



Is child protective services effective?

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ABSTRACT

A number of studies have concluded that there is little observable connection between CPS involvement and improved outcomes for children and families. Evidence of CPS effectiveness is complicated by the presence of selection bias and difficulty controlling for confounding. To understand outcomes by group and intervention effects, comparable groups are necessary and difficult to ascertain using CPS administrative case record data. This study examines the causal effect of CPS involvement on the likelihood of future maltreatment using administrative case management records from July 1, 2010 and June 30, 2011. The current study accounts for differences in pre-existing condition between groups to establish sound estimates of CPS involvement effects. Logistic regression models were used to examine the difference in subsequent substantiated investigation between families with comparable risk and differing service recommendation ($p = 0.83$), recurrence among families with comparable risk, the same service recommendation that did or did not receive services ($p = 0.83$). Hazard models were used to explore risk of substantiated investigation among families with comparable risk and differing service recommendation ($p = 0.77$). Results indicate receipt of CPS services had no observable effect on recurrence of maltreatment overall and among families with similar levels of risk of recurrence. Further inquiry into worker attributes, decision-making, types of and quality of services offered to families could help explain the effective, or ineffectiveness, or services.

1. Background

Approximately nine children per 1000 in the United States were victims of child abuse and neglect in 2015—nearly 700,000 children (US Department of Health and Human Services, 2017). According to the US Department of Health and Human Services (2017), of the approximately 700,000 who received a child protective services intervention or alternative response, “75% were neglected, 17% were physically abused, and 8% were sexually abused”. Approximately 400,000 victims receive post-response services (US Department of Health and Human Services, 2017). It is further estimated that 1670 children died of abuse and neglect in the United States in 2015, a rate of 2.25 children per 100,000 children (US Department of Health and Human Services, 2017).

How society ought to react to these cases of child maltreatment continues to be debated. Interest in governmental intervention in cases of child abuse and neglect has been of particular interest since the time of Mary Ellen Wilson in New York City in 1874 (Myers, 2008). “The Story of Mary Ellen” captured national and worldwide attention and

shifted child maltreatment from a largely private matter to a subject of public dialogue (McDaniel & Lescher, 2004). As a public matter, protecting children became a mandate for governments.

The mandate of child protection was reinforced in the early 1960s by pediatrician C. Henry Kempe and colleagues’ “The Battered Child Syndrome” (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Their paper raised awareness of the consequences of child abuse and neglect broadly and moved the conversation on child welfare to one of child protection and the reporting of suspected maltreatment. Following the work presented in the paper and elsewhere, states began passing mandatory reporting laws in 1963, and by 1967, all 50 states had passed some form of mandatory reporting law (Brown & Gallagher, 2015). Every state now has child abuse reporting statutes that define what constitutes child abuse in that particular state, who is mandated to report the abuse, and how child protective services (CPS) is expected to respond to reports (Wolfe, 2012).

While the framing of CPS around a government responsibility to respond to reports of child abuse and neglect is clear, assessment of how well government has fulfilled this mandate has been less clear. In fact,

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some have gone so far as to say CPS has largely failed. In a retrospective on the impact of “The Battered Child,” [Worley and Melton \(2013\)](#) concluded that the current system of reporting and CPS response has fallen short in actually keeping vulnerable children safe. They suggested that both under- and over reporting have undermined the intentions of the system and recommend exploring different approaches to supporting child welfare and keeping children safe.

Overall, research is mixed on any causal association among CPS interventions or involvement with the improved risk factors, maltreatment recurrence, and/or re-report ([Bae, Solomon, Gelles, & White, 2010](#); [Campbell, Cook, LaFleur, & Keenan, 2010](#); [Casanueva et al., 2015](#); [DePanfilis & Zuravin, 2002](#); [Fluke, Shusterman, Hollinshead, & Yuan, 2005](#); [Hindley, Ramchandani, & Jones, 2006](#); [White, Hindley, & Jones, 2015](#)).

Looking at CPS involvement broadly (rather than at specific interventions that might be encompassed within CPS involvement), there is little evidence that CPS involvement is effective. For example, [Campbell et al. \(2010\)](#) compared families longitudinally to observe any changes in risk factors after CPS investigation. The study authors found no changes in social support, family function, poverty, maternal education, or child behavior problems as a result of CPS investigation. The authors posit that CPS investigation would be related to resultant improvements in household, caregiver, and child risk factors. Their findings suggest that services provided to investigated families had little effect on underlying factors associated with risk of re-reports of maltreatment and that opportunities for primary or secondary prevention may be missed. [Kohl, Jonson-Reid and Drake \(2009\)](#) found no difference in recurrence outcomes (re-report, substantiated re-report, and foster care placement) when comparing investigations that resulted in substantiated or unsubstantiated decisions. In California and many jurisdictions, the substantiation decision often determines whether a case is closed or receives post-investigation services (voluntary or involuntary) or the child(ren) are removed from the home ([Reed & Karpilow, 2002](#)). Workers may also offer services for unfounded or unsubstantiated cases ([Reed & Karpilow, 2002](#)). This study suggests that case opening decision (substantiation vs. no substantiation) is not associated with recurrence.

In addition to the relationship of risk factors and case opening decisions on recurrence, a number of studies have concluded that there is little observable connection between various types of CPS involvement and improved outcomes ([Bae et al., 2010](#); [Barth, Guo, & McCrae, 2008](#); [DePanfilis & Zuravin, 2002](#); [Fluke, Shusterman, Hollinshead, & Yuan, 2008](#); [Fluke, Yuan, & Edwards, 1999](#); [Hindley et al., 2006](#); [White et al., 2015](#)). [Fluke et al. \(2008\)](#) found that CPS involvement was actually related to an increase in subsequent victimizations. Using data from the National Child Abuse and Neglect Data System, they found that CPS service provision, including foster care, was associated with higher rates of subsequent events. [Fluke et al. \(2005\)](#) found that child victims that had received post-investigation services had a 35% increased risk of re-report.

Not all findings have concluded no effect. While narrow, there has been some evidence of effectiveness ([Casanueva et al., 2015](#); [Drake, Jonson-Reid, & Sapokaite, 2006](#); [Jonson-Reid, Chung, Way, & Jolley, 2010](#); [Kahn & Schwalbe, 2010](#)). For example, [Casanueva et al. \(2015\)](#), found that receipt of post-investigation services had a 29–47% decrease in the odds of re-report and a 51% decrease in the odds of recurrence, depending upon the data source and sample. Research suggests that CPS may have a protective effect on recurrence immediately following the index case of maltreatment, however, the effect was not long in duration and attenuated with time ([DePanfilis & Zuravin, 1998](#); [Jonson-Reid et al., 2010](#)). Using a structural equation approach to account for complex interactions between services, needs, and stress, [Kang \(2015\)](#) found no relationship between services and maltreatment recurrence but did find evidence that emotional support from CPS workers could have indirect effects on recurrence. Kang found that emotional support from a worker tended to increase the caregiver's perception that

services matched needs, and this perception in turn decreased stress; finally, that decreased stress was related to reduced child maltreatment recurrence.

Examining alleged perpetrator recurrence (rather than maltreatment recurrence), [Jonson-Reid et al. \(2010\)](#) found that CPS services were associated with a decrease in re-reports but that this association attenuated over time. A study by [Solomon and Åsberg \(2012\)](#) asked whether CPS interventions were effective at reducing recurrence within specific family factors or particular CPS intervention factors. The study found that some intervention and family characteristics could interact to produce lower future maltreatment rates. These studies were not able to conclude that CPS per se was effective, but they did highlight the complexity of effectiveness in regard to differing individual and family interactions with particular service approaches and elements.

All of these studies suffer from the lack of comparable groups with respect to risk of recurrence. They control for variables associated with risk but the actual risk of recurrence among the study populations is not known. The lack of studies that have comparable groups severely limits the field's ability to make inferences about a causal association between CPS involvement or intervention on maltreatment recurrence or improvement in risk factors for maltreatment.

The search for evidence of CPS effectiveness is complicated by the difficulty of accounting for selection bias. [Fuller and Nieto \(2014\)](#) correctly pointed out that many studies of effectiveness inadequately account for differences in pre-existing conditions between families that do and do not receive services. It can be difficult to discern whether differences in outcomes are due to the pre-existing conditions or to the service intervention. Fuller and Nieto took a propensity score-matching approach to resolving the issue to account for how families were initially selected to receive services. Their result, though, was not different from most other studies: CPS involvement did not produce any significant effects on the likelihood of future maltreatment referrals. While taking an appropriate approach to accounting for selection bias, the authors express the limitations of the approach to fully account for differences between intervention and non-intervention groups.

The question around the appropriateness of group comparability should be a prominent one in this field of research. The issue is often described in terms of confounding, which describes a problem of non-comparability of groups and, as a concept, is rooted in epidemiology ([Miettinen, 1995](#); [Morabia, 2011](#)). If, prior to the intervention, the risk of the outcome is not the same for the two groups, testing outcome rate differences after the intervention will produce inaccurate, misleading, and potentially backwards effect estimates ([Vandenbroucke, 2002](#)).

Resolving confounding effects is critical for establishing causality. To produce findings that outcome rates are different between groups can provide descriptive insights. But to establish *why* group outcomes are different, especially to measure the degree to which an intervention caused differences, requires researchers to establish the comparability of groups at a point before intervention. In child maltreatment research, often data are not available related to risk of recurrence because it is not captured and is therefore unobservable.

One method of estimating the effect of a treatment or intervention is by using instrumental variable analyses ([Ertefaie, Small, Flory, & Hennessy, 2017](#)). This type of analysis is used for observational studies or where random assignment to an intervention or control groups is not possible or ethical. Studies across different disciplines show that instrumental variable analyses can be used to provide an unbiased treatment effect estimation in the presence of unmeasured confounders if the assumptions hold ([Cawley, 2015](#); [Davies, Smith, Windmeijer, & Martin, 2013](#); [Ertefaie et al., 2017](#); [Miladinovic, Kumar, Hozo, & Djulbegovic, 2011](#)).

In the current study, the primary concern is with the causal effect of CPS involvement on the likelihood of future maltreatment. Expanding on existing research on the effectiveness of CPS intervention this study takes an innovative approach to resolve confounding ([Fuller & Nieto, 2014](#)). To resolve the confounding issue and address the non-

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