



National Resource Center for
Family-Centered Practice and Permanency Planning
at the Hunter College School of Social Work

INFORMATION PACKET:

Repeat Maltreatment

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Repeat Maltreatment

Child Maltreatment

Child maltreatment is the general term used to describe the various forms of child abuse and neglect. The Administration for Children and Families of the Department of Health and Human Services defines child maltreatment as “an act or failure to act by a parent, caregiver, or other person as defined under state law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child.” Consequently, each state provides its own definition of child abuse and neglect (<http://nccanch.acf.hhs.gov/pubs/factsheets/whatiscan.cfm>).

Each state has child protective services (CPS) agencies that are entrusted to respond to the needs of children who are alleged to have been maltreated and to ensure that they remain safe. Referrals to child protective services are made by professionals, such as teachers, physicians and nurses, as well as nonprofessionals based on familial or neighborhood contacts with the child. Some referrals are screened out while others entail an investigation by child protective services to determine the seriousness of the report and to investigate potential safety issues of the child or the family. As a result of the investigation, it is decided whether the child has been maltreated or is at risk of future maltreatment, and actions may be taken including provision of in-home services or separation of the child from the family. A child removed from home may in the future be reunited with his or her family, or parental rights may be terminated with the child becoming eligible for adoption (Fluke, J.D., et al, 2005).

Research over the past several decades has uncovered a number of factors that appear to increase the likelihood that a child will be abused and/or neglected. Parental depression, low self-esteem, abuse of alcohol or of other psychoactive substances, and history of child abuse of the parent(s) are some of the socio-emotional factors associated with increased risk of child abuse. Female headed single-parent households, domestic violence, poor social networks and family poverty are also correlated with high levels of child abuse and neglect. At the same time, wide variations regarding the accepted methods of child rearing and disciplinary practices, such as corporal punishment, exist across cultural contexts, and normative methods of child rearing may be misconstrued as child maltreatment by the dominant cultural value system (Guterman, N., et al, 2005).

In 2004, child protective services agencies in the United States received 3 million reports of child neglect or abuse concerning 5.5 million children, of which 872,000 children were substantiated as victims of abuse or neglect. This is consistent with the rate of 11.9 victims per 1,000 children, a decrease from a rate of 12.5 in 2003. About 62 percent of child victims experienced neglect, including medical neglect, 18 percent were physically abused, 10 percent were sexually abused, 7 percent were emotionally or psychologically abused, and over 2 percent were medically neglected. In addition, almost 15 percent of victims experienced "other" types of maltreatment as "abandonment," "threats of harm to the child," or "congenital drug addiction." (U.S. Department of Health and Human Services, 2004).

About 48 percent of victims were male and 52 percent were female. The youngest children accounted for the largest percentage of victims and overall victimization was inversely proportional to age of the child. African-American and Native American children had the highest rates of victimization at about 20 per 1000 children, white children and Hispanic children had rates of approximately 11 and 10 per 1000 children respectively, and Asian children had the lowest rate of about 3 per 1000 children. About 40 percent of victims were maltreated by the mother acting alone, about 18 percent were maltreated by the father acting alone, and about 17 percent were maltreated by both parents (U.S. Department of Health and Human Services, 2004).

In 2004, approximately 1,490 children died from abuse or neglect, up from 1,100 in 1999, and consistent with a rate of about 2.03 children per 100,000. About 36 percent of children died of neglect followed by physical abuse at 28 percent, and about 30 percent of children died from multiple kinds of maltreatment (U.S. Department of Health and Human Services, 2004).

Repeat Maltreatment

Adapted from Child Maltreatment 2004 (U.S. Department of Health and Human Services, Administration on Children, Youth and Families) and Rereporting and Recurrence of Child Maltreatment: Findings from NCANDS (2005) by Fluke, J.D. et al.

The definitions of maltreatment recurrence vary significantly between studies. Most commonly recurrence has been defined as a substantiated report following a prior substantiation that involved the same child victim or family (Fluke, et al., 2003). Regardless of the path of the child within the child welfare system following a referral alleging child abuse or neglect, most children are involved only once with child protective services. A minority of children are referred to CPS more than once and some of them are found to be victims of repeat child abuse or neglect. The majority of subsequent victimizations occurred within a few months from the initial report. The analysis of the National Child Abuse and Neglect Data System (NCANDS) by Fluke, et al. revealed that in all, about 28 percent of children were *re-referred* to CPS within five years, and about 17 percent of the victims were *revictimized* within five years. Cases where the initial reports were made by medical, social services and law enforcement personnel were associated with a lower likelihood of rereporting than reports by nonprofessional sources. Children who received services were more likely to be rereported than children who did not receive services.

The analysis of the Child and Family Services Reviews data set for 2003 (U.S. Department of Health and Human Services, 2003) examined recurrences of maltreatment within a 6 month period and noted trends similar to those above:

- In comparison to children who experienced physical abuse, children who were neglected were 23 percent more likely to experience recurrence.
- Child victims who were reported with a disability were 61 percent more likely to experience recurrence than children without a disability.
- Children who received post-investigation services were 35 percent more likely to be found to be maltreated again compared to children who did not.

- Children who had been removed from their home were 16 percent more likely to experience abuse and neglect again than children who remained with their families.
- The youngest children (from birth through age 3) were the most likely to experience a recurrence of maltreatment.
- Compared to white children, Asian-Pacific Islanders were 59 percent less likely to experience recurrence. African-American children were 18 percent less likely to experience recurrence than white children.
- Children reported by “other” or unknown sources, which for the most part were nonprofessionals, were 24 percent more likely to experience recurrence than children reported by social services or mental health personnel. Children reported by educational personnel were 25 percent more likely to experience abuse or neglect again than children reported by social services or mental health personnel.
- Children for whom the perpetrator was not a parent were 21 percent less likely to experience recurrence than children who were abused by their mother.

Best Practices Tips

Adapted from Child Maltreatment Recurrence: A Leadership Initiative of the National Resource Center on Child Maltreatment (2003) by Fluke, J.D., and Hollinshead, D.M.

As a result of 1994 legislation to improve accountability over the states’ meeting the requirements of the Social Security Act Titles IV-B and IV-E and to ensure positive outcomes of the States’ child welfare agencies, the Administration for Children and Families (ACF) instituted Child and Family Service Reviews (CFSRs) to examine the child welfare practices by states (Milner et al, 2005). Recurrence of child maltreatment is one indicator captured by the CFSRs. Furthermore, the Children’s Bureau established the national guidelines for recurrence of maltreatment for the states as a state meeting the requirement if “of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the period under review, 6.1% or fewer children had another substantiated or indicated report within six months” (U.S. Department of Health and Human Services, 2003). If a state fails to meet the above rate, it must develop a Program Improvement Plan as mandated by the Adoption and Safe Families Act (ASFA) of 1997.

Research findings from multiple studies of recurrence of child maltreatment have identified key features of child maltreatment that may be used in the design of state policy to reduce recurrence. The following areas of improvement are suggested by Fluke and Hollinshead to assist the states in reducing maltreatment recurrence:

1. Information System Improvement

Improving the data and the integrity of a state's or CPS information system is an important consideration. Therefore, a review of the information system should be a starting point for many agencies. The areas of concern include the use of unique identifiers for children, delays in getting completed investigation determinations, the degree to which investigation data reflect different unique circumstances, and the identification of events that occurred in the past.

2. State Policy Improvement

Two critical areas of state level policy development that may impact recurrence are implementation of safety and risk assessment technology and development of diversified response systems.

Safety and risk assessment technology may impact worker and supervisory decisions regarding the identification of circumstances that endanger children, and can help target appropriate intervention more accurately to children and families. At this stage the research base does not strongly support one approach to safety and risk assessment over another especially inasmuch as the results of comparison studies are confounded by potential bias.

Diversified response systems may reduce recurrence primarily because they represent a definitional shift in conditions that are considered maltreatment. For example, Pennsylvania implemented a type of diversified response approach where only physical abuse, sexual abuse and severe neglect are considered to be part of the formal statewide response to child maltreatment. Other forms of child maltreatment are handled by the county agencies, but not considered a part of Child Protective Services at the state level. One possible outcome of implementing such a system is that recurrence is reduced since the definition of victimization is restricted; therefore, the overall level of victimization is reduced.

3. Intervention Targeting

One major profile of child characteristics likely to experience recurrence includes: children who are neglected or experience multiple maltreatment types or who have a prior history of maltreatment. Children with these characteristics constitute a large block of children with higher recurrence rates and represent about 18 percent of victims in most states. Consequently, interventions and services designed to address children with these two characteristics are likely to have a considerable overall effect on a state's recurrence rates. Children who are relatively young and children who are severely maltreated are also good candidates for enhanced service interventions.

The presence of either substance abuse or domestic violence within families appears to create conditions where recurrence is most likely. The existence of these two characteristics points to the need to enhance services to this population, and to enhance the identification of these conditions among caregivers.

Other important characteristics of families that appear to influence the likelihood of recurrence include prior history of maltreatment, psychological problems, lower incomes, lack of social support, and single parents or stepparents.

Children and families that receive continuing services, including foster care services, have higher rates of recurrence compared to children and families who do not. Such findings may be due to surveillance effects associated with service provision. It may also be that children and families who receive services are already at higher risk and therefore may be inherently more likely to recur, no matter what is done. It is not clear from the research exactly what accounts for the higher recurrence rates when services are provided. A more focused effort at reducing recurrence among children and families who are served is very likely to be an effective improvement strategy.

Mechanisms to address the target populations could include some of the features of services that seem to be associated with lower recurrence. Services features and implementation of service approaches that may be promising include providing longer term treatment services, insuring that caregivers receive services and attend appointments, and providing a more comprehensive set of services.

Examples of Model Programs

Healthy Start Hawaii

Hawaii's Healthy Start Program (HSP) is a child abuse prevention program that identifies families at risk for future child abuse, and uses home visitors to teach parenting skills and promote successful parenting behaviors to prevent child abuse and neglect. The program first began with a single site in 1975 and spread to 14 sites throughout Hawaii by 1998. Studies have found that HSP has been successful in connecting families with pediatric care, improving maternal parenting, decreased maternal parenting stress, promoting nonviolent discipline, and decreasing injuries to the child resulting from domestic violence in the home (Duggan, A., et al., 1999).

Healthy Families America

Healthy Families America is a national program model designed to help expectant and new parents get their children off to a healthy start by promoting positive parenting skills, enhancing child health and development, and working towards preventing child abuse and neglect. Families voluntarily participate in the program and receive home visiting and referrals from trained staff. HFA drew from Hawaii Healthy Start program but also incorporated findings from other programs and models along the way. HFA is based on 12 research-derived critical elements, in which all its practitioners are trained. Some of these critical elements include initiating service prenatally or at birth, offering services voluntarily, providing services in a culturally competent fashion, linking all families to a medical provider, as well as adhering to strict guidelines about the qualifications, training, and supervision of the home visiting staff. Started in 1992, over 450 programs following the Healthy Families America model have appeared by 2002 (www.healthyfamiliesamerica.org).

Nurse Home Visitation Program

The Nurse Home Visitation Program is one of the oldest models of home visitation services, having originated over 25 years ago. Nurse home visitors help mothers-to-be from the start of their pregnancies improve health behaviors related to substance abuse (smoking, drugs, alcohol) and nutrition, which are significant risk factors for pre-term delivery, low birth weight, and infant neuro-developmental impairments. After delivery, the emphasis is on enhancing qualities of care-giving for infants and toddlers, thereby preventing child maltreatment, childhood injuries, developmental delay, and behavioral problems. Among the mothers, the program also focuses on preventing unintended subsequent pregnancies, school drop out, and failure to find work resulting in ongoing dependence on welfare and perpetuation of poverty, which result in poor pregnancy outcomes and care of children. Nurses also work to improve environmental contexts of the mothers by enhancing informal support and by linking families with needed health and human services

(http://www.strengtheningfamilies.org/html/programs_1999/12_PECNHVP.html).

Parents Anonymous Inc.

Parents Anonymous is one of the nation's largest child abuse prevention organizations, whose aim is to increase the social support of parents. It is an international network of over 250 self-help groups run by parents that also incorporate professional clinical guidance. The groups meet weekly and are free of charge to the participants. The participants set the agenda for each meeting, which usually focuses on parenting and family communication skills. The participants are also encouraged to maintain contacts with one another outside the groups and to take leadership and responsibility in the group functioning (www.parentsanonymous.org).

Review of Policies and Legislation

Adapted from the National Association of Counsel for Children

(<http://www.naccchildlaw.org/childrenlaw/childmaltreatment.html>)

- In 1860, French physician Ambrose Tardieu conducted a study of 32 children whom he believed died of child abuse. Tardieu's findings described medical, psychiatric, social and demographic features of the condition of child abuse as a syndrome.
- In 1874, 10-year-old Mary Ellen was removed from her home for cruelty and provided protection by the New York Court system. The case is connected to the founding of the New York Society for Prevention of Cruelty to Children, which gave rise to the founding of similar societies. By 1900, 161 cruelty societies existed in the United States.
- In 1912, as a result of President Roosevelt's 1909 White House Conference on Children, Congress created the United States Children's Bureau.
- In 1944, the Supreme Court of the United States confirmed the state's authority to intervene in family relationships to protect children in *Prince v. Massachusetts*.

- In 1946, Dr. Caffey, a pediatric radiologist in Pittsburgh, published the results of his research showing that subdural hematomas and fractures of the long bones in infants were inconsistent with accidental trauma.
- In 1960, New York was the first state to adopt the Interstate Compact on Placement of Children. ICPS is a uniform law now adopted by all 50 states, Washington D.C., and the U.S. Virgin Islands. It established orderly procedures for the interstate placement of children and fixed responsibility for those involved in placing children.
- In 1962, several physicians headed by C. Henry Kempe, published the landmark article *The Battered Child Syndrome* in the Journal of the American Medical Association. Through the article, Kempe and his colleagues exposed the reality that significant numbers of parents and caretakers batter their children, even to death. The Battered Child Syndrome describes a pattern of child abuse resulting in certain clinical conditions and establishes a medical and psychiatric model of the cause of child abuse. The article marked the development of child abuse as a distinct academic subject. The work is generally regarded as one of the most significant events leading to professional and public awareness of the existence and magnitude of child abuse and neglect in the United States and throughout the world.
- In 1962, in response to *The Battered Child*, the Children's Bureau held a symposium on child abuse, which produced a recommendation for a model child abuse reporting law.
- By 1967, 44 states had adopted mandatory reporting laws. The remaining six states adopted voluntary reporting laws. Presently, all states have mandatory reporting laws. Generally, the laws require physicians to report reasonable suspicion of child abuse. Reporting laws, now expanded to include other professionals and voluntary reporting by the public, together with immunity for good faith reporting, are recognized as one of the most significant measures ever taken to protect abused and neglected children.
- In 1974, Congress passed landmark legislation in the federal Child Abuse Prevention and Treatment Act (CAPTA; Public Law 93-273; 42 U.S.C. 5101). The act provides states with funding for the investigation and prevention of child maltreatment, conditioned on states' adoption of mandatory reporting law. In 1978, The Adoption Reform Act was added to CAPTA. In 1984, CAPTA was amended to include medically disabled infants, the reporting of medical neglect and maltreatment in out-of-home care, and the expansion of sexual abuse to include sexual exploitation.
- In 1974 the National Center on Child Abuse and Neglect (NCCAN) was created to serve as an information clearinghouse.
- In 1978, Congress passed the Indian Child Welfare Act (ICWA; Public Law 96-608; 25 U.S.C. 1901 et seq.). After a series of hearings, Congress concluded that Indian children were removed from their families inappropriately. ICWA provided that federally recognized Indian Tribes and Native Alaskan Villages had jurisdiction over child welfare cases, and created new litigation standards for state court cases involving Indian children.
- In 1980, Congress passed the Adoption Assistance and Child Welfare Act (Public Law 96-272; 42 U.S.C. 420) designed to remedy problems in the foster care system. The act made federal funding for foster care dependent on certain reforms. In 1983, the act was amended to include "reasonable efforts." The reasonable efforts amendment provided for

special procedures before removing a child and reunification strategies after removal. Important provisions for case review were also included. The act and its amendment essentially provided fiscal incentives to encourage states to prevent unnecessary foster care placements and to provide children in placement with permanent homes as quickly as possible. The law also gave courts a new oversight role.

- In 1981, Title XX of the Social Security Act was amended to include the Social Services Block Grant to provide child protective services funding to states. This became the major source of state social service funding.
- In 1986, Congress passed the Child Abuse Victims' Rights Act, which gave child victims of sexual exploitation a civil damage claim.
- In 1989 the United Nations adopted the Convention on the Rights of the Child. The United States and Somalia have not ratified the Convention.
- In 1991, Congress passed the Victims of Child Abuse Act, to improve the investigation and prosecution of child abuse cases.
- In 1993, the NACC hired its first full time professional director and began to define the association's mission and objectives.
- In 1994, Congress passed the Multiethnic Placement Act (MEPA; Public Law 103-382, 104-382). MEPA provided that adoption or foster care placements may not be denied or delayed based on race, color, or national origin of the individual, or the children, involved. The overriding goals of MEPA were to reduce the length of time children spend in out-of-home placement care and to prevent discrimination in placement decisions.
- In 1996, Congress replaced AFDC with Temporary Assistance to Need Families (TANF). The goals of TANF were to provide assistance to low-income families with children so they could be cared for in their own home, promote job preparedness, reduce out-of-wedlock pregnancies, and encourage the formation and maintenance of two-parent families. Although TANF made few changes to federal child protection programs directly, it affected child welfare services by changing programs upon which it formerly relied.
- In 1997, Congress Passed the Adoption and Safe Families Act of 1997 (ASFA; Public Law 105-89). ASFA represented the most significant change in federal child welfare law since the Adoption Assistance and Child Welfare Act of 1980. The act included provisions for legal representation, state funding of child welfare and adoption, and state performance requirements. In general, ASFA was intended to promote primacy of child safety and timely decisions while clarifying "reasonable efforts" and continuing family preservation. ASFA also included continuation funding for court improvement.
- Congress passed the Chafee Foster Care Independence Act in 1999 (Public Law 93-568). The Act provided funding and services for youth who have "aged out" of the child welfare system.
- In 2000, Congress passed the Child Abuse Prevention and Enforcement Act (CAPEA; Public Law 106-177). CAPEA focused on improving the criminal justice system's ability

to provide timely, accurate criminal-record information to agencies engaged in child protection, and enhancing prevention and law enforcement activities.

- In 2001, Congress reauthorized the Stewart B. McKinney Homeless Assistance Act (McKinney-Vento; Public Law 100-77) as part of the No Child Left Behind Act. McKinney-Vento provided emergency assistance for homeless children and youth. The Act required that such youth be given a free and appropriate public education, and required schools to remove barriers to their enrollment, attendance, and success in school.
- In 2003, Congress passed the Keeping Children and Families Safe Act, which reauthorized the Child Abuse Prevention and Treatment Act (CAPTA). The act also reauthorized the Adoption Opportunities Act, the Abandoned Infants Assistance Act and the Family Violence Prevention and Services Act.

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Web Resources

Administration for Children and Families (ACF)
www.acf.hhs.gov

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

Healthy Families America

www.healthyfamiliesamerica.org

Healthy Families America is a national program model designed to help expectant and new parents get their children off to a healthy start.

National Association of Counsel for Children (NACC)

<http://www.naccchildlaw.org>

A non-profit child advocacy and professional membership association dedicated to providing high quality legal representation for children, and to improve the lives of children and families through legal advocacy.

Nurse Home Visitation Program

http://www.strengtheningfamilies.org/html/programs_1999/12_PECNHVP.html

Parents Anonymous Inc.

www.parentsanonymous.org

Seeks to prevent child abuse by offering programs where parents, children, and youth learn new behaviors and create positive change in their lives.