



Lives at risk: Uncovering factors associated with fatal child maltreatment



Adrienne Whitt-Woosley*, Ginny Sprang, Brian D. Gustman

University of Kentucky, United States

ARTICLE INFO

Article history:

Received 20 May 2014

Received in revised form 8 October 2014

Accepted 13 October 2014

Available online 22 October 2014

Keywords:

Child

Maltreatment

Fatalities

Transactional model

ABSTRACT

Awareness of cases of fatal child maltreatment has risen significantly in recent years suggesting the presence of a serious threat to young children despite extensive child welfare, clinical and legal responses to the issue. The purpose of this study was to identify differences between high risk child maltreatment and fatal risk cases and associated child protective service factors. For this study, 50 cases of fatal and near fatal child maltreatment were compared to a random sample of 50 moderate to severe maltreatment cases to determine predictors of group affiliation using a transactional model of child maltreatment to guide model development. Results indicate that recognition of having a male perpetrator, in cases of physical abuse, in families with approximately two children living in more rural environments notably improved the odds of predicting fatal risk cases. Prior referrals to Adult Protective Services, less out of home care and poor utilization of in-home services were also noted differences in the service records of the groups. Implications regarding early intervention and child protection measures that could be utilized to reduce risk are offered.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Fatal child maltreatment represents the loss of society's most vulnerable citizens. Compared with other more widespread social ills, the estimated number of 1570 child deaths from maltreatment in the U.S. in 2011 may seem like a small number, yet these fatality statistics are widely believed to be an underestimate given the difficult task of identifying maltreatment related fatalities (Child Welfare Information Gateway, 2013; Crume, DiGiuseppi, Byers, Sirtonak, & Garret, 2002; Schnitzer, Covington, Wirtz, Vehoe-Oftedahl, & Palusci, 2008). Previous studies have found that children are more likely to be killed in their own home by their own family members than by anyone else or anywhere else in society (Browne & Lynch, 1995). One study found that among young children murdered in the U.S. during a 25 year period, 61% were murdered by their parents (Friedman, Horwitz, & Resnick, 2005). These figures are concerning and exist in spite of elaborate systems of child protection, reporting, prevention and intervention efforts.

These findings beg the question of what makes cases of fatal child maltreatment resistant to widespread efforts to mitigate the incidence and severity of child maltreatment. Previous studies have examined risk factors associated with fatal child abuse or neglect, yet these investigations often include limited variable domains, rely on incomplete child protection databases, and utilize varying methodologies, making comparisons across studies difficult. Given the nature of fatal

maltreatment, these challenges are seemingly inevitable yet limit the data available to guide prevention and intervention efforts. A more recent study of child maltreatment fatalities including a larger sample than typically encountered ($N = 600$) by Klevens and Leeb (2010) utilizes descriptive and chi square analysis to establish differences in child maltreatment type and perpetrator characteristics. This study includes a national sample rather than the more regional focus represented by other studies, and it confirms previously identified patterns of risk for children under the age of 1, the presence of physical abuse and abusive head trauma and the increased risk associated with male caregivers. A study comparing the differences between fatal risk and other maltreatment cases by Chance and Scannapieco (2002) utilizes cluster analysis to create risk profiles and identifies strong similarities between the groups, but also noted the risk for fatal maltreatment associated with younger aged children and caregivers, families with prior abuse histories, and those with more recent household changes and other related factors. However, this study is limited by its small sample size ($N = 38$) and reliance on regional, retrospective data. Other studies of fatal child maltreatment also have characteristically small samples and rely on retrospective and incomplete information dictated by the availability of datasets, at times restricting the analyses to a focus on only mothers or fathers (Cavanagh, Dobash, & Dobash, 2007; Friedman, Horwitz, & Resnick, 2005; Krischer, Stone, Sevecke, & Steinmeyer, 2007; Schnitzer & Ewigman, 2005).

A transactional model of child maltreatment (Sameroff & Chandler, 1975) was used to conceptualize the problem of fatal child maltreatment, to organize the review of risk factors for fatal abuse and neglect previously identified, and to guide the selection and interpretation of factors examined in reference to this sample. A transactional model of

* Corresponding author at: Center on Trauma and Children, 3470 Blazer Parkway, Suite 100, Lexington, Kentucky 40509, United States.

E-mail address: alwhit4@uky.edu (A. Whitt-Woosley).

child maltreatment asserts that the interactions among all of the individuals and larger systems involved determine the outcomes for the child in the short and long-term course of development (Cicchetti, Toth, & Maughan, 2000). This model's acknowledgment of the complex nature of interactions among risk variables is especially relevant when attempting to develop implications for multi-systemic approaches to prevention and intervention.

Caregiver risks for fatal maltreatment identified in past studies include lower parental age, poverty, being unrelated to the child, being a male caregiver, being a first-time parent, having a history of abuse in childhood, having multiple children at an early age, a history of violence in the home, caregiver mental health and substance abuse problems, and lower education levels (Brewster, Nelson, & Hymel, 1998; Browne & Lynch, 1995; Friedman, Horwitz, & Resnick, 2005; Lee & Lathrop, 2010; Overpeck, Brenner, Trumble, Trifiletti, & Berendes, 1998; Schnitzer & Ewigman, 2005; Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002). At least one notable caregiver risk is cited as varying by maltreatment type. In cases of fatal physical abuse, perpetrators are typically fathers and mothers' partners, whereas mothers are more often the perpetrators of fatal neglect (National Center for Child Death Review, 2008).

Child related risk factors frequently include being a very young child or infant, having special medical needs, having a diagnosis of non-organic failure to thrive, severe head injuries, and a history of frequent prior injuries (Browne & Lynch, 1995; King, Kiesel, & Simon, 2006; Lee & Lathrop, 2010; U.S. Department of Health and Human Services, 2011). Maltreatment factors in the literature include chronic neglect, death subsequent to severe head trauma, having a history of multiple forms of maltreatment, and having a prior substantiated child protection history (Child Welfare Information Gateway, 2013; Hicks & Gaughan, 1995). Environmental or systemic factors, such as the potential rurality of families or the nature of interactions with social supports and potentially intervening agencies are not specifically cited as risk or protective factors in the literature, but analysis of these variables would likely serve useful to enhancing our understanding of the factors contributing to fatal maltreatment, as well as strategies for prevention and intervention.

This study examines the relationships between factors associated with fatal risk and non-life threatening cases of child abuse and neglect. Caregiver, child, and systemic (including child protection or maltreatment) factors were selected for analysis according to this model to determine possible predictors of fatal child maltreatment. Additionally, child protection investigation and service patterns are compared to determine potential differences in harm reduction strategies utilized in each group.

2. Methodology

Data for this study was obtained from an outpatient assessment center that specializes in evaluating child protection involved families to aid in case, permanency and treatment planning. Only families with substantiated abuse or neglect findings were eligible for assessment, and those who consented to have their clinical data retained for research use from 2000 to 2011 were included in the database (N = 913). Permission for secondary data analysis of this clinical dataset was obtained from the University Institutional Review Board and the appropriate state agency responsible for the protection of human subjects for child welfare involved cases. From this database, 50 cases of fatal and near-fatal child maltreatment were identified for review, as well as a random sample of 50 comparison cases of non-life threatening, but moderate to high risk child abuse or neglect in order to determine potential differences among these groups, and the ability of certain child, family, and systemic characteristics to predict group affiliation.

The process for identifying and determining whether a case was included in the Fatal Risk Group was based on a review of the child

protection records for each case conducted by two study personnel who were charged with documenting whether the case was a confirmed maltreatment related fatality, and whether identified near-fatalities met the standard cited by the Children's Bureau (2013). The definition states that a near-fatality includes acts that can place a child in serious or critical condition. The children included in the near-fatality subgroup (N = 35) were harmed as a result of serious medical neglect, neglect (typically related to poor supervision or severe malnourishment) or extremely forceful and/or repeated physical abuse. All of the children required intensive medical intervention, many suffered traumatic brain injuries, some ingested harmful substances, and others suffered extensive injuries to multiple areas of their bodies. The long-term consequences for the children in the near-fatality subgroup varied in that some made full-recoveries and others had chronic cognitive and physical handicaps as a result. The causes of death for the fatality cases (N = 15) were similar or the same, but resulted in fatal consequences due in large part to the timing and effectiveness of medical intervention. Therefore, the Fatal Risk Group used in the subsequent analysis is a combination of cases defined by their overtly life-threatening degrees of maltreatment. Bivariate analysis generally did not uncover significant differences between the fatal and near-fatal subgroups regarding the profile of perpetrators, children, service system involvement or systemic factors (see Tables 1 and 2). One difference was noted in that the perpetrators of abuse in the near-fatality cases were more likely to have a confirmed history of violence though both groups showed similarities in regard to there being some indication of violence among these perpetrators (Fatality Group = 42.9% confirmed, 28.6% suspected; Near-fatality Group = 68.8% confirmed, 3.1% suspected). In general, these cases shared the same profile of characteristics across the domains of factors identified by the transactional model of maltreatment, and as such, were combined to create the Fatal Risk Group.

Once the cases were identified as meeting criteria for inclusion in the Fatal Risk Group, 50 cases were randomly selected for the Comparison Group from the clinical database of non-life threatening cases of child maltreatment, and matched according to the age of the target children (defined as the identified target of the maltreatment in each case). Data was then selected for inclusion in the study from the domains of caregiver, child, and environmental/systemic factors represented by the transactional model discussed earlier. Data collection was driven by a protocol that included semi-structured interviews, psychometric measures and retrospective record reviews. The caregiver information included in the analysis focused on the perpetrator of the fatal risk or critical incident (in the Comparison Group, this was characterized as the most serious or severe incident of maltreatment).

2.1. Measures – caregiver factors

Caregiver age (years), gender (male, female), ethnicity (Caucasian, African American/Black, Latino, Biracial, Other), relationship to the child (mother, father, stepmother, stepfather, mother's partner, father's partner, extended family, nonrelative), single vs. co-parent status, employment status (unemployed, part-time, full-time), and education (years) were documented in the collateral and historical analysis conducted as part of the risk assessment for each family. The data

Table 1
Comparison of mean scores for the fatality and near fatality sub-groups.

Continuous variables	Fatality	Near fatality	t	Sig.
Perpetrator age	24.92	25.48	.252	.802
Perpetrator education (years)	10.44	11.33	1.11	.278
Number of children	2.33	2.06	-.745	.460
Child age	3.20	3.82	.498	.621
Beale Code (rurality index)	4.60	4.00	-.708	.482
DCBS reports in history	6.87	5.86	-.634	.529
Prior substantiations	.73	1.17	.984	.330

Download English Version:

<https://daneshyari.com/en/article/10311537>

Download Persian Version:

<https://daneshyari.com/article/10311537>

[Daneshyari.com](https://daneshyari.com)