

Longitudinal Experiences of Children Remaining at Home after a First-Time Investigation for Suspected Maltreatment

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Objective To describe longitudinal change in risk for children remaining at home following a first-time investigation for suspected maltreatment.

Study design A retrospective cohort study of children remaining at home following first-time investigation for maltreatment using a nationally representative sample of households involved with Child Protective Services. Outcomes include poverty, social support, caregiver depression, intimate partner violence (IPV), drug/alcohol dependence, corporal punishment, and child behavior problems at baseline, 18, and 36 months following first-time Child Protective Services investigation. We present longitudinal models to (1) estimate prevalence of risk factors at each timepoint; and (2) examine associations between risk-specific service referrals and longitudinal change in risk factor prevalence.

Results Our sample represented 1 057 056 US children remaining at home following first-time investigation for maltreatment. Almost 100 000 (9.2%) children experienced out-of-home placement within 36 months. The prevalence of poverty (44.3%), poor social support (36.3%), caregiver depression (24.4%), IPV (22.1%), and internalizing (30.0%) and externalizing (35.8%) child behavior problems was above general population prevalence at baseline and remained high over the next 36 months. Referral to risk-specific services occurred in a minority of cases, but was associated with significant longitudinal reductions in IPV, drug/alcohol dependence, and externalizing child behavior problems.

Conclusions Children remaining at home following a first-time investigation for maltreatment live with persistent risk factors for repeat maltreatment. Appropriate service referrals are uncommon, but may be associated with meaningful reduction in risk over time. Pediatricians and policy makers may be able to improve outcomes in these families with appropriate service provision and referrals. (*J Pediatr* 2012;161:340-7).

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In 2009, Child Protective Services (CPS) became involved in the lives of more than 3 million children in the United States.¹ Only one-quarter of these children were substantiated as victims of maltreatment; less than one-tenth were placed in out-of-home care. Regardless of CPS substantiation or placement decision, research suggests that many CPS-involved children continue to experience significant adversities in the years to come.²⁻⁵ These adversities are associated with poor emotional and physical health in adolescence and adulthood.⁶⁻¹⁰ Research suggests a dose-response relationship between childhood adversities and negative outcomes, highlighting the importance of preventing future exposures to adversity for these children.⁷

Although federal child protection legislation balances the need for child abuse investigation and prevention, CPS involvement in a household is traditionally weighted towards investigation and substantiation of suspected abuse.¹¹ Prior research suggests that CPS involvement with a family, regardless of substantiation, is not associated with improvements in household or caregiver risk factors for repeat maltreatment.² Children remaining at home are less likely to receive mental health services and are less likely to have improvement in mental health problems than peers in foster care.¹²⁻¹⁴ In follow-up of both US and Israeli cohorts, children remaining at home have lower functioning and lower quality of life than children placed in foster care.^{15,16} With few exceptions, the effectiveness of interventions to prevent child abuse and improve outcomes in these families remains unknown.¹⁷

Many children living at home after CPS involvement remain at risk of repeat maltreatment and ongoing childhood adversities. They may remain in homes struggling with poverty, social isolation, family violence, caregiver depression, substance abuse, and child behavior problems. A first CPS investigation for suspected maltreatment, regardless of outcome, may present a window of opportunity for pediatricians to discuss and address unmet needs in these families and begin to reduce risks for future maltreatment. As a first step towards this goal, we undertook this study

AOR	Adjusted OR
CPS	Child Protective Services
IPV	Intimate partner violence
NSCAW	National Survey of Child and Adolescent Well-Being

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to describe the longitudinal experiences of a nationally representative sample of children remaining in the home following a first CPS investigation for suspected child maltreatment.

Methods

We conducted a retrospective cohort study of CPS-involved children remaining at home following a first-time investigation for suspected child maltreatment.

We drew our study sample from the CPS component of the National Survey of Child and Adolescent Well-Being (NSCAW). The CPS component of NSCAW is a longitudinal sample of 5501 children aged 0-14 years followed prospectively after a CPS investigation for suspected abuse or neglect. NSCAW selected subjects from 92 social service agencies in 36 states in the United States, using a sampling strategy to provide national estimates of characteristics of the children and families involved with CPS.¹⁸ Appropriate statistical techniques allow national estimates to be generated for selected subpopulations within the sample.¹⁹ For this analysis, we restricted the NSCAW sample to 2017 subjects remaining at home following a first-time CPS investigation for suspected abuse or neglect.

The NSCAW data were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, New York and are used with Archive permission. The University of Utah Institutional Review Board approved the analysis of deidentified NSCAW data.

NSCAW enrolled subjects 2-6 months after closure of a CPS investigation occurring between October 1999 and December 2000. Investigators followed these subjects prospectively over 5 waves of data collection.¹⁸ For this study, we relied on survey data obtained during face-to-face interviews with caregivers and caseworkers at baseline, 18 months, and 36 months following CPS case closure.

We selected measures of household, caregiver, and child risk to capture the longitudinal experiences of children remaining at home following a first-time CPS investigation.^{17,20-23} These measures are described in [Table I](#). Where possible, we identified prevalence estimates for these same risks in the general US population for comparison.^{22,24-28}

To describe CPS involvement with these households, we identified the primary type of maltreatment (physical or sexual abuse, neglect, or other) and the outcome of CPS investigation (substantiated or not). To assess the association between services provided or offered by CPS caseworkers, we identified one risk-specific service for each of the outcomes of interest ([Table I](#)). For each subject, we noted whether the CPS caseworker provided, arranged, or referred families to these risk-specific services during the course of the investigation. Finally, we identified those children who were removed from the home at any point over the 36 months after first-time CPS involvement based on caregiver or caseworker report at the 18- and 36-month interviews.

All multivariable models included potential confounding variables, including child and caregiver age, child and

caregiver sex, child race (minority vs majority) and ethnicity (Hispanic or non-Hispanic), caregiver education (high school diploma or not), and parent status (single or partnered).

There are 3 levels of missing data in the NSCAW dataset. They are wave-based non-response (drop-out), design-based non-response, and item-based non-response. Wave-specific probability weights developed by NSCAW investigators were used to adjust for wave-based non-response.¹⁹ Design-based non-response was identified as a potential limitation to our findings. Bivariate comparisons of item-based non-response for outcomes of interest were conducted to identify potential bias.

Analysis

We examined demographics and CPS case information for each subject at baseline, generating national estimates to describe children remaining in the home following first-time CPS investigation for suspected child maltreatment. For each outcome, we created 2 longitudinal logistic models to describe the experiences of children over 36 months following CPS involvement in the home. For our base model, we included all significant demographic covariates, primary maltreatment type, and CPS investigation outcome. In the second model, we retained all base model covariates and added an interaction between time and CPS referral to risk-specific services. For each model, we calculated marginal probabilities to reflect the adjusted proportion of children living with the outcome of interest at each NSCAW survey point. We compared the prevalence of each outcome at 18 and 36 months to baseline prevalence, and compared differences in longitudinal change in prevalence in each outcome associated with CPS interventions offered at baseline.

All analyses were conducted with the *svy* analysis package in Stata v. 12.0 (StataCorp, College Station, Texas), using subpopulation commands to assure appropriate weighting for our selected sample. This provides robust SEs to account for stratification, clustering, and weighting in the NSCAW sampling design.¹⁹ All results are presented as estimates of frequencies, means, proportions, and adjusted ORs (AORs) based on NSCAW wave-specific probability weights to reflect the national population of children remaining at home following a first-time CPS investigation.

Results

From the full NSCAW CPS sample, 2017 NSCAW subjects remained at home following a first-time CPS investigation for suspected abuse or neglect. These subjects represented 1057056 US children with CPS involvement between October 1999 and December 2000.

Outcome variables were missing in less than 5% of subjects with an expected response, with the exception of household income. At the baseline interview, 159 (7.9%) cases were missing data related to household poverty levels. Missing data for this variable were associated with younger child age, child minority race, and younger caregiver age ($P < .05$).

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