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Child abuse and neglect re-report rates for young children with developmental delays



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ABSTRACT

The study objective was to examine the likelihood and magnitude of child abuse and neglect (CAN) re-reports for young children (0–71 months) with delays in cognitive, language, and adaptive development, compared to typically developing children. The National Survey of Child and Adolescent Well-Being (NSCAW II), a nationally representative and longitudinal survey, was used to examine CAN re-reports at two follow-up waves, 18- and 36-months post baseline assessments. Logistic regression models were employed to determine the correlation between number of developmental delays and a CAN re-report at waves 2 and 3. Results indicate that children with three or more domains of delays had odds 4.73 times higher than children without developmental delays of re-report to CPS at wave 2 but not at wave 3. In this study, children with multiple developmental delays have elevated rates of CAN re-reports when compared to typically developing children. Allocation of child welfare resources should include strategies for preventing maltreatment risk among children with developmental delays.

1. Introduction

The number of children intersecting with the child welfare system is an ongoing social and public health concern. From 2011–2015, child abuse and neglect (CAN) reports increased by 9%, representing an additional 277,000 reports in a four-year span (U.S Department of Health & Human Services [USDHHS], 2017). Recent statistics reveal that approximately four million reports to child protective services (CPS) were recorded, involving more than seven million children (USDHHS, 2017). At greatest risk for maltreatment are children aged birth to 5 years old, and those with developmental delays and disabilities (Sullivan & Knutson, 2000; USDHHS, 2017). Yet, little is known about the chronic risk of child maltreatment for young children with developmental delays when compared to children without delays. To examine the chronicity of CPS involvement, this longitudinal study examined the likelihood of recurrent CAN reports for children with delays in cognitive, language, and adaptive (i.e., living and social skills) development.

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1.1. Maltreatment and developmental delays

Within CPS, studies estimate that 20%–36% of children younger than 5 years old have a documented developmental delay or disability (Lightfoot, Hill, & LaLiberte, 2011; Slayter, 2016; Zimmer & Panko, 2006). Determining the precise number is challenging because of the aggregated way the terms *developmental delays* and its subgroup *disabilities* are sometimes used in practice and scientific literature. Developmental delays capture a wide range of delays including cognitive, language, and adaptive development, that may resolve as a child gets older. Developmental disabilities include conditions such as intellectual disability, cerebral palsy, and autism spectrum disorder, which are expected to continue indefinitely, although developmental progress also occurs (Association of University Centers on Disabilities, 2018). Still, even with the intermixed terminology, families of young children with delays have higher rates of contact with CPS compared with families of children without delays (Lightfoot et al., 2011; Slayter, 2016; Zimmer & Panko, 2006).

There may be a number of reasons why children with developmental delays are over-represented in the child welfare system. The rigorous regimen of medical and behavioral services a child requires may tax the time and resources of the parent, leaving parents with elevated stress and feelings of isolation (Baker, Blacher, Crnic, & Edelbrock, 2002). Alienation from social networks can be compounded if the child struggles with emotional and behavioral difficulties, as is common among children with developmental delays or disabilities (Emerson & Einfeld, 2010; McDonald, Milne, Knight, & Webster, 2013). These factors can create a situation prime for maltreatment, triggering CPS involvement. In addition, frequent visits to medical and behavioral providers can affect rates of CPS involvement in another way. Specifically, recurring interactions between children with delays and professionals provide an extra layer of natural surveillance (McKenzie & Scott, 2011). Such interactions may lead to increased CAN reports simply due to information that might not be available for families with similar risks and fewer routine interactions with service professionals.

Beyond family stressors and natural surveillance by service providers, CPS involvement for these children is also perceived to be influenced by systemic factors (Algood, Hong, Gourdine, & Williams, 2011). CPS workers are mostly composed of social workers, who often have minimal exposure to training on children with developmental delays while in graduate school (Williams & Haranin, 2016). Without a core understanding of developmental delays, social workers cannot take advantage of their position within CPS to effectively mitigate chronic risk for children with delays. For instance, referrals to services can be challenging for CPS workers with less experience and fewer resource linkages to developmental delay services, forfeiting a much-needed collaborative systems approach (Corr & Santos, 2017). In fact, only a fraction of CPS-involved young children with developmental needs receive referrals to Part C services, programs that provide Early Intervention (EI) services for young children with developmental needs (Casanueva, Cross, & Ringeisen, 2008; Stahmer et al., 2005; Zimmer & Panko, 2006). Additionally, in a qualitative study, CPS workers reported feeling uncertain about identifying disabilities, placement options, and services to meet the complex needs of children with delays and disabilities (Shannon & Tappan, 2011). Limited referral and accessing of these important service interventions can detrimentally affect outcomes for CPS involved young children with developmental delays, placing them at greater risk for repeated CAN reports.

1.2. Chronic maltreatment risk

The presence of prior CAN reports has been found to be the strongest independent risk factor for a re-report of child maltreatment (Higgins & McCabe, 2003; Putnam-Hornstein, 2011), and re-reports appear to be a common occurrence (Proctor et al., 2012). A prospective study that tracked more than 29,000 infants reported to CPS found that 60.7% were re-reported within 5 years, with a median of 312 days between the first and second report (Putnam-Hornstein, Simon, Eastman, & Magruder, 2015). Similarly, findings were noted in a previous study that, on average, more than one quarter of alleged maltreatment cases were re-reported within 12 months (Connell, Bergeron, Katz, Saunders, & Tebes, 2007). Whereas first-time CAN reports can be viewed as opportunities to intervene, cases of re-reports may signal unmet service needs (Jonson-Reid, Emery, Drake, & Stahlschmidt, 2010; Proctor et al., 2012; Putnam-Hornstein et al., 2015).

Given the evident presence of children with developmental delays in CPS, exploring the likelihood and magnitude of re-reports for this vulnerable group seems warranted. Although one study found that children with developmental delays/intellectual disability were not at an increased risk of chronic maltreatment (Jaudes & Mackey-Bilaver, 2008), several more studies have documented some aspects of elevated chronic maltreatment risk for children with delays and disabilities (Dakil, Sakai, Lin, & Flores, 2011; Hershkowitz, Lamb, & Horowitz, 2007; Schormans & Brown, 2006; Sullivan & Knutson, 2000). For instance, Schormans and Brown (2006) used descriptive statistics to show that children with developmental delays, which were dichotomized as *delay* and *no delay*, experienced multiple incidents of maltreatment with longer durations (i.e., maltreatment lasting over 6 months). Similarly, Sullivan and Knutson (2000) found that individuals (0–21 years old) with a disability, which included speech/language, orthopedic, hearing disability, visual disability, autism, learning disability, intellectual disability and behavior disorder, were more likely to endure multiple (71%) episodes of maltreatment than single (29%) episodes when compared to nondisabled individuals. Generalizing from such reports to determine chronic risk within the early childhood population is difficult because both studies did not include longitudinal data and they aggregated a larger age range than the current study.

Another study found that 25.8% of children with developmental disabilities, who remained in the home after an initial CAN report, were more likely to be re-reported for maltreatment, compared to 18.3% of children without an identified disability (Dakil et al., 2011). A limitation of that study is that disability was defined based on caseworker report and not confirmed through direct evaluation or other sources. Caseworkers were asked, “Does [child] have a special need? A special need is a developmental disability,” to differentiate the children in their sample. A more thorough analysis of this population is required, including documentation of developmental delays using valid and reliable measures that capture a broad range of development, including cognitive, language, and adaptive (i.e., living and social skills) functioning.

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