



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

Running Head: REPEAT MALTREATMENT

Information Packet

Repeat Maltreatment

By Ricardo Vargas

Hunter College School of Social Work

Spring 2009

**129 East 79th Street • New York, NY 10021
TEL 212/452-7053 • FAX 212/452-7475
www.nrcfcppp.org**

**A service of the
Children's Bureau/ACF/DHHS**

Overview

Most reports to state or local Child Protective Services involve a single report of maltreatment within the lifetime of the child; however, some children experience multiple investigations, assessments, and subsequent victimization. The Administration for Children and Families of the Department for Health and Human Services (as cited in, Diaz, 2006) 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 the child." The provision allowing States to define abuse and neglect essentially means that each state has a different definition of child abuse. You may utilize "Definitions of Child Abuse and Neglect: Summary of State Laws" by the Child Welfare Information Gateway (www.childwelfare.gov/systemwide/laws_policies/statutes/defineall.pdf) to examine a detailed summary of the various definitions of child abuse within each state.

Children are brought to the attention of Child Protective Services (CPS) agencies based on reports from the public claiming child abuse or neglect. The CPS agencies decide if an investigation will be conducted given the information attained. If they begin an investigation, they will assess the validity of the claim through a thorough investigation of the accusation, examine environmental factors and circumstances, and then will establish possible needs for services and other options which can range as far as removing the child from the home. In 2007, approximately 3.2 million calls were made to Child Protective Services involving the maltreatment of 5.8 million children (U.S. Dept. of Health and Human Services, 2008). Many of the children who are the subject of a report are only involved with CPS once in their life, but this is not always the case. There are many pathways that follow the initial investigation, and a

subsequent referral of maltreatment that occasions another investigation can be referred to as re-report or re-investigation (Fluke et. al. 2005). Moreover, if an initial investigation substantiates the referral claims of maltreatment, and the agency receives another referral and once again substantiates maltreatment, this process can be referred to as repeat maltreatment or reoccurrence (Fluke et. al. 2003).

Fluke, Hollinshead, and Yuan (2008) maintain that notable predictive factors surrounding the re-reporting to CPS are: a prior history with CPS, involvement of younger children, the presence of a child with a disability or a medical problem, and cases of neglect and multiple maltreatments. Female victims of sexual abuse have been more likely to be reported for the same maltreatment while older children are more likely to be reported for physical abuse. Other factors contributing to the reengagement of CPS are the presence of domestic violence within the home, parental drug abuse, lack of access to services, a low income status or living in a lower income neighborhood (Fluke et. al., 1999).

Fact Sheet

Adapted from: The Rereporting and Reoccurrence of Child Maltreatment: Findings from the NCANDS (2005) by Fluke J.D. et. al. This study followed children for up to 5 years in multiple states within the years of 1988 to 2002.

- An estimated one third of children were re-reported within 5 years.
- Most reports following the first report were made within only a few months after the initial report.
- After 3 years, 72 percent of children had no contact with CPS again. Within the other 28 percent, 17 percent received only one more report, and 11 percent received multiple additional reports.
- Among substantiated cases, 17 percent became victims again within a span of 5 years.
- Most victims are victimized within only a couple months of the initial report.
- Reports by medical personnel (risk ratio of occurrence of 1.02) and law enforcement (risk ratio of occurrence of .92) are associated with a decreased possibility of another report.
- Victims reported by daycare centers and foster providers (risk ratio of re-occurrence of 1.55), and non-professionals (risk ratio of re-occurrence of 1.27) tend to have a likelier experience of re-occurrence in comparison to other professions.
- Children with disabilities were approximately 1.5 times more like to be re-reported than children without disabilities.
- White children (with a risk ratio of re-reporting of 1) are more likely to be re-reported in comparison to African Americans (.87), Hispanics (.87) and Asians and Pacific Islanders (.60).
- Children of mixed race were approximately 1.3 times more likely to be re-reported than white children.
- Girls are more likely to be re-reported than boys. Girls have a risk ratio of re-reporting of 1 while boys have a risk ratio of re-reporting of .76.
- Children who receive services are more like to be re-reported than children who do not. In situations in which the child is both receiving services and had been victimized, there is a decreased likelihood of re-reporting.
- Younger children had more re-reports and higher probability of re-occurrence in comparison to older children.
- A negative correlation was found between the increase of age of the victim and a decrease in the likelihood of a re-report being made.
- Victims were more likely to experience re-occurrence if their parent or caregiver abused alcohol.
- Victims who received services have a higher risk of being victimized again but, victims placed in foster care were less likely to experience re-occurrence.

Examples of Model Programs

Parents Anonymous

Parents Anonymous Inc. is one of this nation's most heralded organizations surrounding the prevention of child abuse and neglect and the strengthening of families and communities. Parents are able to find a caring support network where they are engendered with positive parenting skills. The organization offers a community program, including free of charge, weekly group meetings. These meetings are led by parents and co-facilitated by a professional with knowledge of the Parents Anonymous paradigm. In addition, the organization also offers a Children's Program as the parents attend the parental program. The children's group offers enriching activities that stimulate positive growth and development. This service is available across the United States and offered internationally. The Parents Anonymous program has been shown to increase the resiliency of the parents, children, and family while attenuating child abuse risk factors like high expectations, bad attitudes, harmful perspectives, and ineffective coping and strengthening self-esteem, parental competency, social support, and proper coping strategies. Involvement in the group also seems to decrease the likelihood of delinquency, substance abuse, low academic performance, crime, developmental issues, and unemployment.

www.parentsanonymous.org

Hawaii's Healthy Start Program

Hawaii's Healthy Start (HHS) program is a nationally renowned program that has been replicated across several states. The program centers on the prevention of child abuse. This program implemented a paradigm built around the utilization of a legal paraprofessional team which helps at-risk families with newborns in their residence. The program was expanded in 2001 to meet state-wide needs in the identification and intervention of at risk families. There are

currently two components of the program. The first component consists of screening, assessment, and referral to a program that, if the family is eligible, will offer an at home visiting service. The second component is comprised of the home visiting service which cultivates beneficial parenting skills to meet the challenges of environmental factors, and provides support and links to community services. These services are voluntary and are only utilized for children up to the age of 3. Research has found that the HHS program has reduced the likelihood of child maltreatment, while increasing the likelihood of employment, early childhood education, health services/community services enrollment, family literacy, and employment.

Review of Policies and Legislation

Adapted from the National Association of Counsel for Children's Child Maltreatment webpage:
<http://www.naccchildlaw.org/?page=ChildMaltreatment>

1839	A Pennsylvania court made a decision asserting that the State can remove a Parent's right to the child and that the Government has a role in taking care of those children.
1874	Mary Ellen (10 years old) was taken from her home due to cruelty she endured from her parents and was provided care by the New York Court System.
1912	Occasioned by Roosevelt's 1909 Conference on Children, Congress founded the United States Children's Bureau
1921	The Shppard-Towner Act is passed, establishing the Children's Bureau at the State level.
1944	<i>In Prince v. Massachusetts</i> , The Supreme Court of the United States reaffirmed the 1839 decision in Pennsylvania as it confirmed a state's right to intervene in family relationships to protect children.
1946	Aid to Dependent Children was added to the Social Security Act.
1960	New York is the first state to ascribe to the Interstate Compact on Placement of Children. The ICPS is a law that establishes protocols for the interstate placement of children. It is now adopted by all 50 states.
1962	C. Henry Kempe publishes the landmark article, "The Battered Child Syndrome". In the article, Kempe and his colleagues showed the harsh reality that large numbers of parents/caretakers physically injure their children, even to the point of causing death. The article marks the development of child abuse as a distinct academic subject.
1962	Due to Kempe's article, The U.S. Children's Bureau held a symposium on child abuse, which produced recommendations for a model child abuse reporting law.
1967	44 states adopt mandatory reporting laws. The remaining six adopt voluntary reporting laws.
1974	Congress passed the Child Abuse Prevention and Treatment Act (CAPTA). This act provides states with monetary funding for the investigation and prevention of child maltreatment, which is contingent on a state's adoption of a mandatory reporting law.
1978	Congress passed the Indian Child Welfare Act. 1978. The act posited that Government had been removing Indian children from their families inappropriately. In addition, Federally recognized Indian Tribes and Native Alaskan Villages will now have jurisdiction over welfare cases.
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 would become the major source of state social service funding).
1983	The Adoption Assistance and Child Welfare Act were amended to include "reasonable efforts." The reasonable efforts amendment provided for special procedures which were supported by monetary incentives before removing a child and reunification strategies after removal.
1984	The Child Abuse Prevention and Treatment Act 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.
1991	Congress passed the Victims of Child Abuse Act, to improve the investigation and

	prosecution of child abuse cases.
1993	Congress provided funding for state courts to assess the impact of the Adoption Act on foster care proceedings, to study the caring of children in child protection cases, and to develop plans for improvement.
1994	Congress passed the Multi-ethnic Placement Act (MEPA) in 1994. 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.
1996	Congress replaced AFDC with Temporary Assistance to Need Families (TANF).
1997	Congress Passed the Adoption and Safe Families Act of 1997. The act included provisions for legal representation, state funding of child welfare and adoption, and state performance requirements.
1997	Congress amended the Individuals with Disabilities Education Act. IDEA provided funding to states to ensure that all children, regardless of disability, have the right to free, appropriate public education.
1997	Congress amended the Individuals with Disabilities Education Act. IDEA provided funding to states to ensure that all children, regardless of disability, have the right to free, appropriate public education.
1999	Congress passed the Chafee Foster Care Independence Act. The Act provided funding and services for youth who have "aged out" of the child welfare system.
2000	Congress passed the Child Abuse Prevention and Enforcement Act. 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.
2001	Congress reauthorized the Stewart B. McKinney Homeless Assistance Act (as part of the No Child Left Behind Act). McKinney-Vento provided emergency assistance for homeless children and youth. The Act required that those youths be given a free and appropriate public education, and required schools to remove impediments to their enrollment, attendance, and success in school.

Bibliography

- Diaz, P. (2006). Information packet: Repeat maltreatment. National Resource Center for Family-Centered Practice and Permanency Planning. Retrieved May 5, 2009, from:
www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Repeat_Maltreatment.pdf
- Fluke, J., Yuan, Y., & Edwards, M. (1999). Recurrence of maltreatment: An application of the National Child Abuse and Neglect Data System (NCANDS). *Child Abuse & Neglect*, 23(7), 633-650.
- Fluke, J.D. Shusterman, G.R., Hollinshead, D., & Yuan, Y.T. (2005). *Reporting and Reoccurrence of Child Maltreatment: Findings from NCANDS*. (Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation).
- Fluke, J., Shusterman, G., Hollinshead, D., & Yuan, Y. (2008). Longitudinal Analysis of Repeated Child Abuse Reporting and Victimization: Multistate Analysis of Associated Factors. *Child Maltreatment*, 13(1), 76-88.
- U.S. Department of Health and Human Services. Administration on Children Youth and Families. (2008). *Child Maltreatment 2007* (Washington, DC: US Government Printing Office).

Informational Websites and Resources

Child Welfare Information Gateway

<http://www.childwelfare.gov/>

A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, that provides access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more.

National Association of Counsel for Children (NACC)

<http://www.naccchildlaw.org/>

This website provides information on the legal history of child related law, as well as information on workshops for professionals that work with children.

Parents Anonymous

<http://www.parentsanonymous.org/index.htm>

This website offers parents information regarding the parental group services they provide for the prevention of child abuse across the 50 states. The website features a network map, allowing visitors to locate the closest Parents Anonymous organization (in the U.S. and internationally).

The National Children's Advocacy Center (NCAC)

<http://www.nationalcac.org/>

NCAC provides free online courses spanning 22 topics, from basic courses on child development and abuse to more intensive courses, on topics such as the implication of abuse on a child's emotional well-being or conducting age-appropriate interviews with children. Courses cover 1.5 to 3 hours of material and are accessible at any time. These online courses provide training for nearly 1,000 people each year. NCAC also provides internet-based information for children, adolescents, parents, and professionals. The information for children and adolescents focuses primarily on internet safety. The parents section provides tips for child safety. The professional section provides data on physical or social indicators exhibited by children affected by abuse. The website also provides links to other information including child abuse statistics and the Child Abuse Library Online (CALiO), which can be accessed by anyone and is free of charge.