Crisis Child Care: Implications for Family Interventions

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Perle Slavik Cowen, RN, PhD

BACKGROUND: ***Crisis child care programs provide caregiving respite on an emergency basis and counseling and referral services to stressed parents who are at risk for maltreating their children.***
OBJECTIVES: ***The objectives of this study were to describe the sociodemographic and stress characteristics of rural parents who accessed crisis child care services and to determine if the utilization of these services would reduce the reported incidence of child maltreatment.***
STUDY DESIGN: ***Parents completed a basic sociodemographic questionnaire and the Parenting Stress Inventory (PSI). Child maltreatment reporting statistics were used to determine if there was a significant decrease in the reported incidence of child maltreatment.***
RESULTS: ***The demographic data painted a portrait of economic disadvantage. The data indicated that parents perceived external stressors, those outside of the parent-child relationship, as the major contributor to their current life crisis. Comparison of child maltreatment rates between rural communities that did and did not receive crisis child care preventive interventions indicated that the programs were effective in preventing child maltreatment.***
CONCLUSION: ***The findings of this study provide support for the ecological model of child maltreatment which posits that availability of social support for families who experience high stress or crisis can decrease the incidence of child maltreatment. (J Am Psychiatr Nurses Assoc [2001]. 7, 196-204.)***

Researchers have found that family/parental stress is a significant precipitating factor in child maltreatment, particularly physical abuse and chronic neglect (Cowen, 1999; National Research Council, 1993). During crisis situations, family/parental stress is often compounded by a lack of accessible, alternative child care. Largely through the pioneering efforts of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect in Denver, Colorado, the provision of crisis child care to families under extreme stress was advocated and initiated in 1972. Crisis child care programs provide a safe, temporary environment for children ages 2 weeks to 12 years whose parents are unable to meet the children's needs because of overwhelming crisis situations in their lives. Parents may temporarily place their children in a care center if the parents are at risk of maltreating their children or are faced with leaving them in an unsafe or unsupervised environment. The parents are then free to retrieve their children with impunity and without paying for the service. Although crisis child care has been endorsed as a significant component in the prevention of child maltreatment (Daro, 1996) there is a dearth of reports in the literature regarding its use. It is important to identify the potential sources of stress for families in crisis to better target child maltreatment prevention programs.

This study makes a contribution toward characterizing the stressors that families in crisis face and broadly examines the effectiveness of crisis child care programs in preventing child maltreatment. The specific purposes of this study were to determine the demo-

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graphic and stress characteristics of families seeking crisis child care services and to evaluate whether the utilization of a crisis nursery program would reduce the reported incidence of child maltreatment. The latter purpose was achieved by comparing maltreatment rates of rural communities that did and did not receive crisis child care preventive interventions.

During crisis situations, family/parental stress is often compounded by a lack of accessible, alternative child care.

The crisis child care interventions used in this study were focused at the secondary (at risk for child maltreatment) and tertiary (prevention of remaltreatment) levels of preventive care. For example, some parents, such as teenage mothers, have used crisis care services during times of extreme duress when they had no other resources or means of social support. These types of child care interventions for families with identified risk factors can be classified as secondary prevention services. Parents with known histories of child maltreatment have accessed these services while participating in substance abuse rehabilitation or court-ordered parent education classes. Services provided in these situations constitute tertiary prevention efforts.

BACKGROUND

Theoretical Perspectives

Theoretical perspectives on the causes and correlates of child maltreatment are many and varied (Belsky, 1993; Cicchetti & Carlson, 1989). The inability of single-dimension models to adequately address the known characteristics of child maltreatment has resulted in multidimensional models, which include the ecological model of child maltreatment (Garbarino, 1977). This model examines complex interactions among parent and child characteristics, intra- and extrafamilial stressors, and the social and cultural systems that affect families. It offers a framework for considering available supports and resources in relation to a topology of four levels: individual, familial, social, and cultural domains (Howze & Kotch, 1984). In addition, the model provides a framework for understanding the relationships among stress, social support systems, and child maltreatment and has been further adapted to provide guidance to child maltreatment preventive intervention efforts (Figure 1).

Risk Factor Identification

Variables that have been associated with child maltreatment can be classified into four separate domains: cultural, social, familial, and individual (including parent/caretaker and child characteristics). Stress arising from these domains may be situational, acute, or chronic in nature. However, it should be noted that there are no factors present in all child maltreatment circumstances that are absent in all nonmaltreatment circumstances. Thus, there is no litmus test for child maltreatment, only related risk factors whose identification provides the opportunity for preventive interventions to be directed at stressful environments, interpersonal relationships, and parental psychosocial problems with securement of the child's safety, optimal growth, and development as the desired outcomes.

Although child maltreatment is reported among all socioeconomic groups, it is disproportionately reported among poor families.

Sociocultural factors. Although child maltreatment is reported among all socioeconomic groups, it is disproportionately reported among poor families (National Research Council, 1993). Physical child abuse and child neglect have been highly correlated with poverty, with physical neglect found to be concentrated among the poorest of the poor, who typically reside in inadequate housing (Pelton, 1985). Although the indirect stress of poverty may lead to child neglect, the physical environments associated with poverty (deteriorating housing, lead poisoning, and crime) require that parents provide hypervigilant supervision with little margin for error (Pelton, 1994). Income level also has been associated with the severity level of neglect; higher income families are generally associated with less severe forms of neglect, presumably because they have more resources at their disposal (Claussen & Crittenden, 1991). Low socioeconomic status is also a risk factor for violent behaviors toward children, particularly severe violence (Gelles & Straus, 1988; Straus, 1980) , and mothers with young children who live below the poverty line have been found to be at the greatest risk of violent behavior toward children (Connelly & Straus, 1992; Gelles, 1992).

According to the 1995 official poverty measure, 20.8% of all U.S. children were poor (more than 14 million children, including more than 5 million preschoolers younger than 6 years), compared with a child poverty rate of approximately 15% in the early 1970s (Baugher & Lamison-White, 1996). Poverty is not shared equally across different demographic groups. Children who are African American, Latino, or live in families with mothers but not fathers are dis-

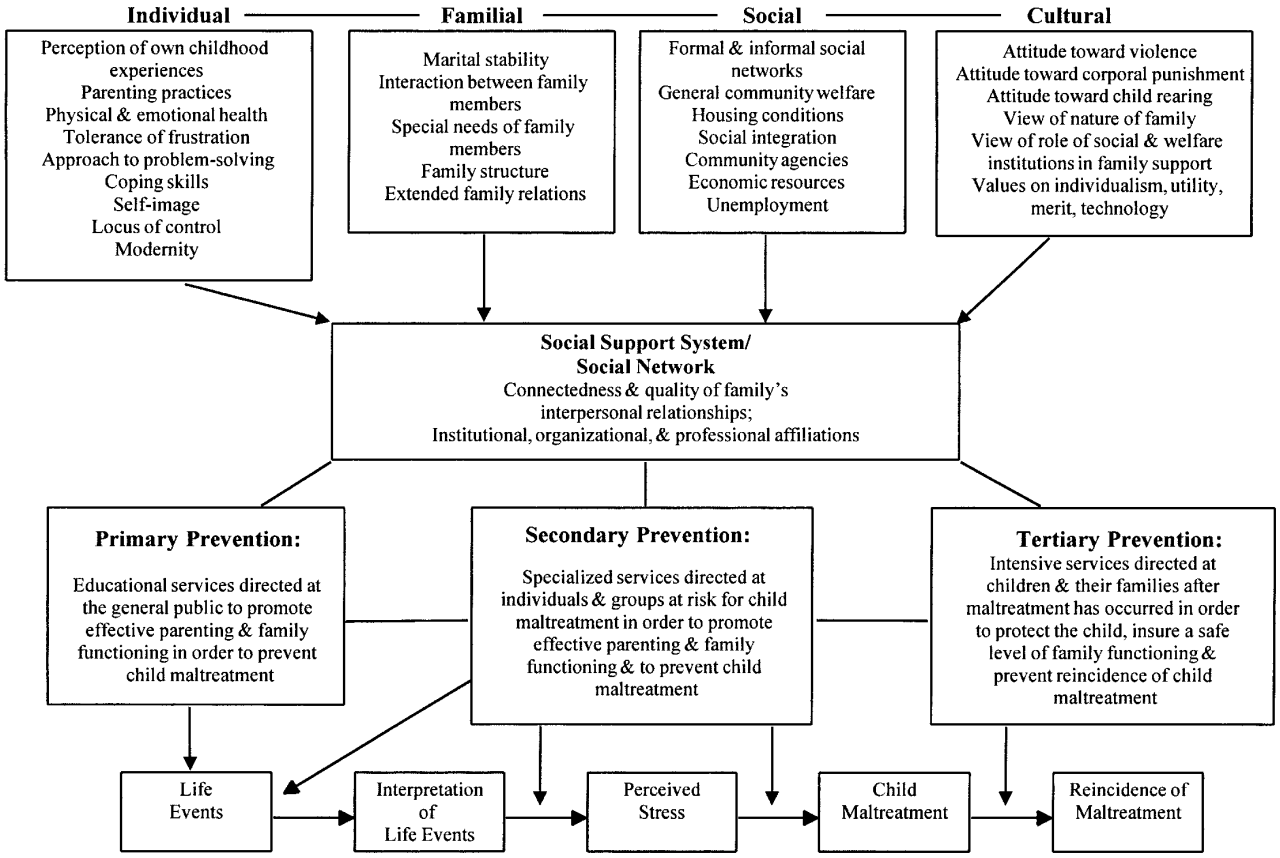

Figure 1. Ecological model of child maltreatment: Implications for prevention. *Note.* From "Disentangling Life Events, Stress and Social Support: Implications for the Primary Prevention of Child Abuse and Neglect," by D. C. Howze and J. B. Kotch, 1984, *Child Abuse and Neglect, 8*, p.p. 401-409. Copyright by Elsevier Science. Adapted with permission.

proportionately poor. Although most poor children are White, almost 90% of children who experienced poverty for at least 5 years were African American (Corcoran & Chaudry, 1997). Given the strong relationship between low income and child maltreatment, it has been posited that the incidence of child maltreatment will increase as the poverty rate for children continues to rise (Pelton, 1994).

The relationship between poverty and child maltreatment is complex. Most poor parents are not abusive, and poverty alone is not a sufficient or necessary antecedent for child maltreatment (National Research Council, 1993). The ecological perspective argues that as the environment in which a family lives becomes more stressful or is perceived as such, the parents may rely increasingly on coercion and violence to control irritating daily events, including interactions with their children (Garbarino, 1977; Howze & Kotch, 1984).

Family factors. Maltreatment is a family problem; the majority of instances of maltreatment involve either the direct actions of parents or their failure to protect the child. Disruptions in all aspects of family relations, not just parent-child relations, are often present in the families of maltreated children. Findings suggest that anger and conflict are more pervasive in abusive families and that social isolation is more prevalent in neglectful families (Crittenden, 1985; National Research Council, 1993). Studies of family characteristics of emotionally abusive or neglectful families have characterized such families as having more psychosocial problems, poor coping skills, and greater levels of perceived stress (Hickox & Furnell, 1989).

Additional family factors that have been linked to child maltreatment include geographic or social isolation from family and friends (Polansky, Gaudin, & Kilpatrick, 1992); harsh discipline strategies and lack of positive parenting behavior (Oldershaw, Walters, & Hall, 1986; Trickett & Kuczynski, 1986); younger parents with lower education levels and a larger number of closely spaced children (Cicchetti & Carlson, 1989; National Research Council, 1993); interaction among family members that is characterized by a low rate of positive interaction and a higher rate of negative inter-

actions and family problems (Crittenden, 1995); life stress and distress (Pelton, 1985, 1994; Whipple & Webster-Stratton, 1991); violent family interactions characterized by marital discord, domestic violence, and sibling violence (Cicchetti & Carlson, 1989); and violent, antisocial behavior with a history of aggressive or criminal behavior outside of the family (Pagelow, 1989). Researchers have further postulated that vulnerable families may also include those in situational crises related to such life stressors as death, divorce, relocation, and unemployment (Crittenden, 1996).

Parental/Caretaker factors. Very dissimilar approaches to child rearing can emerge from the interaction of two fundamental dimensions of parenting: the degree of parental "authority" and the degree of parental "sensitivity" (Baumrind, 1971; Maccoby & Martin, 1983). Parents who are very demanding while failing to recognize their child's limitations and needs typify a physically and emotionally abusive style of parenting, whereas parents who place few demands and little or no structure typify a neglectful, uninvolved style of parenting (Wolfe, 1991).

Abusive parents have been found to demonstrate inappropriate expectations of the child, disregard for the child's needs and abilities, role reversal with expectations that the child will meet their needs, beliefs that the child intentionally annoys them, and inconsistent child-rearing practices (Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986; Bauer & Twentyman, 1985; Cicchetti, 1990; Crittenden, 1996; Daro, 1988; Whipple & Webster-Stratton, 1991). Characteristics that have been associated with neglectful parents include an immature, childlike personality related to low self-esteem, poor impulse control, limited financial and household management skills, and limited social competencies (Pianta, Egeland, & Erickson, 1989; Polansky et al., 1992). Poor parental physical health and stress-related symptoms have been related to physical and emotional neglect and abuse of the child (Brayden, Altemeier, Tucker, Dietrick; & Vietz, 1992; Crittenden, 1996; Hoagwood, 1990; Lahey, Conger, Atkeson, & Treiber, 1984; Whipple & Webster-Straton, 1991).

Child factors. Child health, intellectual, or developmental characteristics have been reported to contribute to the emergence of abusive or neglectful parent-child interactions (Belsky & Vondra, 1989). Vulnerable child characteristics include difficult temperament (e.g., impulsivity and protracted crying) (Ammerman & Patz, 1996; Belsky & Vondra, 1989), conduct disorders (Whipple & Webster-Stratton, 1991), factors related to increased care demand such as prematurity and low birth weight (Brayden et al., 1992; Famularo, Fenton, & Kinscherff, 1992), feeding problems that may lead to maternal detachment (Powell, Low, & Spears, 1987), chronic disabilities and physical impairments (U.S. Department of Health and Human Services, 1993), and developmental disabilities (Ammerman, 1991; Ammerman, Hasselt, Hersen, McGonigle, & Lubetsky, 1989). Child characteristics that result from maltreatment (aggressive, provocative, and approach-avoidant behaviors) may be important factors in repeated abuse or revictimization (Dodge, Bates, & Pettit, 1990; Wolf, 1985).

In addition to children with the aforementioned characteristics, very young children are particularly vulnerable. Children 5 years of age or younger, especially those younger than 1 year, are the most frequently reported victims of maltreatment (particularly physical abuse and neglect); 82% of maltreatment fatalities involve children younger than 5 years, whereas 43% involve infants younger than age 1 (Wang & Daro, 1998).

CRISIS CHILD CARE PROGRAMS

Crisis child care programs vary from state to state. In Iowa they are administered by community nonprofit service agencies with funding and regulation from the State of Iowa Department of Human Services and support from statewide child maltreatment prevention organizations. The designated community agencies provide short-term, 24-hour child care for families who are experiencing a crisis, resulting in a risk of child abuse or a lack of adequate child care. Crisis situations include, but are not limited to, unforeseen situations involving a caretaker that create beyond-normal needs for child care, such as illness or surgery, car accidents, death or suicide, mental health and substance abuse treatment, arrest, abuse not necessitating foster care as determined by child protective services, or parental determination that they may harm their children. Loss of housing (homelessness) or inadequate housing as a result of electricity and/or heat being turned off in the winter, fire damage, or environmental damage to housing caused by flood or storm, and lack of an extended family to provide assistance are other possible crisis situations. A safe, temporary environment for the children is provided by paid, in-home, registered family day-care providers and/or licensed day-care facilities, 24 hours a day, 7 days a week, for up to 30 days per year at no charge to the family. In addition, parents have access to counseling, community resource referrals, and transportation to reach needed resource assistance.

METHODS

Design

The design of this study was descriptive correlational in that it described the relationships among the variables of (a) families who perceived themselves to be in crisis and therefore used the services of a crisis

Table 1. Descriptive statistics for the study sample*

Descriptive statistic	Mother	Father
Mean age (range)	27.8 (17-49)	30.3 (17-62)
Education (%)		
<High school	26 (23)	19 (25)
High school	80 (71)	54 (70)
>High school	7 (6)	4 (5)
Employment (%)		
Full-time	80 (88)	59 (83)
Not employed	13 (12)	12 (17)
Occupation (%)		
White collar	4 (4)	2 (3)
Blue collar	76 (79)	57 (93)
Students	16 (16)	2 (3)
Marital status (%)		
Married	60 (25)	
Family Income(s) (%)		
<4000	14 (13)	
4001-6000	48 (45)	
6001-10,000	20 (19)	
10,001-15,000	12 (11)	
15,001-20,000	13 (12)	
Race (%)		
White	105 (92)	67 (84)
African American	5 (4)	8 (10)
Native American	2 (2)	1 (1)
Hispanic	2 (2)	4 (5)

*Complete information not provided by all respondents. Percentages reflect respondent sample for each question.

nursery, (b) parenting stress levels, and (c) family demographic characteristics. In addition, this study tested the hypothesis that the reported incidence of child maltreatment would decrease significantly in those counties that had crisis nurseries compared with those that did not.

Instruments

At program entry, parents completed a basic sociodemographic questionnaire (Parent Information Form) designed by the author that included questions with regard to age, sex, and health of the children; ethnic background of the family members; and age, education, marital status, occupation, employment, and income of the parents. Parents were also asked to complete the Parenting Stress Index (PSI) (Abidin, 1990) before and after crisis care interventions.

The PSI consists of 101 items that measure parent competence and stress. The PSI was designed primarily to identify parent-child systems that are under stress and at risk for the development of dysfunctional parenting behaviors or behavior problems of the child involved. In addition to indicating a Total Stress level, the PSI indicates scores relevant to stress associated with the child's specific characteristics, the parent's characteristics, and life stress events. The Child Domain subscale includes measures of adaptability, acceptability, demandingness, mood, and distractibility. The Parent Domain subscale includes measures of personal stress related to depression, attachment, social isolation, spouse (partner relationships), and health. The Life Stress subscale provides an index of the amount of stress outside of the parent-child relationship (e.g., death of a relative or loss of a job). A Total Stress score is obtained by summing the parent and Child Domain subscale scores. The Total Stress score is assumed to be of primary importance in determining high stress in the parent-child relationship and identifying families who may be at risk for the development of dysfunctional behavior (Abidin, 1990). Items on the PSI are rated on a five-point Likert scale ranging from "strongly agree" to "strongly disagree."

The Total Stress score is assumed to be of primary importance in determining high stress in the parent-child relationship and identifying families who may be at risk for the development of dysfunctional behavior.

The reliability coefficients were computed on the basis of the responses of a sample of 534 participants (Abidin, 1990). These coefficients range in magnitude from .62 to .70 for the Child Domain subscales and from .55 to .80 for the Parent Domain subscales. The reliability coefficients for the two domains are .89 and .93, respectively, with the reliability coefficients for the Total Stress score reported as .95. Cross-cultural validation values were nearly identical to the original normative sample, and approximately 80 studies have been cited as supporting the concurrent, construct, discriminant, predictive, and factoral validity of the PSI (Abidin, 1990).

Sample

Families in this study were self-referred through the use of a well publicized hotline or were referred by human service agencies. The population for this study included all families who resided within the four intervention counties in a predominantly rural midwestern state, who represented approximately 8.3% of the state's population. The basic ethnicities of the study population was German, Irish, and English, with a racial composition of 97% White, 1.2% African American, 1.5% Hispanic, and 0.12% Native American. The high school completion rate for the counties' population was 71.5%, with 10% of the families having no paid workers. The demographic characteristics of the

Table 2. Parental Stress Index Pretest scores

Variable (high score range)	Pretest *M*	Pretest *SD*
Child Domain (≥122)	114.96	26.81
Child adaptability (≥31)	28.42	6.68
Child acceptability (≥17)	14.41	4.16
Child demandingness (≥24)	22.26	6.90
Child mood (≥13)	11.94	3.91
Child distractibility/hyperactivity (≥31)	26.59	6.28
Child reinforces parent (≥12)	11.33	3.93
Parent Domain (≥153)	140.97	32.64
Parent depression (≥27)	22.95	7.03
Parent attachment (≥16)	13.59	3.87
Parent restriction of role (≥26)	20.50	6.04
Parent sense of competency (≥37)	32.95	8.25
Parent social isolation (≥14)	15.92	5.05
Parent relationship/spouse (≥23)	21.06	5.79
Parent health (≥16)	13.98	3.89
Total Parenting Stress score (≥260)	255.90	56.72
Life Stress score (≥17)	34.58	7.48

study population were generally representative of the entire state.

One hundred fifty families and their 269 children received crisis nursery program interventions. Of this number, 127 families (85%), including 221 children, participated in the study data collection to some extent. Of the total sample (N = 127), 114 (90%) completed the demographic/health form, 119 (94%) completed the PSI pretest, and only 2 (2%) completed the PSI posttest. Reasons for not completing all the measurements included the emergent nature of the subjects' problems on admission to the crisis nursery program or the subjects' unavailability to complete the posttest because of the transient nature of their lifestyle.

RESULTS

Demographics

Parent illness/accident was the reason for 43% (n = 55) of all admissions, and domestic violence was the reason for an additional 13% of the admissions (n = 17). The most frequently noted source of parent referrals to the crisis nursery program was other service agencies (79%, n = 100). The crisis nursery also referred 66% (n = 84) of all families to other agencies for additional support services. The children typically were very young (54% [n = 119] were younger than 3 years) and many were currently or chronically ill (46%, n = 102). An additional 20% (n = 44) of the children currently did not have a family physician, 16% (n = 35) did not have current immunizations, approximately 11% (n = 24) were below the 10th percentile on standard physical growth charts, and 4.5% (n = 10) were suspected child maltreatment victims. The provocation for crisis nursery care was either suspected or actual child maltreatment in 30% (n = 38) of admissions.

Table 3. Reported incidence of child abuse for counties with and without crisis child care programs*

	Before program (%)	After program (%)	Total (%)
Counties with crisis nurseries	3,855 (77)	1,151 (23)	5,006 (9.6)
Counties without crisis nurseries	35,063 (74)	12,324 (26)	47,387 (90.4)
Total	38,918 (74)	13,475 (26)	52,393 (100)

*n = state child population 0 to 17 years of age = 2,776,755 (x 3 years of study.)
χ^2 = 16.91
d.f. = 1
$p \leq .0001$

The demographic data essentially painted a portrait of economic disadvantage, health problems, and current or needed usage of other social support agencies.

The demographic data essentially painted a portrait of economic disadvantage (Table 1). A substantial percentage (58%, n = 74) reported annual incomes of less than $6000. The self-described occupation classification of parents was primarily blue collar (70% of mothers and 84% of fathers), and the total sample had unemployment rates greater than state and county norms (12% for mothers and 16% for fathers).

Parenting Stress Index

The mean Total Stress score was 255.90, which is on the cusp of the high stress range (≥260) (Table 2). The mean Child Domain score (114.96) and the mean Parent Domain score (140.97) were both within the low-normal range. The low-normal range scores in the Parent and Child Domains and the high-normal Total Stress scores may be associated with disengaged parents and represent type II false-negative results, associated with parents who have little investment in the role of parenting and minimal involvement with their children (Abidin, 1990). The Child Domain subscores, that is, the total group mean scores for Child Acceptability (14.41) and Child Mood (11.94), were both below the 15th percentile rank of the normal range. In addition, two findings in the Parent Domain

subscores support the possibility of a Type II false-negative result related to disengaged parents.

The total group mean scores for Attachment (13.59) and Social Isolation (15.92) are both below the 15th percentile rank of the normal range. These scores indicate that the parents had low levels of attachment to their child and also that they were socially isolated. Because the parents are detached from their life circumstances, parent-to-child attachment and social isolation most likely do not represent perceived stress to them. Abidin (1990) reported that disengaged parents often have anxiously attached children who show early signs of psychological dysfunction. These children are also noted to sustain more injuries between ages 2 and 4 years, which is interpreted as suggesting lower vigilance and less monitoring by parents.

Disengaged parents have little investment in the role of parenting and minimal involvement with their children.

The mean Life Stress score was 34.58 (*SD* = 7.48), which is high; scores above 17 are indicative of high stress. As described earlier, this score is an index of the amount of stress outside of the parent-child relationship. It is noted that parents who earn raw scores above 17 are in stressful-situation circumstances often beyond their control, such as the death of a relative or loss of a job (Abidin, 1990).

The mean Total Stress score for the total group and several demographic characteristics of the group were examined to determine the presence of a significant relationship. No significant correlation was found between the Total Stress score and any of the measured demographic characteristics, which included provocation of need, mother's age, mother's education, mother's occupation, mother's income, parent illness, child currently ill, or child previously ill. Further analysis also did not provide any evidence of a relationship between the identified demographic factors and the Life Stress score.

Reported Incidence of Child Maltreatment

State child maltreatment reporting statistics were used to determine whether a significant decrease occurred in the reported incidence of child maltreatment in counties with crisis nurseries compared with counties that did not have these programs. Counties with the programs reported a 13% decrease in the incidence of child maltreatment during the period after implementation of the crisis nursery program; the remaining state counties had a 0% decline during the same period. A comparison of the reported incidence of child maltreatment between counties with and without crisis nurseries indicated a significant decrease, χ^2 (1, N = 2,776,755) = 16. 91, p< .0001, in counties with crisis nurseries (Table 3).

Implementation of a crisis nursery program may have significantly decreased the reported incidence of child maltreatment. Unknown intervening variables such as other prevention programs or major population shifts could be responsible for this finding. Factors that could account for differences in the reported incidence of child maltreatment were examined for their impact on this finding. First, the number of prevention programs sponsored by the state and the Iowa Chapter for Prevention of Child Abuse remained constant during the study period. Second, there had not been any changes in the Department of Human Services child maltreatment reporting procedures or new Department of Human Services supervisors during the study. In addition, the possibility that a short-term fluctuation in the reported incidence of child maltreatment occurred is partially ruled out by the stability of these figures during the previous 4 years. However, other variables that were not measured could have had an impact on this noted decrease. It is important to note that these findings reflect only a general trend. More definitive data could be obtained from a study that directly examines the incidence of founded child maltreatment among families who receive crisis child care and then compares those rates with the rates of other at-risk groups and those of the general population. The author is currently conducting a study of this nature and the results should help place the aforementioned results in proper context.

DISCUSSION

The demographic data essentially painted a portrait of economic disadvantage, health problems, and current or needed usage of other social support agencies. Several indicators underscore these findings. A substantial percentage of the parents who sought to participate in the crisis nursery program reported annual incomes of less than $6000, well below the poverty level. Compounding the disadvantage that poverty can have on children's health, 20% of the children did not currently have a family physician and 16% did not have current immunizations. In addition, many of the children were currently or chronically ill (46%) and 4.5% were suspected child maltreatment victims. The provocation for crisis nursery care was either suspected or actual child maltreatment in 30% of admissions.

The most remarkable finding of the analysis of the PSI was the high mean on the Life Stress scale. These findings validate the parents' perceptions that they were in crisis and in need of direct services. In addition, the Total Stress score was also considered on the cusp of the high range. When the high scores from these two

subscales are considered together, it is indicative of the need for professional assistance (Abidin, 1990).

There were no significant correlations between the Total Stress score or the Life Stress score and any of the demographic characteristics. One possible explanation may be that the demographic factors represent constants in the peoples' lives and as such there had been a measure of adaptation to them. This results in a constant but endurable, moderately high stress level within the family. However, these families are very susceptible to external situational stressors because they lack both the material and emotional resources to compensate for unexpected events.

A strong linear relationship was found between the Child Domain score and the Parent Domain score (r = .82). This correlation is sufficiently large to indicate that there is little unique information in these two subscales for this sample. No evidence was found of a relationship between Life Stress score and Total Stress score, and although these two areas measure different constructs, as previously discussed, it was anticipated that they would demonstrate a significant positive relationship. This finding suggests that the majority of this group's family stressors were external to the family, and as a result, the families, who were already experiencing moderately high internal stress, tended to pull together to face the external crisis. There were no significant findings among the Parent Domain scores or the Child Domain scores on the PSI. As previously discussed, the findings suggest that the majority of this group's perceived sense of crisis was related to situational stressors that were external to the family.

Overall, the families in this study appear to cope daily with moderate to high intrafamilial stress levels and to endure economic hardship and health problems. However, when they are confronted with unexpected external stressors, they are at a disadvantage. It is important to note that during these crisis situations the service these families sought was crisis child care, the purpose of which is to provide safe care for children. This seems to indicate that the parents are concerned about their children's well-being, but that they do not have available social support to aid them in the care of their children.

Crisis child care programs are often the only safety net to which many of these clients have access to or feel comfortable using.

The crisis child care program is a form of social support. This study adds general support to the conjecture that the availability of social support for at-risk families who experience crisis can decrease the reported incidence of child maltreatment. These findings also lend support for Garbarino's ecological model (1977) of child maltreatment. However, a larger demographic range with inclusion of more urban centers is needed to further test the effectiveness of crisis nurseries in reducing the reported incidence of child maltreatment. In addition, the statistics for the reported incidence of child maltreatment would benefit from direct examination of the child maltreatment registry to determine the actual rate of maltreatment among families who utilize these services.

IMPLICATIONS

Readily accessible child health care, family support groups, stress management classes, and parent education interventions are highly indicated for clients in these programs. Crisis child care programs are often the only safety net to which many of these clients have access or feel comfortable using. They represent a door to the most needy and at-risk clients and are an important resource for nurses to access or to cooperatively initiate on behalf of their at-risk clients. Additionally, nurses in a variety of settings should establish themselves as professionals affiliated with these programs to address the many nurse-sensitive outcomes identified by and for these families. The continuity of nursing care between and among care settings is essential for effective nursing intervention with at-risk families. Also, it is an important time for nurses to expand their community networking to access pertinent resources for at-risk families and to provide guidance to local policy makers regarding the types and priorities of child maltreatment preventive efforts that are worthy of support.

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WHAT'S YOUR OPINION?

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