Risk Factors for Fatal Child Maltreatment: Implications for Trauma Informed Assessment and Practice

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Learning Objectives

1. Participants will increase knowledge of risk for child maltreatment fatality.

2. Participants will develop skills to implement systems review of risk related to child maltreatment fatality.

3. Participants will increase their understanding of the value added by conducting a case review in addition to data mining to assess risk for maltreatment fatality.
Presentation Outline

1. Define child maltreatment fatality
2. Prevalence and circumstances
3. Risk factors
4. Implications
5. Case review
Child Maltreatment Fatality

• The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. § 5101), as amended by the CAPTA Reauthorization Act of 2010, retained the existing definition of child abuse and neglect as, at a minimum:
  – “Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” 42 USC 5101

• Maltreatment Fatality
  – Death of a child as a result of abuse and neglect, because either an injury resulting from the abuse and neglect was the cause of death; or abuse and neglect were contributing factors to the cause of death” (USDHHS, 2013, p.113).
Prevalence
(USDHHS 2013 Child Maltreatment 2012)

• 1,640 children died from abuse or neglect
  – 44.4% < 1 year of age
  – 70.3% 3 years old and younger
  – 69.9% suffered neglect either exclusively or in combination
  – 44.3% suffered physical abuse either exclusively or in combination
Prevalence
(USDHHS 2013 Child Maltreatment 2012)

• Slightly higher among boys (2.54 per 100,000) than among girls (1.94 per 100,000)

• Higher rates among Pacific Islander and African-American children
  – Pacific Islander    - 4.69 children per 100,000
  – African-American  - 4.67 children per 100,000
  – White children    -1.60 children per 100,000
Rate of Death by Age
(USDHHS 2013 Child Maltreatment 2012)

• Rate of death decreases with age (rate per 100,000 children in the population of the same age)
  » <1   18.83
  » 1    6.46
  » 2    4.49
  » 3    2.80
  » 4    2.19
  » 5    .98
  » 6    .71
  » 17   .12

• Total 2.2 per 100,000 children
Under Reporting

- Ewigman 1993
- McClain 1993
- Herman-Giddens 1999
- Crume 2002
- Knight 2005
- Cotton 2006
- Palusci, 2010 Tursz 2010
- Schnitzer 2011
- McKenzie 2012
Under Reporting Neglect

• Asser 1998
• Overpeck 2002
• Knight 2005
• Palusci 2010
• Schnitzer 2011
• McKenzie 2012
Under Reporting

- States do not include information about fatalities to NCANDS from non-CPS Sources
- Fatality is not identified as maltreatment
  - Medical causes
  - Unintentional Injury/Accidents
  - SUID/SIDS
- Reliance on findings of medical examiner without understanding what those findings mean
- Resources
- Availability of experts
- Different opinions or values
Risk Prediction
(Kaplun & Reich 1976 examining 1968-69 data)

- Child age – young child
- Parent, mother, father, unrelated adult
- Death occurs in the home
- Living in poverty saturated areas
- History of assaultiveness
- Drug or alcohol addiction
- Promiscuity
- Presence of abused children in homes of young mothers; out of wedlock births
- Isolation
Perpetrator Characteristic (USDHHS 2013
Child Maltreatment 2012)

• 79.2% - one or more parents
• 29.2% - the child’s mother alone
• 17.1% - father alone
• 21.9% - both parents
• 12.5% - no parental relationship
• 8.3% - unknown perpetrator
Literature – Perpetrator Characteristics

- 34.9% of FCM perpetrators were fathers and 24.2% were mothers’ boyfriends in PA incidents (Schnitzer & Ewigman, 2005).
- Living in a household with unrelated adults - 50 times the risk for fatal injury (Schnitzer & Ewigman, 2005)
  - 84% Perpetrator was the unrelated adult
  - 74% Mother’s boyfriend
- Male perpetrators with a history of domestic violence - 12 times more likely to commit fatal maltreatment than biological mothers with physical (e.g., diabetes) or mental health problems (Yampolskaya et al., 2009).
- Perpetrators are generally in early adulthood under the age of 30 ((Chance and Scannapieco. 2002; Herman-Giddens et al 2003 Kunz & Bahr 1996).
Literature

Family/Household Characteristics

- Major life stressor (Lucas, 2002)
- Primary provider unemployed (Anderson, 1983)
- Living with non family members increases risk 10 times (Stiffman, 2002)
- Living with large households or change in household composition (Chance and Scannapieco, 2002)
- Parental mental health (Fein, 1979; Korbin, 1987; Lucas, 2002; Margolin, 1990)
- Parent child relationship stressed (Korbin 1987; Chance and Scannapieco, 2002, Graham 2010; Douglas 2012)
  - Unrealistic expectations of child
  - Provoking behavior
Literature All Deaths
(Overpeck et al., 2007)

• Birth and death certificates between 1983 and 1991- most important risk factors:
  – second or subsequent infant born to a mother less than 17 yrs.,
  – young maternal age (under 19) and second or subsequent birth,
  – maternal age of less than 15,
  – no prenatal care,
  – less than 12 years of education
  – African American and American Indian
Literature — Child Death Review
Ewigman, Schnitzer, Adam, & Krause (2002)

• All child deaths in Missouri, 92-94 (n = 2,591)
• 175 identified as death from maltreatment
• 55 (39%) from inflicted injury;
  • 71% from shaking, dropping or other blunt force trauma
• 61% indirect involvement by a parent or caregiver - i.e. failure to protect the child from danger
  • 31% fire,
  • 26% drowning,
  • 14% unsafe sleep &
  • 14% MVC
Literature – Maltreatment Deaths
(Stiffman et al., 2002)

• Missouri, children less than 5 yrs., 92-94
• maltreatment deaths more likely to:
  – be male
  – African American
  – third or subsequent child born to mother
  – resided in households with another relative or unrelated adult males & boyfriends of mother
  – have siblings under age 5
  – history of substantiated abuse or neglect.
Literature Child Maltreatment Fatality - US
Douglas (2013)

- 55.93% of parents were most likely to have a mental illness
- 41.52% Domestic violence
- 36.44% Drug use
- 23.72% Alcohol use
- The majority of families struggled with two or three parent-child problem areas and household problem areas
  - 63.2 % unemployed
  - 50.86% recently experienced a major life event
  - 44.92% socially isolated
- Almost 40% of families were not regularly using services they had been referred to.
- 63.4% reported close monitoring of the family
- 81.6% reported full risk assessment
Literature Maltreatment Fatalities
(Palusci & Covington 2014)

• Data from the US National Child Death Review - 2005 to 2009
• 49,947 child deaths from 23 states
  – 2,285 cases in which child maltreatment caused or contributed to fatalities
• Common contributor to death was neglect
  – 51% failure to protect from harm
  – 21% Failure to seek or follow treatment
  – 11% failure to provide necessities
• Abusive Head trauma
  – 60% of the physical abuse deaths
  – 30% of the total
• Victim characteristics:
  o The mean age was 2.5 years; Male (60%); White (47%)
• 33% of children had prior CPS reports
Literature - Maltreatment Fatalities
(Schnitzer & Ewigman, 2005)

• Missouri CFRP, deaths under 5 yrs, 92 - 99; compared to children who died of natural causes except for SIDS;
• Young child age,
• African American,
• born to young, unmarried mother with less than high school education, eligible for Medicaid, and
• who received no or late prenatal care
• who had prior CPS reports and young siblings in home
• Unrelated adults more likely to die of inflicted injury;
• No increased risk for residing with one parent
文学 – 伤亡死亡
Stiffman & Ewigman (2005)

- 所有在密苏里州1992-99年的伤亡死亡事件（n=901）
  - 149起伤害性事件
  - 36%未满1岁
  - 57%未满2岁
  - 90%未满3岁
  - 73%因晃动或击打孩子
  - 13.4%因窒息
  - 5.4%因枪击
  - 8.7%因烧伤和中毒
- 71%的施暴者为男性
Literature PA Physical vs. Neglect
Damashek, 2013

- 685 cases 21 years – Fatal child maltreatment in Oklahoma
- Victims - young children 5 and below
- Perpetrators – parents
  - males more likely to perpetrate abuse
  - Non related males more likely to be perpetrators of abuse
  - Females more likely to perpetrate neglect and to be related
- African American and Latino children overrepresented
- Most fatal child maltreatment from neglect
- Not involved with the child welfare system previously
- Prior report about any child in the home at greater risk of neglect
- A greater number of people with children living in the home predicted higher risk for fatal neglect
Literature Unintentional Injuries
Schnitzer and Ewigman (2008) Missouri CFRP

- N= 380
- More likely to be African American, male,
- born to young, unmarried mother with less than high school education,
- late or no prenatal care
- eligible for Medicaid,
- prior CPS reports
- siblings under age 5,
- living with unrelated adults 6 times more likely to die of unintentional compared with two parents
Literature - Child Welfare History
(USDHHS 2011 Child Maltreatment 2010)

• 75% of the families had never come to the attention of the state’s CPS agency
• 12.1% had received family preservation services in the preceding 5 years.
• 1.3% of fatality victims had been placed in foster care and subsequently reunified with their family in the preceding 5 years.
9-36% or Fatal Child Maltreatment cases have a prior child welfare history (Crume et al., 2002; Peddle, Wang, Diaz, & Reid, 2002; USDHHS, 2012).

Prior victims twice as likely to die before the age of 18 (Jonson-Reid, Chance, and Drake, 2007)

More likely to die from abuse or neglect than maltreated children who had not been removed (Chance & Scannapieco, 2002).

Prior report of maltreatment associated with almost 6 times the risk for death from later injury (Putnam-Hornstein, 2011).
Literature Neglect vs. PA

• Compared fatal child neglect to fatal child abuse (Margolin, 1990, Iowa, N = 82) Neglect fatalities had larger family size, single parent family, bio relative perpetrator.

• Less severe CPS investigations -compared to those that did not result in fatality to fatality (Graham et al., 2010; Texas, N = 531) Concluded that predictive factors are different for physical abuse and neglect and can better predict fatalities when physical abuse present.
Public Health Approach
(Jonson-Reid et al. 2008)

• Difficulty in accurately predicting individual risk of future death, a public health approach to improve early childhood parenting and access to services has been recommended
Citizen Review Panel Findings

– Parent was teen in 5 of 6 and in 6th had been a teen when first child was born
– Multi-generational child welfare reports
– Historical allegations of neglect took several forms
  • Condition of the home/children
  • Substance abuse
– Underlying issues were never addressed
– All of the families moved frequently but stayed long term in the community; chaotic households
– Household membership grew as families grew
– Multiple services over long periods of time provided
Implication for Policy & Practice
Trauma Informed Care

- Relationship between trauma and interpersonal relationships
- Post Traumatic Stress Disorder
- Intergenerational transmission of trauma
- Involvement in child welfare system requires engagement and trust from people who have may have learned not to trust and who have negative perceptions
Implications for Policy & Practice

• Policy and practice must recognize substantial risk of the youngest victims
• Community Response is necessary
  – Requires funding for a continuum of services and support from prevention to intervention
    • Especially for young parents
    • And difficult to engage families
• Neglect and Abuse are different
• Trauma informed practice
  – Shift thinking to recognize underlying issues
• Interagency collaboration is needed
Implications for Research

• Definitions – no standard definition for neglect
• Risk for abuse and risk for neglect need to be considered separately
• Research using data from one source (CPS, death certificate, law enforcement) results in considerable under estimations of child maltreatment fatalities.
• Poor interagency collaboration regarding reporting standards.
Child Fatalities in Arizona

• 71 Child deaths known to CPS
• Comprehensive data collection tool developed to collect data through case record review:
  – Child
  – Siblings
  – Family
  – Prior report history
  – Social demographics