

Strengthening CPS Ability to Protect Infants and Young Children against Maltreatment

(A few thoughts based on data – not yet published – from California...please do not quote or cite without author's permission)

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In 2010, referrals involving approximately 6 million children believed to have been harmed or at risk of harm were made to child protective service (CPS) agencies in the United States. Roughly 3 million children received an investigation and nearly 700,000 were identified as victims of abuse or neglect. Yet, these numbers likely underestimate the true public health burden of child maltreatment. The Fourth National Incidence Study (NIS-4), which estimates the number of children abused and neglected in the United States based on both formal reports made to CPS, as well as knowledge of maltreated children gleaned through other sources, determined that more than 1.2 million (1 in 58) children are demonstrably harmed or injured by child abuse or neglect annually. If a more inclusive “endangerment” standard for defining child maltreatment injuries is applied, the NIS-4 suggests that nearly 3 million (1 in 25) children are endangered by maltreatment each year.

While it is incredibly tragic that rates of child maltreatment in the U.S. may be two to three times higher than the actual number of identified victims, it is not clear if, where, or how this nation’s surveillance system is falling short. Certainly, CPS cannot be faulted for failing to protect children never referred. Yet for those children known to CPS, high rates of re-reporting and maltreatment recurrence highlight widespread system failures to adequately and appropriately respond to child abuse and neglect

Nationally, the age distribution of children reported for maltreatment continues to shift downward, with the highest rates of alleged maltreatment occurring during infancy. Given the physical vulnerability that defines the first year of life, as well as a growing body of research linking early childhood adversities to developmental deficiencies into adulthood, there is perhaps no greater or more important opportunity for CPS and other systems to positively intervene than during infancy. An improved understanding of maltreatment referral and re-referral patterns for children first identified as possible victims during infancy may translate into simple and impactful methods for tailoring and targeting secondary and tertiary prevention responses following an initial report of maltreatment.

The purpose of this research was to generate knowledge concerning the recurrence of maltreatment among those children reported to CPS during infancy, the group that stands to benefit the most from efforts that successfully reduce maltreatment recurrence, both

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because maltreatment that begins during infancy is likely to be quite chronic in duration and because its timing is quite developmentally consequential.

What does birth/CPS data from California indicate?

- Among the 563,871 children in California's 2006 birth cohort, 5.3% (29,889) were referred for maltreatment before their first birthday.
- Over one-quarter of these referrals were made within 3-days of the infant's birth
 - Not surprisingly, among these 3-day referrals, 98% involved an allegation of neglect or substantial risk of maltreatment. Unfortunately, we do not have data as to how many of these allegations involved maternal substance abuse.
- 70% of these infants had older siblings. And among those with older siblings, 50% had an older sibling who had been referred for maltreatment on an earlier date. In other words, many of these infants came from families who had current or prior CPS involvement.

What happened to the nearly 30,000 children first identified as possible victims of maltreatment during infancy?

- 12% (3,569) of these initial infant referrals were evaluated out without any investigation.
- 50% (15,092) led to an investigation in which the allegation was determined to be "unfounded" or "inconclusive".
- 38% (11,228) were investigated and substantiated.
 - Among substantiated cases, 47% of infants were placed in out-of-home foster care, 22% received home-based services, and 31% received no formal CPS services/no case was opened (there may have been a referral to a community agency).

Stepping back to the full cohort of children referred during infancy, this means that 82% of these babies remained in the home following the initial referral of abuse or neglect. How did those infants who remained in the home fare through the age of five? Was the initial referral a chance event, with no further safety or well-being concerns raised in follow-up allegations?

- 56% of these infants were referred again before the age of five.
- The rate of re-referral was equivalent among infants with allegations initially evaluated out and those who received an investigation that was unfounded/inconclusive (54%).
 - Among those remaining in the home following an initial allegation that was substantiated, 58% of those receiving no formal services were re-referred, while 65% of those who received services were re-referred.

Were there unique characteristics of infants who were at increased/reduced risk of being re-reported?

- At least in California, the population of infants referred for maltreatment amounts to a distinct subset of children in the overall birth cohort, defined not by any one single risk factor, but by the presence of multiple risk factors. The profile of these infants is one of cumulative disadvantage.
- Yet among referred infants, risk factors strongly predictive of a future referral did not emerge.

Questions raised (although not answered) by these data²

- *The majority (82%) of referred infants remain at home, yet over half (56%) of these infants are re-referred before they enter kindergarten. This seems unacceptably high to me. What (if anything) should we be doing differently?*
- *Equally disconcerting is that the highest rate of re-referrals is observed for infants who are substantiated and receive services (64%). While these infants are likely being triaged for formal services because they come from families facing the greatest risk burden, a 64% re-referral rate would seem to indicate that services offered are inadequate (either in dosage or substance). If there is an insufficient evidence-base from which to deliver effective services, how should that influence current CPS practices and policies?*

² These reflections represent my thoughts, not necessarily those of my co-authors!