was a program designed to assist lower income individuals move from highly disadvantaged areas full of social problems (e.g., crime) to areas with fewer social problems. The goal was to determine how neighborhood of residence was related to a variety of problems, including crime, education, employment, and various health outcomes. This was based on a simple premise that where a person lived affected behavior, and having access to more resources in areas with less social problems would mitigate bad outcomes for individuals who had previously lived in worse neighborhood

areas. The findings from studies of MTO were mixed: better short-term outcomes for adult physical and mental health (e.g., Katz, Kling, & Liebman, 2001; Leventhal & Brooks-Gunn, 2003) but similar or worse outcomes for employment or earnings for household heads (e.g., Katz, Kling, & Liebman, 2001) and long-term academic achievement for youth (e.g., Kling & Liebman, 2004; Leventhal, Fauth, & Brooks-Gunn, 2005; Orr et al., 2003). The fact that not all outcome measures improved suggests that several underlying mechanisms are at work. Individuals moving out of familiar neighborhoods may have been leaving behind trusted and important forms of social support (Orr et al., 2003). Despite moving to areas viewed as having more resources, without these supports in place, families may have not taken advantage of new opportunities available to them. Thus, had attention been paid to both moving individuals *and* providing structure to develop new support networks, outcomes may have improved and been sustained in even more areas. The underlying mechanisms, then, suggest that both location (i.e., neighborhood) and social relationships may interact to produce better outcomes for families.

Focusing on the mechanisms underlying these relationships requires us to think systematically about why and how these relationships occur and to collect data in such a way that allows us to explicitly test sets of mechanisms. Instead of just measuring poverty, one might also need to include a measure of contact with mandated reporters or conduct a general population study that allows for comparisons of parenting behaviors across income groups. These relationships may be more likely to occur only under specific conditions (e.g., extreme stress) or with specific populations (e.g., young parents). Once these conditions are specified, it moves development of policy and practice interventions from a "one size fits all" approach to one that requires specific information on the clients or communities with whom we work. This nuanced understanding of mechanisms may result in more interventions effective at reducing or preventing maltreatment.

To assist with the study of mechanisms, Hedström and Swedberg (1998) identify a typology that describes the interaction between the larger environment and individual behaviors through three types of mechanisms: situational, action-oriented, and transformational. A situational mechanism (macro to

micro) occurs when an individual encounters a situation that affects his or her behavior in a particular way (e.g., increased densities of alcohol outlets increase frequency of drinking). Action-oriented mechanisms (micro to micro) transpire when the characteristics of an individual (e.g., beliefs, desires) result in a specific action (e.g., using drinking to self-medicate during stressful situations). Finally, transformational mechanisms (micro to macro) arise when the behavior of individuals as they interact with each other results in a collective action at the macro level (e.g., increased network size in areas where more opportunities for social interactions exist, such as in neighborhoods with more bars, clubs, or restaurants). All of these examples could increase different types of maltreatment and would suggest different types of interventions to reduce or prevent maltreatment. This typology frames many of the mechanisms described within this paper and allows us to better understand the ways in which social mechanisms can be used to develop interventions to reduce social problems.

Background of Child Maltreatment

Scope of Child Maltreatment

Child maltreatment, particularly child neglect, within the general population is widespread (Sedlak et al., 2010; Straus et al., 1998); however, official reports tend to underestimate the scope of the problem (U.S. DHHS, 2009). Prevalence estimates for the general population suggest that about 60% of parents used corporal punishment (i.e., spanking on the bottom with a bare hand) while 5% of parents have engaged in physically abusive behaviors (i.e., hitting with a fist, or kicking hard, Straus et al., 1998). Supervision problems (i.e., supervisory neglect) account for 30% of all cases seen in the child welfare system (Coohey, 2003). This is higher than both physical abuse (10.8%) and sexual abuse (7.6%) (U.S. DHHS, 2009).

Individual Characteristics and Child Maltreatment

A variety of parental and child characteristics are related to child maltreatment. Research on child maltreatment has consistently found that it is disproportionately reported among poor families (Gelles, 1997; Jonson-Reid et al., 2009; Pelton, 1981), those with lower levels of education (Gelles, 1997), and

among domestic violence households (Jouriles, McDonald, Slep, Heyman, & Garrido, 2008). Parents are more likely to maltreat their children if they were abused and neglected as children (Berger, 2005; Black, Heyman, & Slep, 2001), are younger (Straus et al., 1998), report higher levels of depression (Black et al., 2001), experience higher levels of stress and reactivity (e.g., impulsivity, Berger, 2005), and have more children at home (Berger, 2005; Gelles, 1997).

Neighborhood Environment and Child Maltreatment

Consistently, areas with high poverty rates, housing stress (e.g., residential instability), and drug and alcohol availability have higher rates of maltreatment (Freisthler, Merritt, & LaScala, 2006). High percentage of unemployment and high levels of child care burden (e.g., higher ratios of men compared to women) also tend to have high rates of child maltreatment but this relationship is not as stable (Freisthler et al., 2006). These relationships are often interpreted within the framework of social disorganization described below.

Child maltreatment and social disorganization. Population-level studies of child maltreatment have found a positive relationship between social disorganization and child maltreatment (Coulton, Korbin, Su, & Chow, 1995; Freisthler, 2004; Freisthler et al., 2006). A socially disorganized neighborhood is one that lacks a structure to help maintain social controls that allow communities to realize commonly held values. Neighborhoods are commonly measured by constructs related to concentrated disadvantage, child care burden, and residential instability (Coulton et al., 1995; Sampson & Groves, 1989; Sampson, Raudenbush, & Earls, 1997). Perceived neighborhood processes such as low collective efficacy (i.e., the willingness of neighborhood residents to intervene for the common good) and social disorder have been found to be associated with psychological and physical abuse (Guterman, Lee, Taylor, & Rathouz, 2009), crime (Sampson et al., 1997), and intimate partner violence (Browning, 2002). Neighborhood areas with high levels of social disorganization may impede the development of collective efficacy and other socially supportive relationships with neighbors that may prevent or reduce maltreatment (Sampson et al., 1997; Sampson, Morenoff, & Earls, 1999).

Social support and social networks in neighborhoods. Having more individuals to provide support with parenting tasks lessens some of the burdens related to child care and can provide parents with assistance during times of extreme stress. Social support can come in a variety of forms: (1) emotional support—talking through problems and asking for advice; (2) instrumental (or tangible) support—material aid such as money or babysitting; and (3) social companionship—spending time with friends and families in recreational activities (DePanfilis, 1996).

When controlling for neighborhood socio-economic status, high risk neighborhoods had fewer neighborhood resources and support than the low risk neighborhoods (Garbarino & Kostelny, 1992; Garbarino & Sherman, 1980; Vinson, Baldry, & Hargreaves, 1996); individuals in these areas also had smaller social networks (Coulton et al., 1999; Molnar et al., 2003; Vinson et al., 1996). Parents who neglect their children generally have fewer network members, less frequent contact with members in their supportive networks, and tend to live further away from those network members (Coohey, 1996, 2007; Thompson, 1985). Thus, disorganized neighborhoods, or those characterized by high residential turnover and disadvantage, may prevent social networks from forming or decrease the shared connections between residents who may prevent child maltreatment.

Although social support resources have been linked to lower levels of maltreatment, it would be inappropriate to assume that more contact with one's social network is always advantageous. In a review of social capital literature, Portes (1998) discusses how the same mechanisms that result in positive aspects of social support also result in negative consequences, such as conformity to group norms and downward leveling of social norms. These negative consequences can be found when social support is embedded in social structures that produce less desirable outcomes (i.e. gangs). For example, parents who reported having a larger number of friends who drank alcohol and who perceived greater availability of social companionship (e.g., friends willing to go to parties) are at greater risk of physically abusing their child (Holmes, in review). If a parent is spending time with social support members who are also

heavy drinkers, the parent may engage in such behavior more frequently, thus putting the child at greater risk of being physically abused.

Alcohol Use and Child Maltreatment

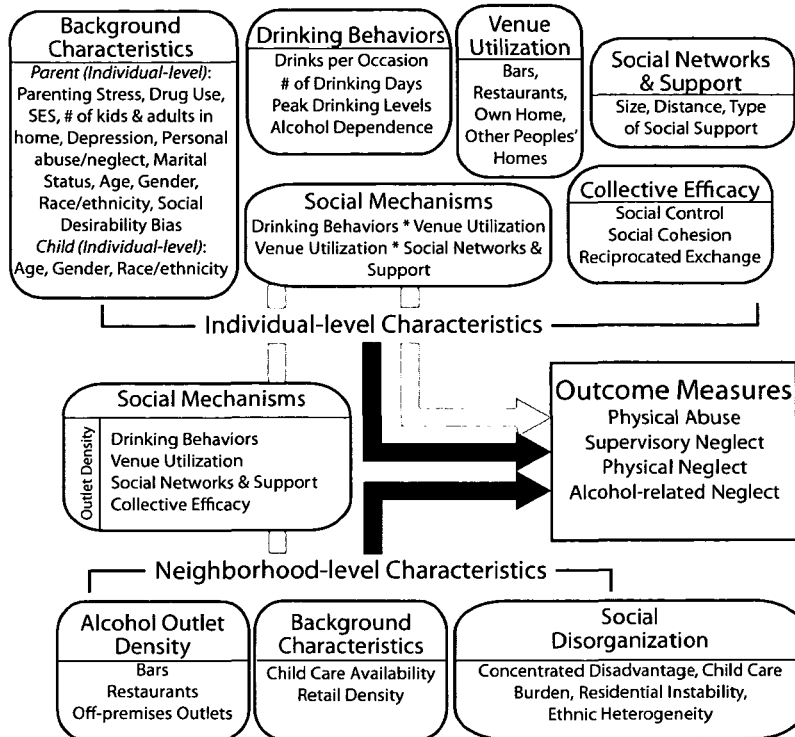
Rates of child maltreatment, particularly physical abuse, are higher among individuals reporting heavy drinking (Berger, 2005; Famularo, Stone, Barnum, & Wharton, 1986; Kelleher, Chaffin, Holleberg, & Fischer, 1994; Murphy et al., 1991; Sun, Shillington, Hohman, & Jones, 2001). Children are at 2 times the risk for being physically abused and 3 times the risk for being physically neglected if one parent abuses alcohol when compared to children who had no parents abusing alcohol (Dube et al., 2001). That risk increased to over 3 times for physical abuse and 6 times for physical neglect if both parents abuse alcohol (Dube et al., 2001). Sedlak and colleagues (2010) found that 10% of all cases of child maltreatment in the general population have alcohol use as a factor in the abuse or neglect incident.

Social Mechanisms: Alcohol Environment and Child Maltreatment

Figure 1 shows a conceptual model of the social mechanisms that may represent the relationship between alcohol and child maltreatment at both individual and neighborhood level. An underlying assumption of this model is that there are certain conditions under which alcohol use and the density of alcohol outlets may be more or less likely to result in abusive or neglectful parenting practices. That is, not all parents have to abuse alcohol for alcohol to play a role in parenting practices that are physically abusive or neglectful.

The role of the alcohol environment. Density of alcohol outlets appears to be positively related to rates of child maltreatment when using several geographic units of analysis (Freisthler, 2004; Freisthler et al., 2004; Freisthler, Needell, & Gruenewald, 2005; Markowitz & Grossman, 1998). At the state level, Markowitz and Grossman (1998) studied the relationship between state excise taxes on beer, alcohol outlet density, and child maltreatment. They found that fewer outlets per 1,000 people were significantly related to a decrease in the

Figure 1: Conceptual Model of Social Mechanisms Relating Alcohol Outlet Density and Alcohol Use Behaviors to Child Maltreatment



* and gray arrows show interaction effects

probability (4%) of severe child maltreatment. Alcohol outlet densities may contribute to child maltreatment in smaller geographic areas as well. Recent cross-sectional studies have found that higher densities of bars are related to higher substantiated reports of child maltreatment at the Census tract and block group levels (Freisthler, 2004; Freisthler et al., 2005). This relationship remained after controlling for measures of social disorganization at the neighborhood level, including concentrated disadvantage, residential instability, immigrant concentration, and child care burden. Alcohol outlets are not just a marker for socially disorganized neighborhoods but contribute independently to problems in these areas.

Alcohol outlet density is not the only feature of the alcohol environment that affects maltreatment. Higher taxes on beer,

liquor, and wine are related to lower levels of child maltreatment (Markowitz & Grossman, 1998) and fatalities to children under 10 years of age (Sen, 2006). Further, a retrospective study that examined reduction in blood alcohol content (BAC) laws to .08 found a reduction in child homicide deaths (Sen, 2006). Increases in taxes on alcohol are related to shorter time for children in foster care, particularly for those whose primary reason for removal was parental alcohol abuse (Markowitz, Cuellar, Conrad, & Grossman, 2011). Thus, geographic availability of alcohol (as measured by outlet densities) and economic availability of alcohol (as measured by taxes) show that policies enacted at the state or national level may affect rates of maltreatment.

Alcohol Outlet Densities and "Frail" Neighborhoods

Neighborhood areas with high levels of social disorganization already have a number of conditions (e.g., low collective efficacy) that make them vulnerable to a variety of social problems, including crime and child maltreatment (Coulton et al., 1995; Freisthler, 2004; Sampson, Morenoff, & Earls, 1999). With an already weakened (or "frail") neighborhood structure, these neighborhoods may lack the appropriate social capital to absorb the negative effects related to high densities of alcohol outlets in their community (Gruenewald, Freisthler, Remer, LaScala, & Treno, 2006). Greater densities of alcohol outlets in areas with high social disorganization act in a manner that increases the likelihood residents will retreat from neighborhood interactions, depriving themselves of those contacts with neighbors that might develop into socially supportive relationships (Bennett, DiIulio, & Walters, 1996). On the other hand, with this transformational mechanism, neighborhoods that have higher densities of alcohol outlets but lower levels of social disorganization may be able to absorb the effects of outlets without risking further harm to children due to the increased levels of social capital available to those neighborhood residents.

Social Mechanisms: Alcohol Outlets, Alcohol Use, and Child Maltreatment

Greater alcohol outlet densities may lead to more frequent and higher quantity of alcohol use by parents, placing

children at greater risk for being abused or neglected. A major mechanism by which the physical availability of alcohol affects child maltreatment may be through parental drinking. Parents who frequently drink heavy amounts may regularly place their children at increased risk for abuse and neglect, making it more likely that they will come to the attention of Child Protective Services. Yet despite the wide-spread correlational assessment of alcohol use and child maltreatment, no causal studies exist showing that increased alcohol use causes child maltreatment. An important next step is to identify how drinking at different levels may exhibit a dose-response relationship with child maltreatment. In other words, does each additional drink increase the likelihood that parents will use physically abusive parenting practices? Does more drinking increase frequency of using more severe types of physical abuse as disinhibition increases? Or, is there a point at which parents become incapacitated from drinking that makes it less likely they will physically abuse their children, but more likely that they will be unable to supervise them adequately?

Risk for abuse or neglect for children of parents who are moderate or infrequent drinkers is likely to still exist. These children may still be at risk, but that risk may be more infrequent and less likely to be detected. Additionally, an infrequent drinker (e.g., less than once a month) who drinks only at special occasions (e.g., weddings) but consumes large quantities to the point of intoxication, may drive home with his or her children in the car, a form of supervisory neglect (Coohey, 2003; Sedlak & Broadhurst, 1996). These children may be at high risk for abuse or neglect, but only on an occasional basis throughout the course of the year. These situational types of child maltreatment are certainly much more difficult to detect but can have fatal consequences for children. Thus, while much of the focus on the relationship between child maltreatment and alcohol use focuses on those caregivers who are dependent on alcohol, the environment in which alcohol use occurs can also provide important information on maltreating behaviors. Understanding the spectrum of harm for physical abuse or neglect across all drinking levels is an important contribution of this theoretical framework, as moderate and light drinkers may be more likely to be affected by certain types of prevention efforts.

Social Mechanisms: Routine Drinking Activities and Venue Use

Where a parent chooses to drink may also affect the likelihood that he or she will maltreat his or her children. Venue use (e.g., bars, restaurants) for drinking activities varies by both sociodemographic characteristics and drinking behaviors. Compared to single people, married people tend to use bars less often (Gruenewald, Treno, Nephew, & Ponicki, 1995) and drink in their own homes more often (Treno, Alaniz, & Gruenewald, 2000). On the other hand, heavier drinking married people use bars more often than single people or married couples without children (Treno et al., 2000). Similarly, as an action-oriented mechanism, a parent's utilization of bars as a recreational activity may decrease parental supervision and monitoring, thereby increasing a child's risk of being neglected (Coohey, 2008), particularly since these activities take a parent away from home. Use of bars can also represent an economic strain on families, as alcohol at this venue is more expensive than purchases made through off-premise alcohol outlets (Gruenewald, Johnson, Millar, & Mitchell, 2000). Thus, parents who spend significant amounts of time at bars drinking may also be spending valuable resources that may lead to physical neglect of their child(ren)'s needs. In a preliminary study on the relationship between venue utilization and child physical abuse, Freisthler (2011) found that parents who frequently went to and/or drank at bars and parties at friends' and in their own homes were more likely to use physically abusive parenting practices. These results suggest that where a person drinks, independently of how much they drink, may negatively interact with parenting abilities.

Outlet density and venue utilization. As shown in Figure 1, drinking behaviors and drinking venue utilization are expected to be directly related to maltreatment. Additionally, venue utilization may moderate the relationship between drinking behaviors and child maltreatment. These mechanisms rely on the tenets of routine activities theory, which states that harm occurs when there is a suitable target (the child), a motivated offender (parent or other adult), and the absence of effective guardians (Cohen & Felson, 1979). Under most conditions, parents will not participate in abusive or neglectful behaviors, but that may change in certain locations and/or under certain circumstances. Alcohol outlets (e.g., liquor stores) that

allow ready access for consumption in the home (where fewer guardians capable of stopping the violence are present) may indirectly influence child maltreatment rates, particularly with respect to physical abuse (Freisthler et al., 2004). However, for this to occur, alcohol must be available in the home for consumption. Purchase of alcohol for use at home generally occurs at off-premise establishments, such as liquor, grocery, or convenience stores. Thus, the primary mechanism affecting child maltreatment may be through greater densities of off-premise alcohol outlets. This greater density may decrease the costs associated with obtaining alcohol (e.g., reduced travel costs) and increase the frequency of alcohol use, thereby increasing the risk of child physical abuse. The effects of off-premise density and alcohol use on perpetration of physical abuse may be higher in homes of single parents as fewer guardians are available to prevent the physical abuse from occurring (Freisthler et al., 2004).

Similarly a parent who drinks a couple glasses of wine at dinner in a restaurant may find himself or herself over the legal limit. After dinner, the parent may have to drive home, with his or her children in the car—a form of supervisory neglect (Coohey, 2003). Parents living in areas with higher densities of restaurants that serve alcohol have more opportunities to drink and drive when eating out. In fact, individuals living in areas with higher densities of restaurants drink more frequently and drive after drinking more often (Gruenewald, Treno, & Johnson, 2002). Thus, where parents drink may affect the type of maltreatment their children experience. Location of drinking venues and their use by parents may also point to secondary prevention efforts that target parents at locations where they drink.

Venue utilization and support. Generally, tangible social support that provides additional resources for child supervision acts to reduce rates of neglect. However, support in the form of social companionship may lead to greater or lesser rates of child neglect, since it may be conditional upon the social activities reinforced. Some parents may experience substantial social support for participating in activities outside the home, live in areas with high densities of bars, and enjoy drinking in the company of friends to the neglect of their children. In 19% of supervisory neglect cases in New York State, parents

were found to be participating in illegal or irresponsible activities, including drinking. In an additional 12% of cases, parents were otherwise "out" for other entertainment purposes when the supervisory neglect incident occurred (Jones, 1987).

Recent research by Coohey (2007) suggests that parents who leave children home alone (vs. with inadequate supervision) may do so because individuals in their social networks are not adequate caregivers. For example, parents who spend increased amounts of time at bars may develop support networks of individuals who are also bar-goers and likely drinkers. Although these individuals provide social companionship support, having social network members who drink increases the risk of physical abuse (Holmes, *in review*) and they are likely to not be available at night for babysitting when the parent is spending time at bars. In this case, preferred drinking venue may interact with type of social support from social networks such that parents spending large amounts of time in bars are receiving social companionship, but not tangible support (i.e., babysitting), leaving children vulnerable to supervisory neglect. Not only might bar density increase the number of locations parents can go without children, it may also change the types of support networks these parents have, placing children at higher risk for being left home alone or without adequate supervision.

The type of support received may only be one mechanism through which venue utilization and social support interact to increase maltreatment. Highly social parents who have a lot of members in their social networks may also be vulnerable to committing maltreatment through supervisory neglect, especially in areas where there are a lot of activities directed towards adults. A high density of restaurants that serve alcohol can point to an active night life in a city or neighborhood area that caters to adult interests. Having many individuals with whom a parent wants to socialize may mean those living in areas with increased opportunities for socialization in these adult venues may be more likely to do so. On a practical level this increases the need for adequate babysitting and, failing that, increases the opportunities for supervisory neglect to occur (Freisthler & Williams, *in review*).

Where the social networks are formed might also speak

to how venues are used and the risks associated with them. Parents whose children participate in sports might become friendly and celebrate their children's sporting achievements at parties or gatherings that involve alcohol use. Both authors have observed instances of parents drinking alcohol as part of their children's sporting celebrations or events. In one case, a youth (8 – 10 years) baseball team held their end of the season party at a bar where parents were observed to be drinking shots. In another, parents celebrated the first win of the lacrosse season by drinking wine at the park while the children were practicing. Although isolated observations, these incidents may point to a culture of how social networks developed through children's activities may support drinking that may lead to maltreatment. These special events might occur irregularly but the act of drinking and subsequently driving after drinking may place these children at risk for harm.

Challenges to Studying Social Mechanisms

In order to study the exact mechanisms by which the environment or individual behaviors are related to child maltreatment, one must be able to specify what those mechanisms are. This requires detailing the mechanisms *a priori*. As stated by Stinchcombe (1968), most scientists can easily provide two or three explanations for their findings in correlation studies after the fact. The real difficulty is in providing a strong theoretical justification for studying specific mechanisms and being able to test them with the data at hand. The mechanisms described here are complicated, as they are trying to realistically depict the complexities of human behavior and our interactions with our social and physical environment.

Further, without investigating these relationships over time or some aspect of the patterning of the events, the studies remain correlational with little to no information on the causality of the mechanisms. Studying these relationships cross-sectionally will provide a basic understanding of whether or not there is any evidence to support the theoretical justification for specific mechanisms. However, to truly explicate the relationships, surveys must ask questions about when,

for example, alcohol use occurs in relationship to maltreating behaviors. Another approach would be to study these mechanisms in longitudinal studies where the beginning of alcohol use behaviors and influence of neighborhood environment can be studied over time. These studies also require large sample sizes in order to have enough statistical power to identify significant relationships when they exist. All of these result in higher monetary costs and larger amounts of time and effort need to complete such studies. These costs may be prohibitive, thus limiting one's ability to design and complete this type of research.

The reality is that no matter what mechanisms you specify, by virtue of choosing to measure some constructs, some behaviors, and not others, it influences what you do or do not find. This is one of the greatest challenges faced in understanding and studying the effect of mechanisms on behavior. At some point the focus must be on determining what mechanisms are most likely to result in child maltreatment so practitioners can develop prevention efforts that will be most effective at reducing maltreatment.

The challenges associated with studying and understanding the influence of social mechanisms are not inconsequential. It requires a level of theoretical development and justification that goes past describing and explaining simple correlational findings. Despite these complexities, this approach also has the ability to significantly advance how we think about and develop interventions to address social problems, including child maltreatment.

Promise in Understanding Social Mechanisms

The potential for developing multiple avenues of prevention and intervention programs based on a better understanding of the nuances of the social mechanisms is great. Here, we theorize that the alcohol use environment does not only affect maltreating behaviors through alcohol use itself. Social network characteristics, social support, and neighborhood cohesion may all create environments that either condone or sanction abusive and neglectful parenting practices. And, in the case of social support, it can do both, depending on the

type of support received. This challenges professionals designing prevention programs and working with parents at-risk for abuse or neglect to devise assessment tools and intervention strategies that assess the positive and negative qualities of individuals, their social systems, and their environments to determine how such factors are being used by a given parent. Clinicians may want to be even more specific and ask questions about where the individuals in a client's support network live. Based on this framework, having a vast social network may not be helpful if none of the social network members live close enough to babysit in a pinch, or if the members of the client's social network who do live close are not the ones who provide tangible support. This distinction between knowing if a client has a lot of social support versus knowing where that support lives and the specific types of support he or she receives holds implications for helping the clients develop effective parenting and coping strategies.

The direct effects of the alcohol environment on child physical abuse and duration of foster care suggests opportunities for primary prevention efforts that are likely to reduce abusive and neglectful parenting practices. These include raising taxes on alcohol purchases (Markowitz & Grossman, 1998) or lowering the legal blood alcohol content (BAC) for drivers carrying children (Quinlan, Brewer, Sleet, & Dellinger, 2000). These global-level policies may be effective at reducing maltreatment rates, as suggested by previous work (Sen, 2006).

At the community level, understanding social mechanisms requires social service agencies to focus on the larger environment from where their clients come. Enhancing livability in those areas may decrease child maltreatment. This could occur by developing a sound neighborhood economic structure and institutional supports, possibly through local planning and development regulations that decrease the number of permits available for alcohol outlets. This could also be completed by increasing the roles of place managers in these neighborhoods. Place managers are influential people in neighborhoods who act like "eyes on the street" to prevent and deter crime (Eck, 1995; Mazerolle, Kadleck, & Roehl, 1998). This might also require neighborhood areas to find creative and innovative ways to tap into natural helping networks to formalize these

relationships in at-risk areas or among at-risk populations to create stronger neighborhood foundations.

More important than identifying global prevention efforts that may succeed in reducing maltreatment are the nuanced secondary prevention efforts that may arise from a more thorough understanding of the mechanisms relating alcohol use, social support, and venue utilization to child abuse and neglect. With regards to social support, the development of neighborhood babysitting co-operatives could increase informal sources of support for families with young children and be utilized even during evening hours when parents may utilize drinking venues or attend parties where drinking is likely to occur. This sort of child care option is available at many workout facilities and could be an extension of "Mom's Day Out" but focus upon nighttime activities of parents and include opportunities for overnight stays or "slumber parties" for children so parents have several hours in the morning to deal with the aftereffects of drinking to intoxication the night before.

Another strategy for increasing informal support might be through the development and use of "welcome wagons" in high-risk neighborhoods, as characterized by high rates of poverty, disadvantage and maltreatment. These committees could consist of both residents of these neighborhood areas who are welcoming new families to the area and service providers who may provide incentives to use services that most families in these areas may utilize (e.g., WIC or TANF). This approach would also allow service providers to quickly identify newcomers to neighborhood areas and begin to develop relationships that may facilitate greater use of these services. These events may also be used to form informal networks of parent support groups that are used to exchange parenting strategies and information on local resources related to families (Cushman, 1998).

Social mechanisms identifying differential use of alcohol venues by parents may also suggest targeted secondary prevention efforts. For example, if parents who use restaurants more often are prone to drinking and driving with their children in the car, warnings about the hazards of drinking and driving on vulnerable passengers could be listed on alcohol menus. Responsible beverage service practices that reduce the amount a person drinks (e.g., Saltz, 1987; Saltz & Stanghetta,

1997) could be expanded to include specific strategies for monitoring customers with children at the table.

Similarly, if the study of specific social mechanisms finds that drinking at special occasions (e.g., weddings) leads to increased risk of maltreatment for children, specific strategies could be recommended that reduce these problems. Brides and grooms might hire a babysitter that would watch children overnight if the reception is expected to go late into the night. They could also hire shuttles that transport guests from the reception venue to home or a hotel to decrease drinking and driving with children in the car. Sports leagues for children could provide financial support or venue use for end of the season parties that do not include alcohol.

As we continue to learn more about how and when the specific mechanisms result in abusive and neglectful parenting practices, this knowledge can be used to further tailor interventions that are designed to prevent and reduce child maltreatment. Thus the real promise in identifying and systematically studying mechanisms will be the ability to develop and refine interventions designed to reach at-risk populations in those locations where they spend time, allowing us to better determine what works for whom and under what conditions. Multiple layers and levels of interventions may help ensure that fewer families fall through the proverbial cracks and reduce harm directed towards children.

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