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Risk factors for fatal and non-fatal child maltreatment in families previously investigated by CPS: A case-control study

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ABSTRACT

The objective of this study was to identify individual, family and caregiver risk factors for serious child maltreatment, resulting in hospitalization or death, among children and families investigated by Child Protective Services (CPS). We conducted a matched case-control study of 234 children who sustained fatal or serious nonfatal maltreatment due to physical abuse or neglect and whose mother was named in a CPS investigation between 1999 and 2013. A total of 702 children and their caregivers were included in the study with 234 cases matched 2:1,resulting in 468 controls. Data on potential risk factors were abstracted from three county administrative databases. Differences between cases and controls were calculated and multivariable conditional logistic regression was used to estimate risk models. Variables associated with increased risk for serious maltreatment included male child gender,younger caregivers, three or more children under the age of 5 living in the home, families in which a biologic child was not living with either parent, and scoring moderate or high on the Structured Decision Making Risk Tool®. Caregiver involvement in intimate partner violence (IPV) and child enrollment in public health insurance appears to mitigate the risk of serious maltreatment.

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1. Introduction

In 2014, an estimated 1580 children died due to abuse or neglect, an incidence of 2.13 per 100,000 children. Nearly 80% of child maltreatment fatalities involved parents as perpetrators (U.S. Department of Health and Human Services, 2015). Studies utilizing weighted hospitalization discharge databases estimated the annual number of U.S. hospitalizations due to physical abuse (PA) at 4569 for children less than 18 years old and at approximately 3200 among children under 3 years of age (Leventhal & Gaither, 2012). Numbers of children hospitalized due to neglect are not currently known. These estimates

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are based on either reports made to the national reporting system by child welfare agencies or by studies designed to get a nationally representative estimate of serious maltreatment. Actual numbers may be higher.

In 12.2% of fatalities reported from 29 states, families had received CPS services within the past 5 years (U.S. Department of Health & Human Services, 2015). Additionally, between 19 and 34% of families have a recurrent report of maltreatment within 2 years of an original report to a child welfare agency (Connell, Bergeron, Katz, Saunders, & Tebes, 2007; Fluke, Shusterman, Hollinshead, & Yuan, 2008; Fluke, Yuan, & Edwards, 1999), with up to 50% recurrence five years after an initial report (DePanfilis and Zuravin, 1998). These data highlight the chronicity and frequency of maltreatment suffered by children known to Child Protective Services (CPS).

To aid in critical decisions child protection agencies must make as they work to ensure adequate protection of children, many agencies have invested in decision-making support tools. Structured Decision Making (SDM) tools, developed by the Children's Resource Center (CRC), are used in 40 U.S. states (National Council on Crime & Delinquency, 2012). One tool is an actuarial, research-based risk assessment, designed to predict which children are likely to experience recurrent maltreatment (Johnson, Wagner, & Scharenbroch, 2007). Validation studies of the SDM risk assessment tool have demonstrated that each level of risk categorization (low, medium, high, and very high) predicts a corresponding rate of reported subsequent maltreatment (Johnson et al., 2007; Johnson, Wagner, Scharenbroch, & Healy, 2006; Johnson, 2011).

This study sought to identify risk factors that may assist CPS workers to better predict the likelihood that a child may suffer subsequent serious maltreatment (hospitalization or death). Additionally, the study aimed to determine whether the SDM tool had predictive value in identification of caregivers at risk of seriously harming a child. Resulting knowledge may guide CPS policies and practice in determining those at greatest risk, necessitating intensive services and intervention.

2. Methods

2.1. Study design

A case-control design was used to discern risk factors for subsequent episodes of serious child maltreatment (requiring hospitalization or causing death) among families investigated by CPS for a previous report of abuse or neglect. The case-control study design is efficient for studying rare outcomes, and retains the advantages of a retrospective cohort study when both cases and controls are drawn randomly from the same longitudinal cohort, as in this case (Cummings, Koepsell, & Roberts, 2001). Specifically, when controls consist of persons who were at risk for the outcome being studied, but did not experience that outcome, the odds ratio provides an estimate of the relative risk of the outcome in the target population (i.e., families investigated by CPS for suspected abuse or neglect) (Rothman, 2008).

2.2. Population

2.2.1. Case children. Cases were defined as all residents < 6 years of age of a large metropolitan county in Northern California with a diagnosis of PA or severe neglect resulting in hospitalization or death and whose mother was listed in a prior investigation for maltreatment by CPS. CPS utilizes matrilineal database tracking, therefore the mother's name is listed in all familial investigations by CPS and is the most consistent method of tracking child maltreatment investigations. We retrospectively identified all children under 6 years of age in the county between January 1, 1999 and February 1, 2013 who met the following criteria: 1) sustained a serious maltreatment event (referred to as the 'index event') resulting in hospitalization or death due to PA or neglect; and 2) the mother of the child was listed in a county CPS investigation (referred to as the 'baseline investigation') prior to the index event.

Cases were identified by reviewing all reports resulting in CPS investigations with substantiated (confirmed) dispositions of 'physical abuse', 'severe neglect' (negligent failure of a caregiver to protect the child from severe malnutrition or willfully causing endangerment of the child's health by the intentional failure to provide adequate food, clothing, shelter, or medical care) or 'general neglect' (the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred) of a child younger than 6 years of age (Welf. & Inst. Code, §11165.2). Reports made by mandated reporters were reviewed. All cases were substantiated by CPS as either PA or neglect maltreatment or were determined by the Child Death Review Team (CDRT) to be deaths attributed to PA or neglect.

If a child suffered an index event, but the maternal caregiver had not been listed in a prior investigation by CPS, the child and family were excluded from the study since CPS had no prior knowledge of the family and therefore had not had the opportunity to gather information on key risk factors. Finally, five families either had more than one child experience the same event (i.e., multiple homicide), or had one or more children who had an event that qualified as an index event. When this occurred, only the first event was included.

2.2.2. Control children. Control children were identified from the Child Welfare System/Case Management System (CWS/CMS) database. Children were eligible for the control group if their mother had been listed in a CPS investigation for child maltreatment after 1999, but there were no subsequent investigations for maltreatment resulting in the hospitalization or death of

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