

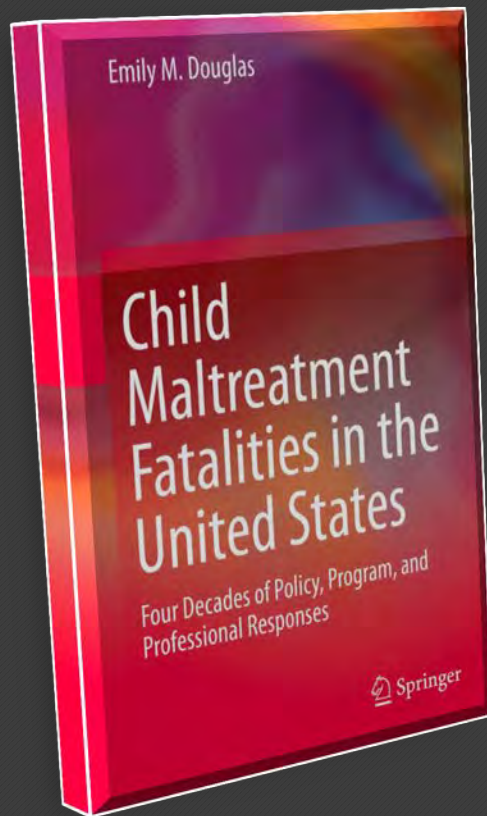
Child Maltreatment Fatalities and the Child Welfare Profession: Experiences, Preparation, and Exploring How Workers Miss Red Flags

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Virginia Family and Children's Trust Fund

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Today's Talk



- Definitions, prevalence rates
- Risk factors for CMFs
- Child welfare profession
 - Training
 - Knowledge of risk factors
 - Experiences with CMFs
 - How might workers miss red flags?

Defining a Child Maltreatment Fatality

- Child maltreatment fatality (CMF):
- “A child dying from abuse or neglect, because either
 - (a) the injury from the abuse or neglect was the cause of death, or
 - (b) the abuse and/or neglect was a contributing factor to the cause of death.”
- National Child Abuse and Neglect Data System (NCANDS) 2000

Some Causes of Death - Abuse

- Blunt force trauma
- Forced drowning
- Suffocation/strangulation
- Stabbing/shooting
- Intentional poisoning
- General burns/Immersion burns
- Fabricated or Induced Illness by Carers (Munchausen Syndrome by Proxy)

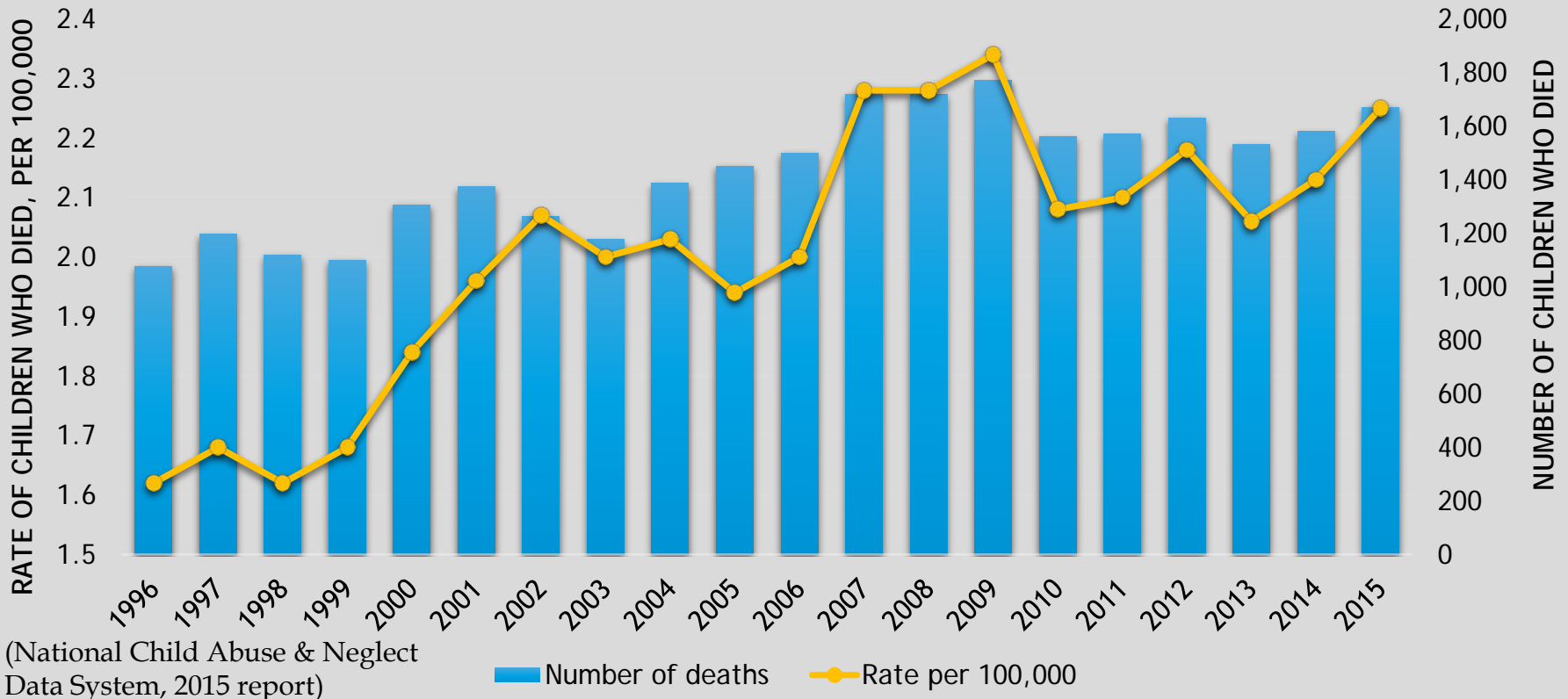
Some Causes of Death - Neglect

- Supervision
 - Drowning
 - Hit by car
 - Animal bites
 - Ingestion/poisoning
 - Accidental firearm discharge
 - House fire
 - DUI
 - Falls
 - Suffocation
- Physical
 - Malnutrition/starvation
 - Unsanitary conditions
 - Exposure to elements
- Medical
 - Failure to seek treatment
 - Refusal of treatment
 - Refusal to follow treatment orders

Fatal Child Maltreatment

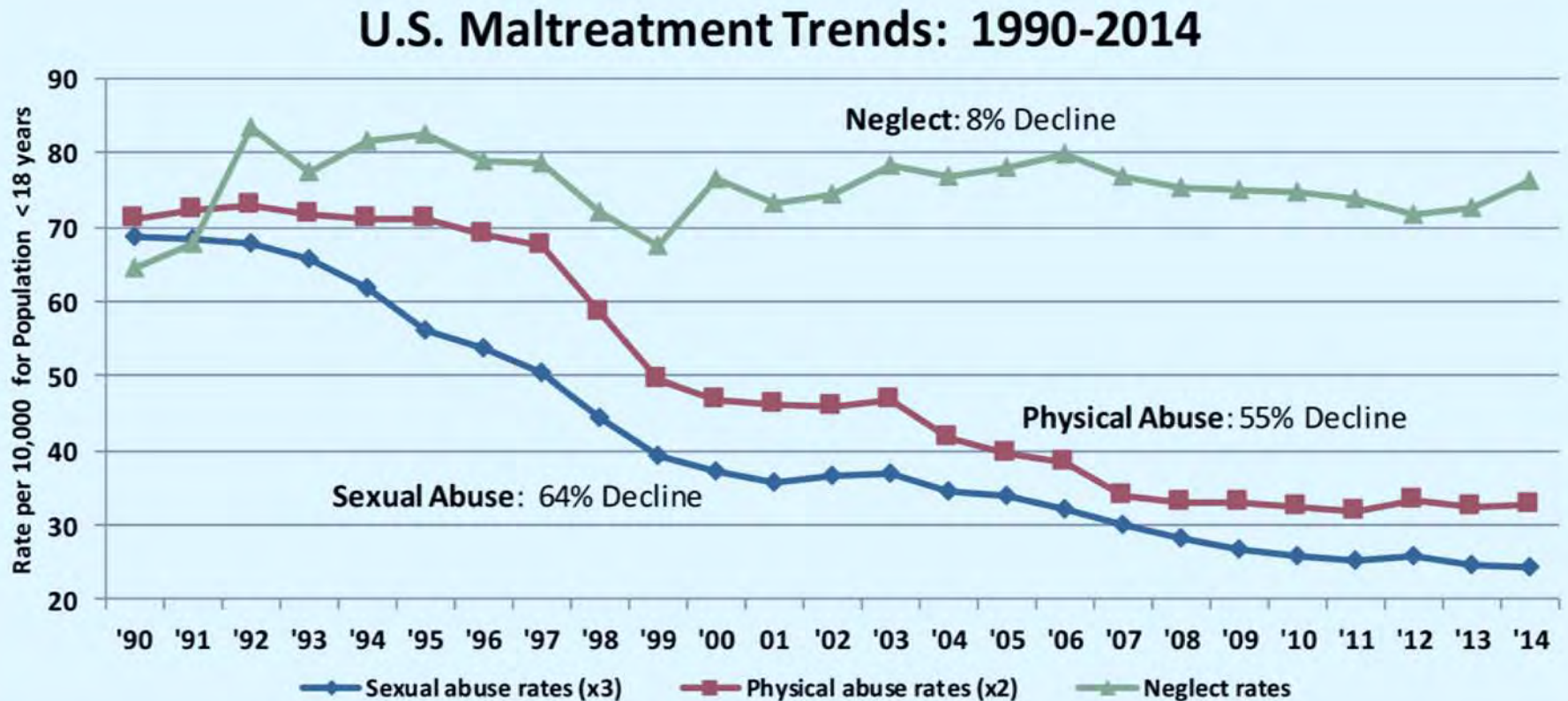
- In 2015, 1,670 children died from maltreatment
- Rate of 2.25 per 100,000 children

Number and Rate of Fatal Child Maltreatment in the United States 1996-2015



Trends in All Child Maltreatment

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Fatal Child Maltreatment in Virginia - 2015

Jurisdiction

USA

Virginia

Total CMFs

1,670

54

Rate of CMF

2.25/100,000

2.89/100,000



Fatal Child Maltreatment in Virginia and Neighboring States- 2015

Jurisdiction

Total CMFs

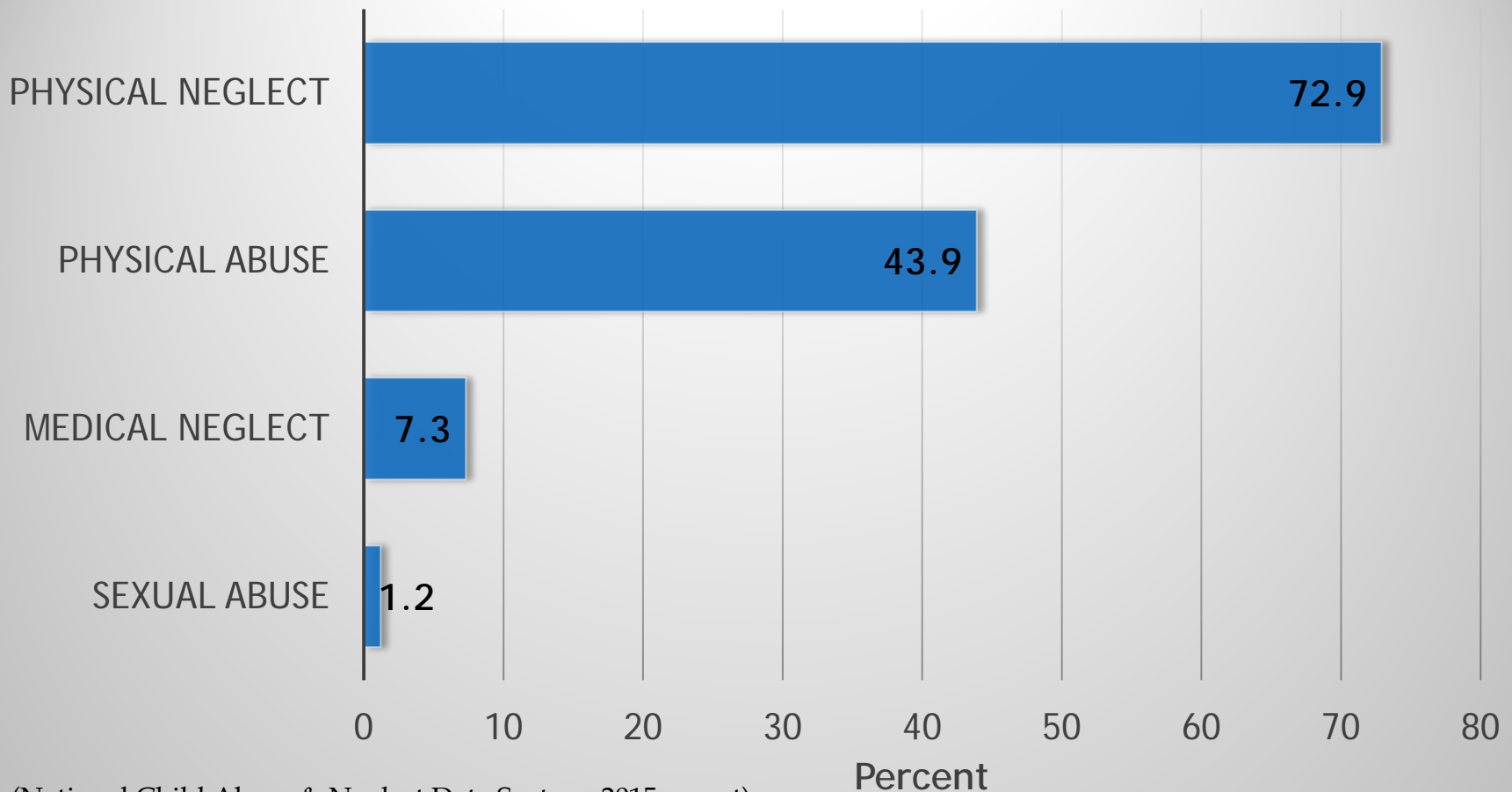
Rate of CMF (per 100,000)

| | | |
|------------------|-----------|-------------|
| USA | 1,670 | 2.25 |
| Delaware | 1 | 0.49 |
| Kentucky | 16 | 1.58 |
| Maryland | 28 | 2.08 |
| North Carolina | 25* | 1.09 |
| Virginia | 54 | 2.89 |
| West Virginia | 9 | 2.37 |
| Washington, D.C. | 3 | 2.54 |

*2014 data

Types of Maltreatment Suffered Before Death

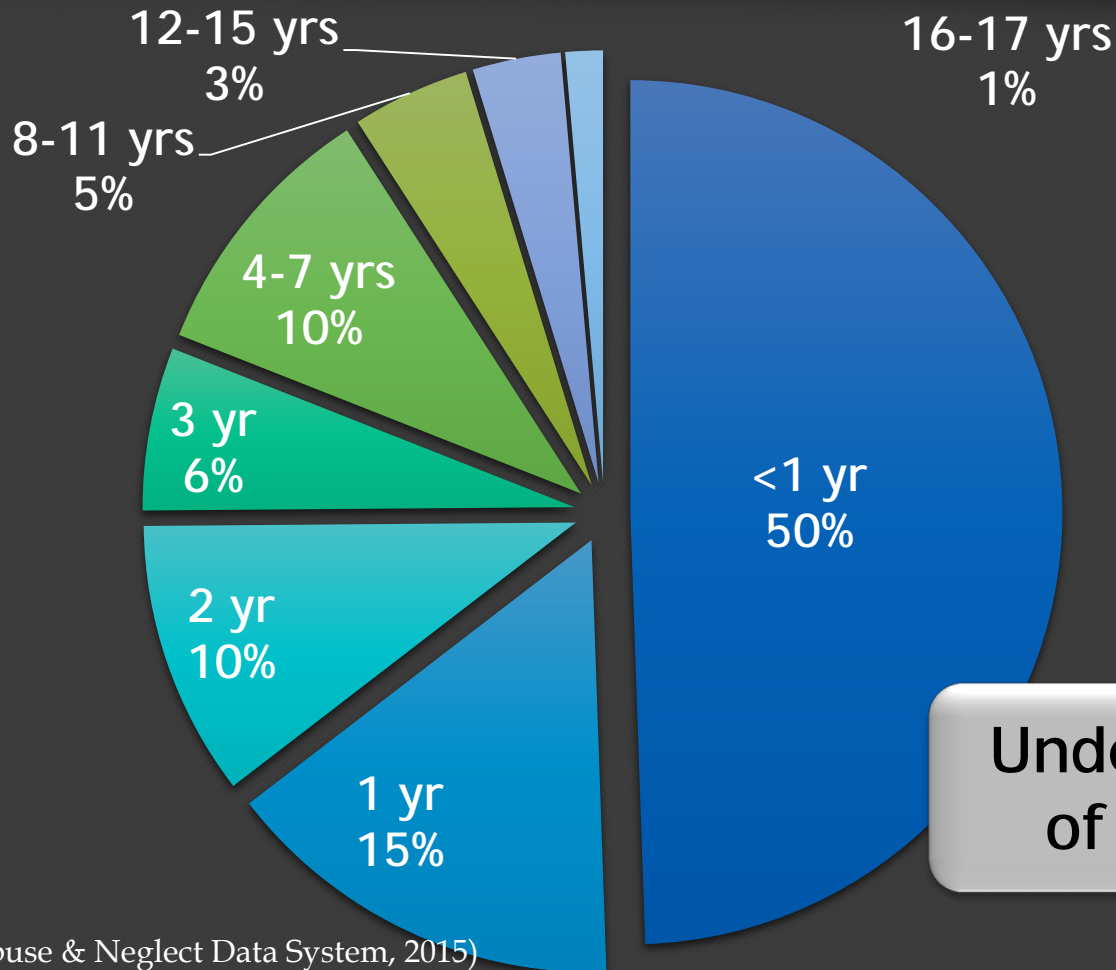
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Who Are the Victims?

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Who Are the Victims: Age



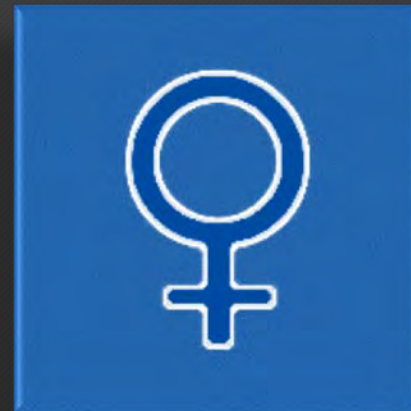
Who Are the Victims: Gender

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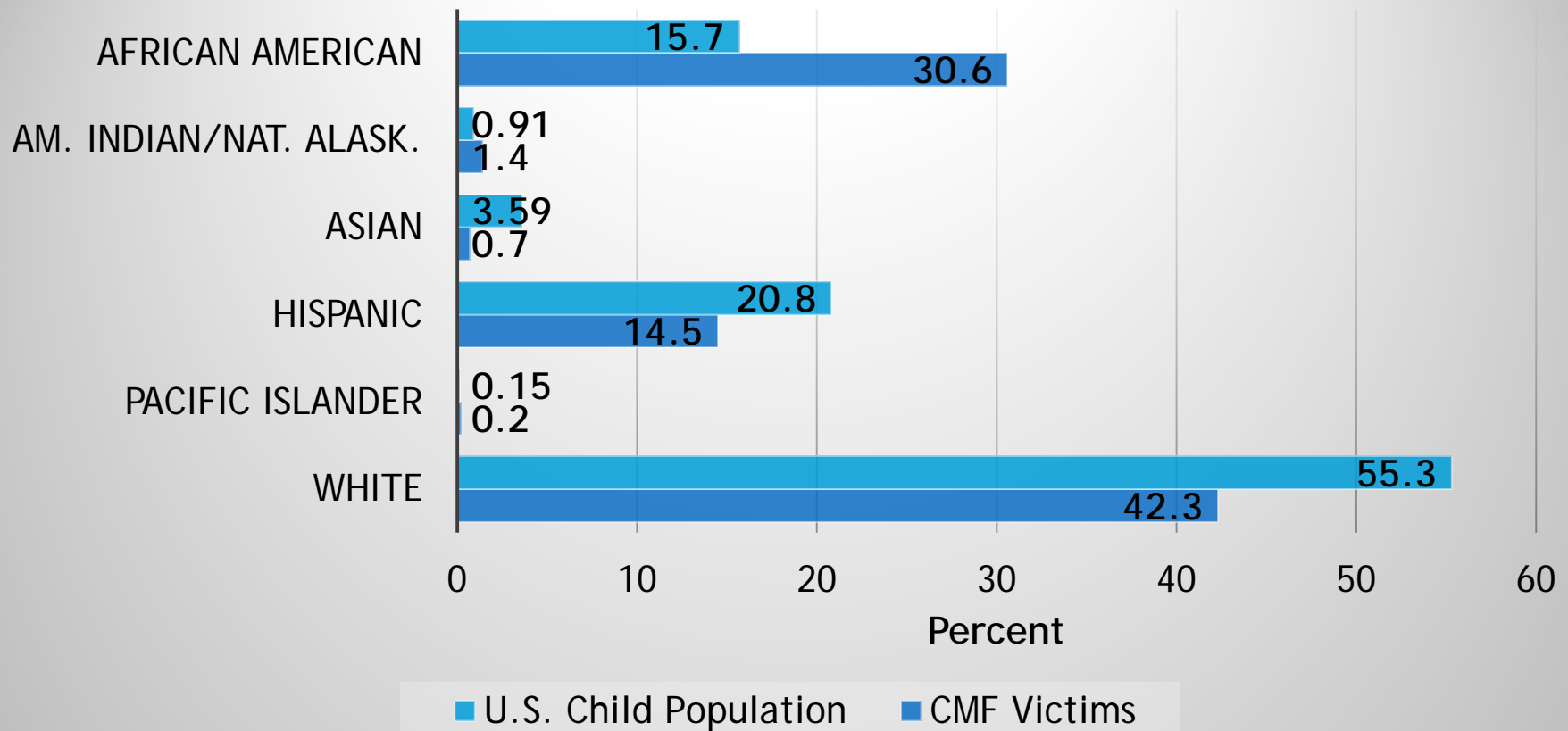
54.6% victims = **BOYS**



45.2% victims = **GIRLS**



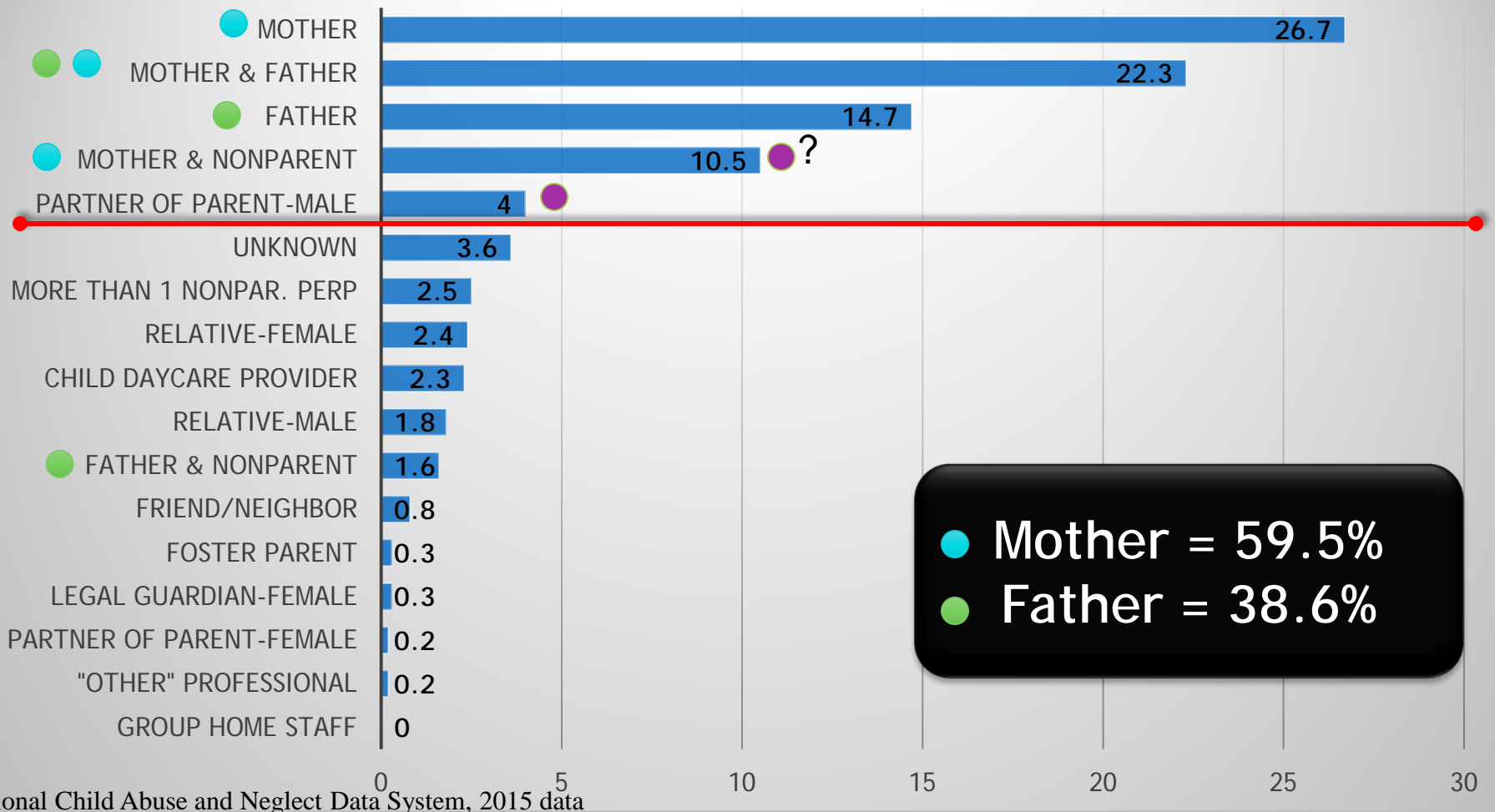
Who Are the Victims: Race



Who are the Perpetrators?

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Who Are the Perpetrators: Relationship to Victim



Characteristics of Perpetrators

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- Most likely to be natural parents
 - More likely to be mothers
 - When parents' partner is involved, most likely to be mother's male partner
- Young parents or caregivers
 - Most under the age of 30
- Unemployed
- Mental health concerns
- Low knowledge of child development

(Cavanagh, Dobash, & Dobash, 2007; Damashek et al., 2013; Douglas & Mohn, 2014; Douglas 2015; Herman-Giddens, et al, 2003; Levine, Freeman, & Compaan, 1994; Oberman & Meyer, 2008)

Other Risk Factors

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Parent-Child Relationship

- Difficult child
- Child is not respectful of parent
- Child engages in provoking behaviors



(Brewster et al., 1998; Chance & Scannapieco, 2002; Douglas, 2013; Korbin, 1987; Oberman & Meyer, 2008)

Household Factors

- Stressful major life event in past year (death, birth, job loss, move, etc.)
 - Families that are especially mobile and frequently move
 - Families with parental/adult unemployment
 - Recent change in household composition
 - Households with nonfamily members present
- 30-50% of families have had current/prior contact with child welfare services

(Anderson et al., 1983; Chance & Scannapieco, 2002; (Damashek et al., 2013; Douglas, 2013; Kajese et al., 2011; Lucas et al., 2002; Palusci & Covington, 2014; Schnitzer & Ewigman, 2008; Stiffman et al., 2002)

Child Welfare System and CMFs

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Two Studies: CWWs & CMFs

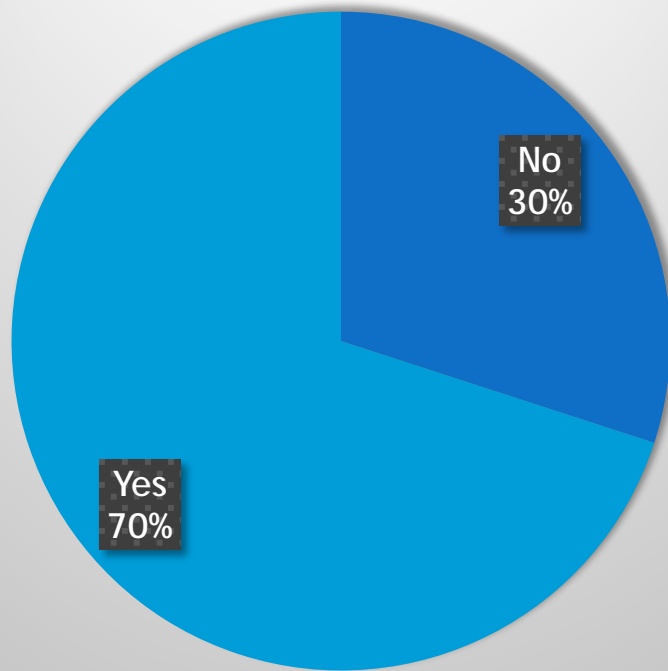
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Online survey, recruited through state agencies, convenience sample

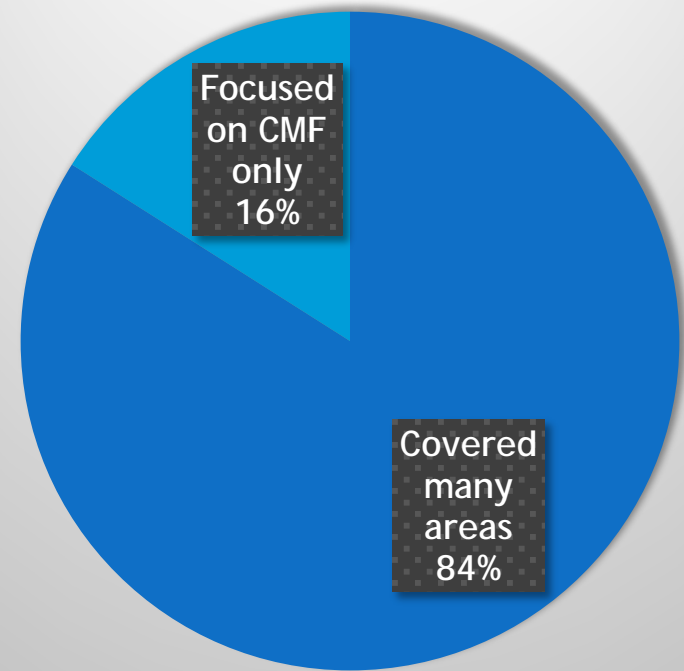
| | 2010/2011 Study | 2016/2017 Study |
|-------------------------|--------------------------------------|--------------------------------------|
| Methods | Online/Internet Survey | Online/Internet Survey |
| Sample size | 450 respondents | 550-600 respondents |
| % Female | 90% | 86% |
| Education level | 51% - Master's degree 49% - BA/BS | 54% - Master's degree 39% - BA/BS |
| Social work degree | 57% | 29% |
| Racial/Ethnic majority | 76% | 74% |
| Average age | 41 years | 40 years |
| Average yrs. Experience | | 8 years |
| States represented | 26 states | 17 states |

Where Do Workers Receive Training?

Received Training

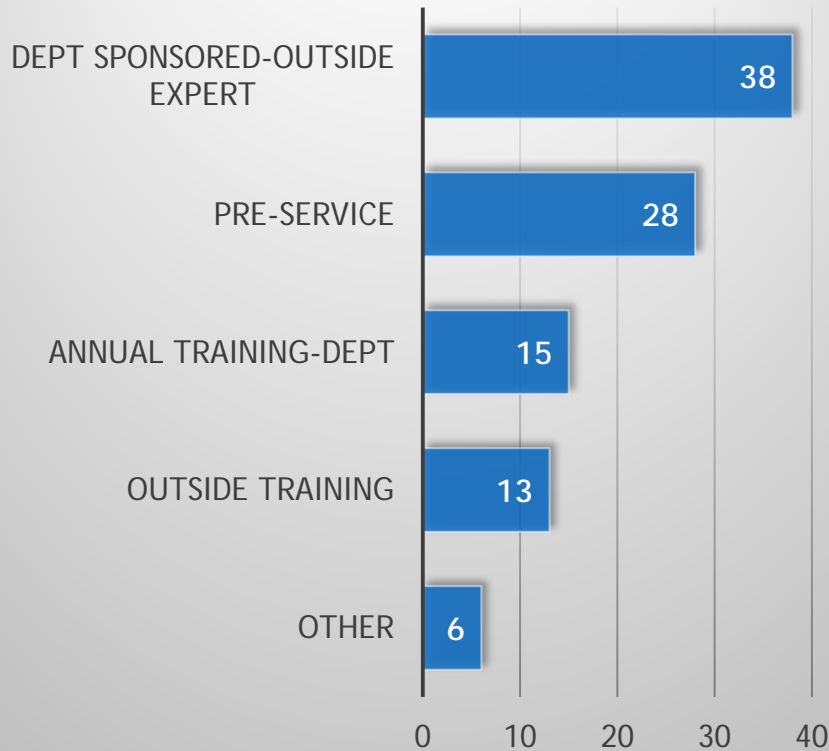


Type of Training

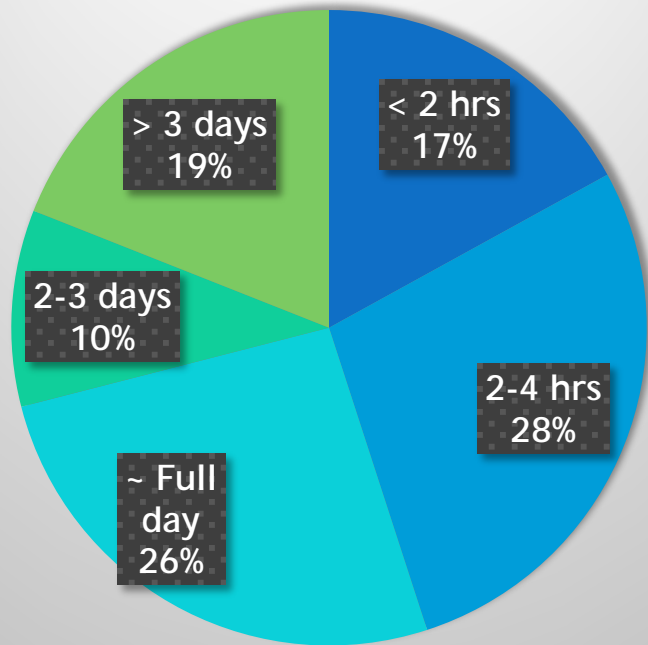


More on CMF Training

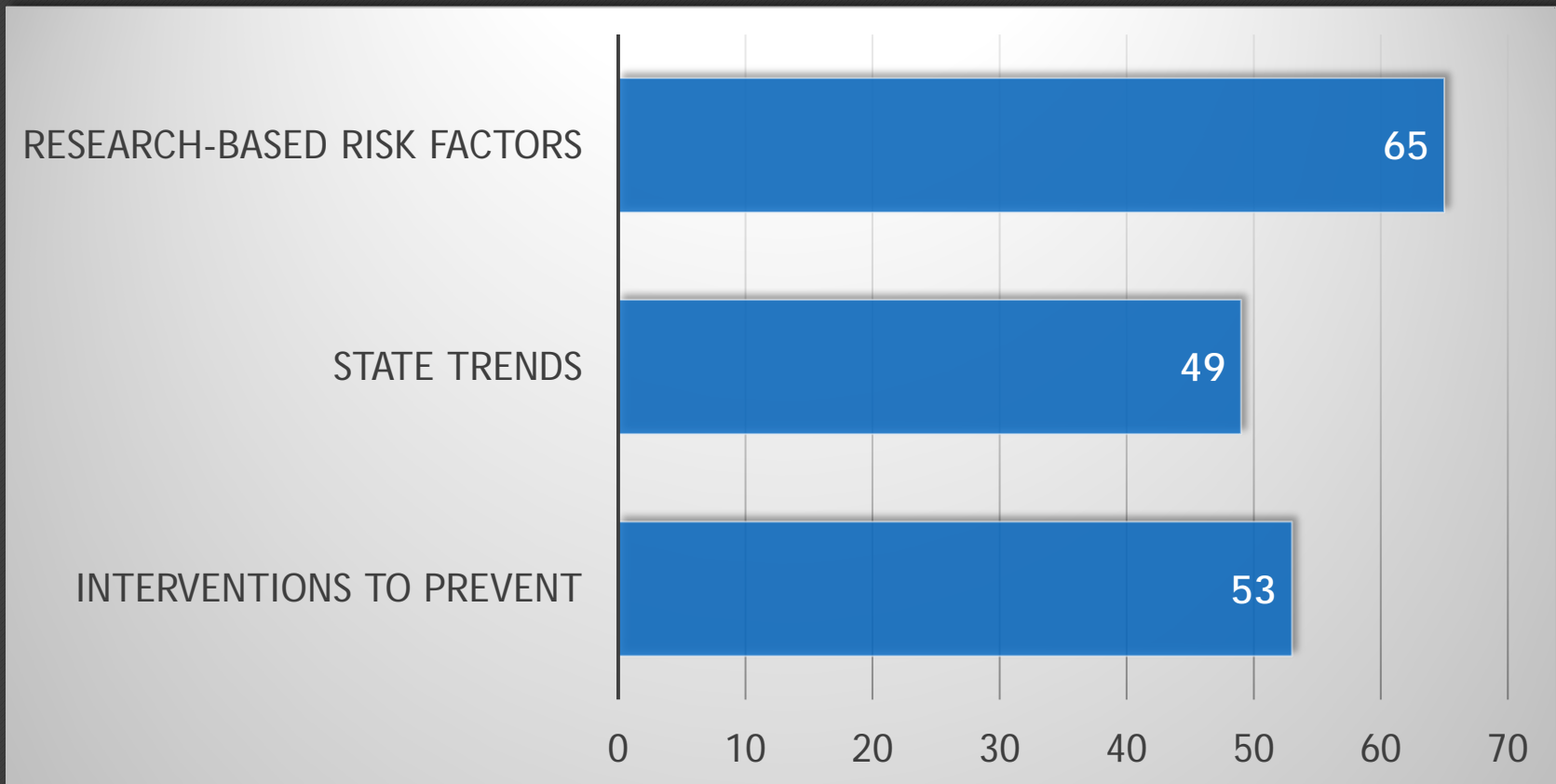
Training Type



Training Length



Focus of Training

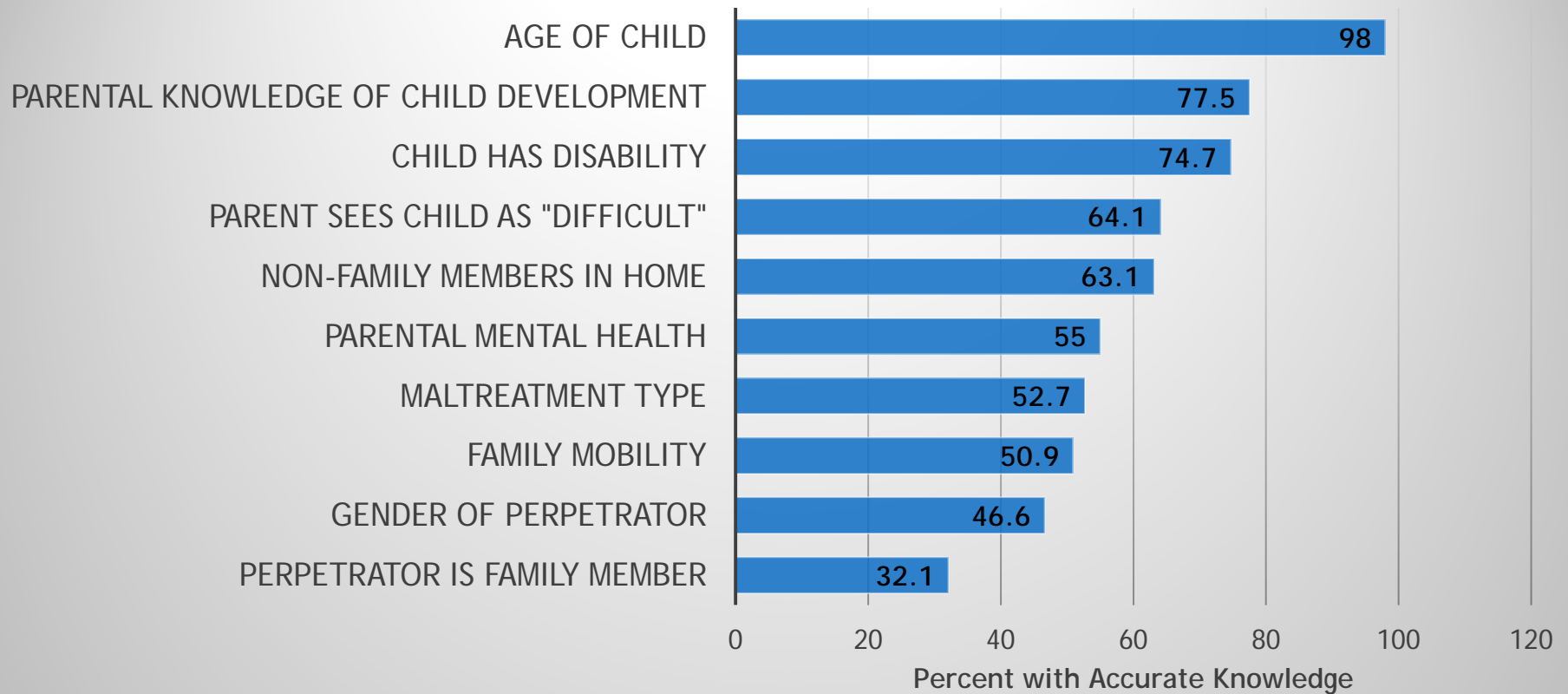


Asking CWWs About Knowledge of Risk Factors

Asked questions about these areas...

- Age of child
- Child has disability
- Family mobility
- Gender of perpetrator
- Maltreatment type (cause of death)
- Non-family members in home
- Parent sees child as "difficult"
- Parental knowledge of child development
- Parental mental health
- Perpetrator is family member

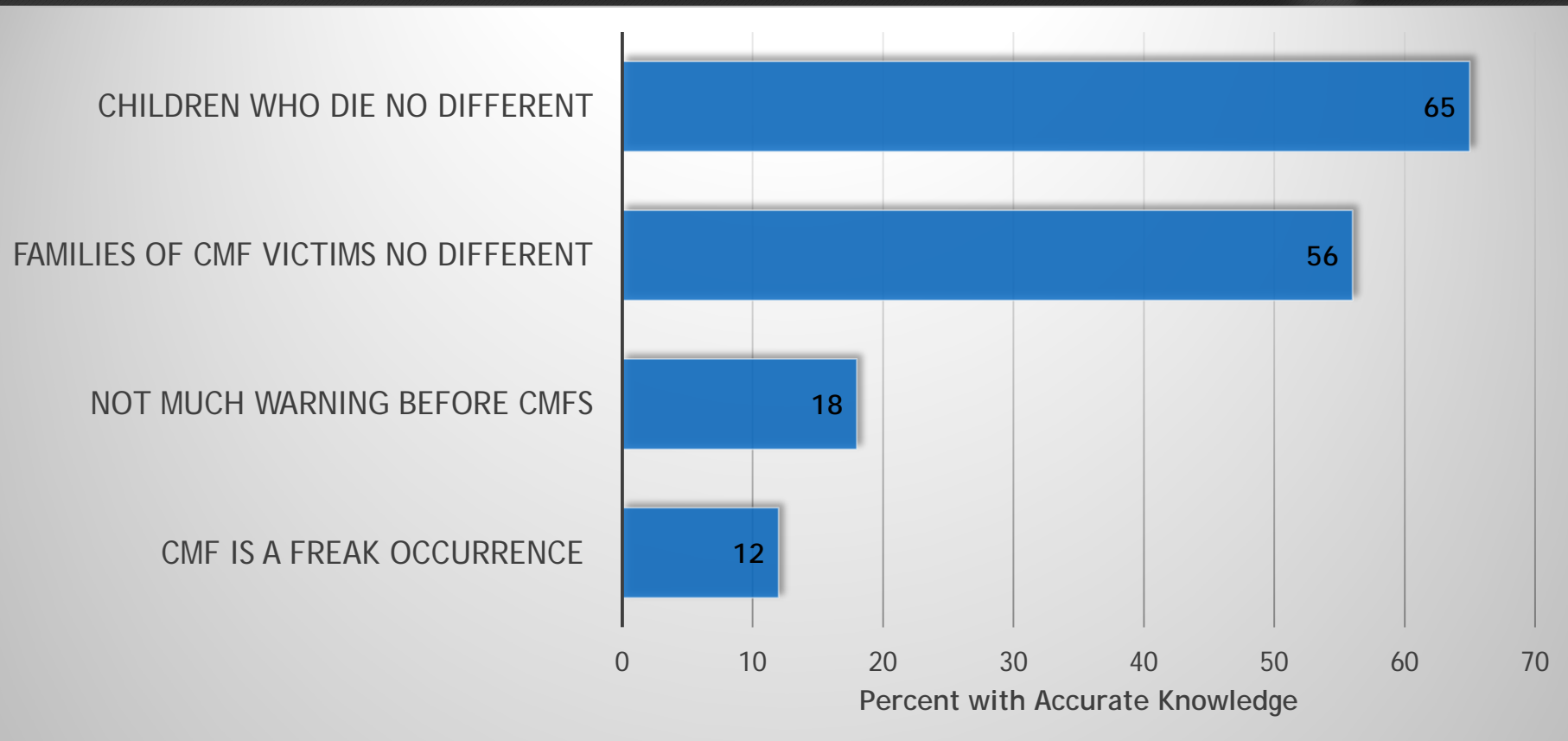
Workers' Accurate Knowledge of Risk Factors for CMFs



(Douglas & Gushwa, in progress)
Study II

Preliminary results

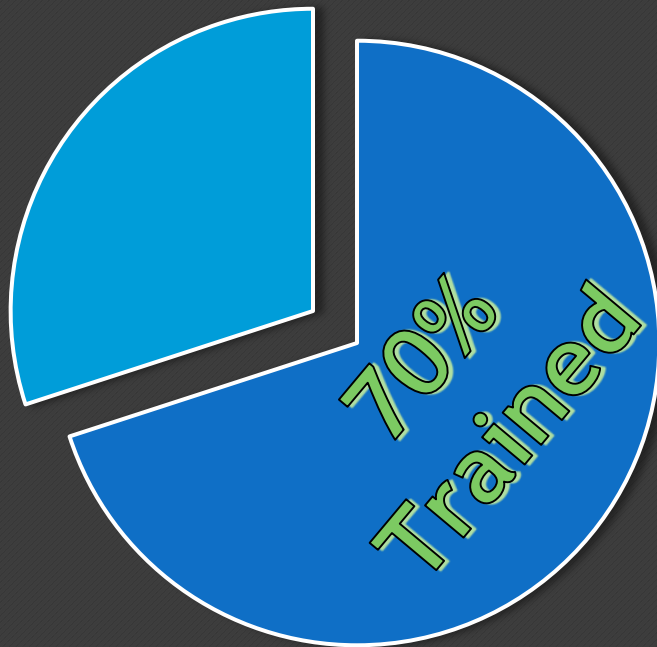
Attitudes about CMFs



(Douglas & Gushwa, in progress)
Study II

Preliminary results

Child Welfare Workers, CMF Knowledge, and Training



Training

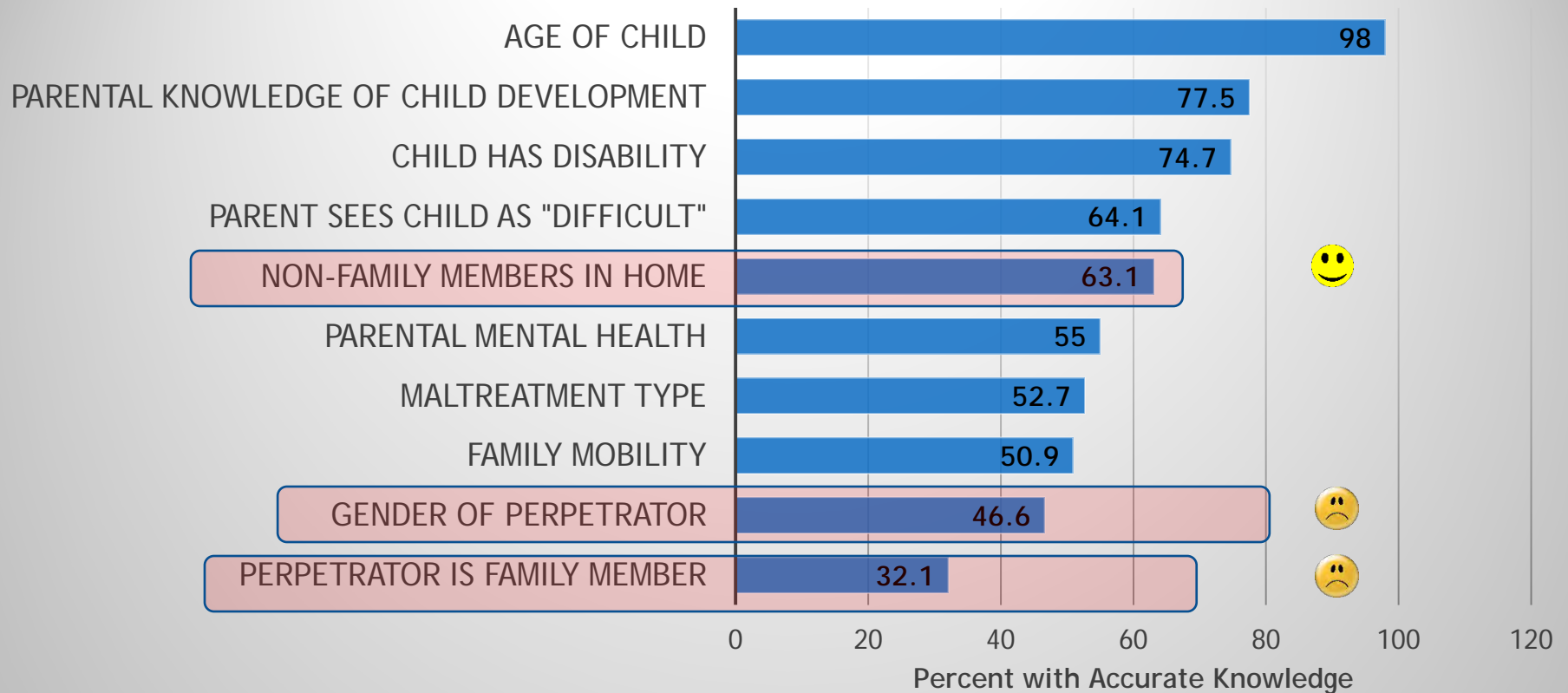


Did Not Improve Knowledge...

(Douglas & Gushwa, in progress)

Study I & II

Where Does Training Matter?



(Douglas & Gushwa, in progress)
Study II

Preliminary results

Where Else Do Workers Learn About Risks for CMFs?

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Examined pre-service child welfare training curricula for new child welfare workers in 20 states



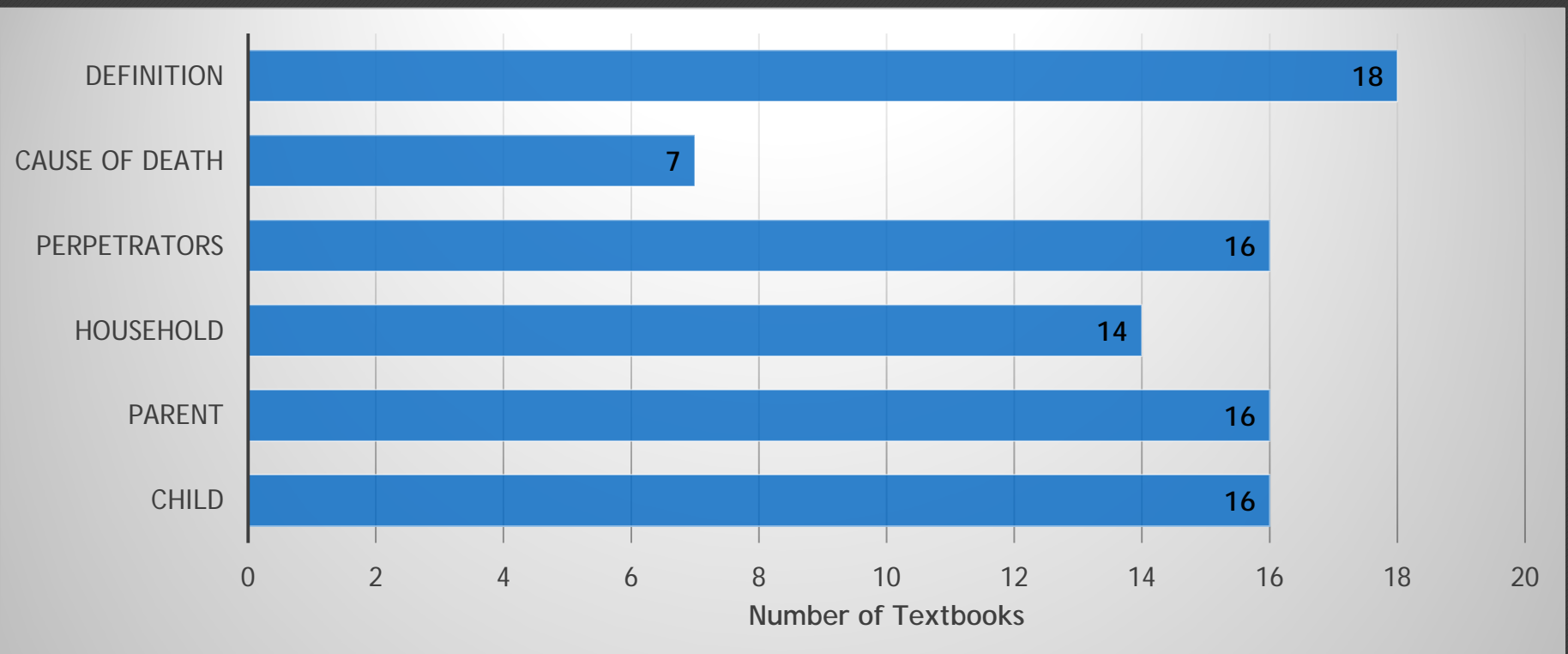
Only 1 state had section on CMFs



That state did not provide evidence-based information about risk factors (focused on state factors)

Where Else Do Potential Workers Learn About Risks for CMFs?

- Examined 24 social science contextual textbooks about child abuse, families, child development, etc.



(Douglas & Serino, 2013)

Workers Who Experience A CMF On Their Caseloads

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Study I

How Many Workers Annually?

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- Estimate between 1,062-1,416 child welfare professionals (frontline workers and supervisors) experience death of a child on their caseload due to maltreatment
- Comprises 3.4-4.3% of child welfare workforce
- *What do we know about these workers?*

Reasons Cited as Cause for Fatal Maltreatment

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Race To The Bottom, Untrained Social Workers, Over Work & More Dead & Suffering Children In Indiana

Published by Mike Tikkanen on February 8, 2012 in Politics and Funding, Public Policy and The States. 8 Comments

Tags: beaten with two by fours, bruce greenberg, mitch daniels.

Invisible Children – Advocacy group to promote change within child welfare system, 2008

Reasons Cited as Cause for Fatal Maltreatment

The Real Reasons for Child Abuse Deaths

It's easy enough to see how people can leap to the conclusion that the deaths of children "known to the system" must be the result of "family preservation" or the federal law requiring agencies to make "reasonable efforts" to keep families together.

After all, the cases seem so obvious -- especially in hindsight. Often they were *not* the "tough calls." And almost everyone in the system has a vested interest in promoting the idea that it was the fault of a law or a policy over which they have no control. But the real reasons children "known to the system" die are very different. And those reasons are well within the control of many of those who point the finger at family preservation.

When children known to the system die, it is usually because the system is overwhelmed with children who don't need to be in foster care at all.

- In most states, a bachelor's degree in any subject is all that is required to become a child protective worker. After hiring, training generally ranges from minimal to none.

- Turnover on the job is constant. The worker who goes to a troubled family is likely to have little experience.

- Working conditions can be appalling. In some child protective offices several workers share a phone, in others workers keep files in their cars or piled under their desks.

- Caseloads often are enormous, often double, triple or more than the average called for in national standards established by the Child Welfare League of America.

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National Coalition for
Child Protection
Reform, 2009

Reasons Cited as Cause for Fatal Maltreatment

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theguardian

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Social workers 'untrained' for violent parents

Staff and agencies

guardian.co.uk, Friday 20 December 2002 11.00 EST

Vulnerable children are being put at risk because social workers lack adequate training to prevent them from being manipulated by violent and intimidating parents, researchers have warned.

Reasons Cited as Cause for Fatal Maltreatment

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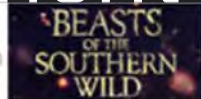
constraints facing CA managers accessing qualified candidate pools. The review committee also noted newly hired, inexperienced social workers are assigned CPS investigations after completing their mandatory academy training.

The committee felt assigning high risk investigations to newly hired and inexperienced CPS social workers may present risk issues for CA. Academy training and other mandatory training provided by CA for these social workers cannot by itself compensate for a lack of direct child welfare or investigative experience. Supervisors do not have the time to provide the level of supervision that inexperienced staff require. It was noted the lack of qualified candidates and the

Washington Children's Administration, 2009

Reasons Cited as Cause for Fatal Maltreatment

The New York Times
nytimes.com



December 10, 2004

Report on Deaths of 12 Children in New Jersey Faults Child Welfare System

By LESLIE KAUFMAN

An independent review of the cases of the 12 New Jersey children who died of what the authorities suspect was abuse or neglect in 2004 found "shallow and narrow" investigations by child welfare workers. The report also found a breakdown of communications between the caseworkers and other state agencies.

The report, released yesterday by the Office of the State Auditor, also found that the state's reviews of medical, police and other state records were incomplete. It cited the case of a child in Asbury Park who was found starved to death in April.

While the hospital where Jmeir was born had diagnosed him with a rare genetic disorder, child welfare authorities when his mother repeatedly called for help. Instead, Jmeir's health was taken for granted, the report said.

Kevin M. Ryan, the child advocate, acknowledged that the state's child welfare system in New Jersey began to fully carry out a mandate in 2002. But, he said, the state's child welfare agency. But, he said, the state's child welfare agency.

"This office remains unequivocally supportive of the caseworkers who are doing the best they can. I think need to be made that are not yet being done."

"...a top priority was to improve training for child welfare supervisors so that they can help inexperienced caseworkers who are stymied in investigating abusive families..."

Mr. Ryan said a top priority was to improve training for child welfare supervisors so that they can help inexperienced caseworkers who are stymied in investigating abusive families, as happened in the case of Ajee Anderson.

CWWs Experiencing CMF on Caseload

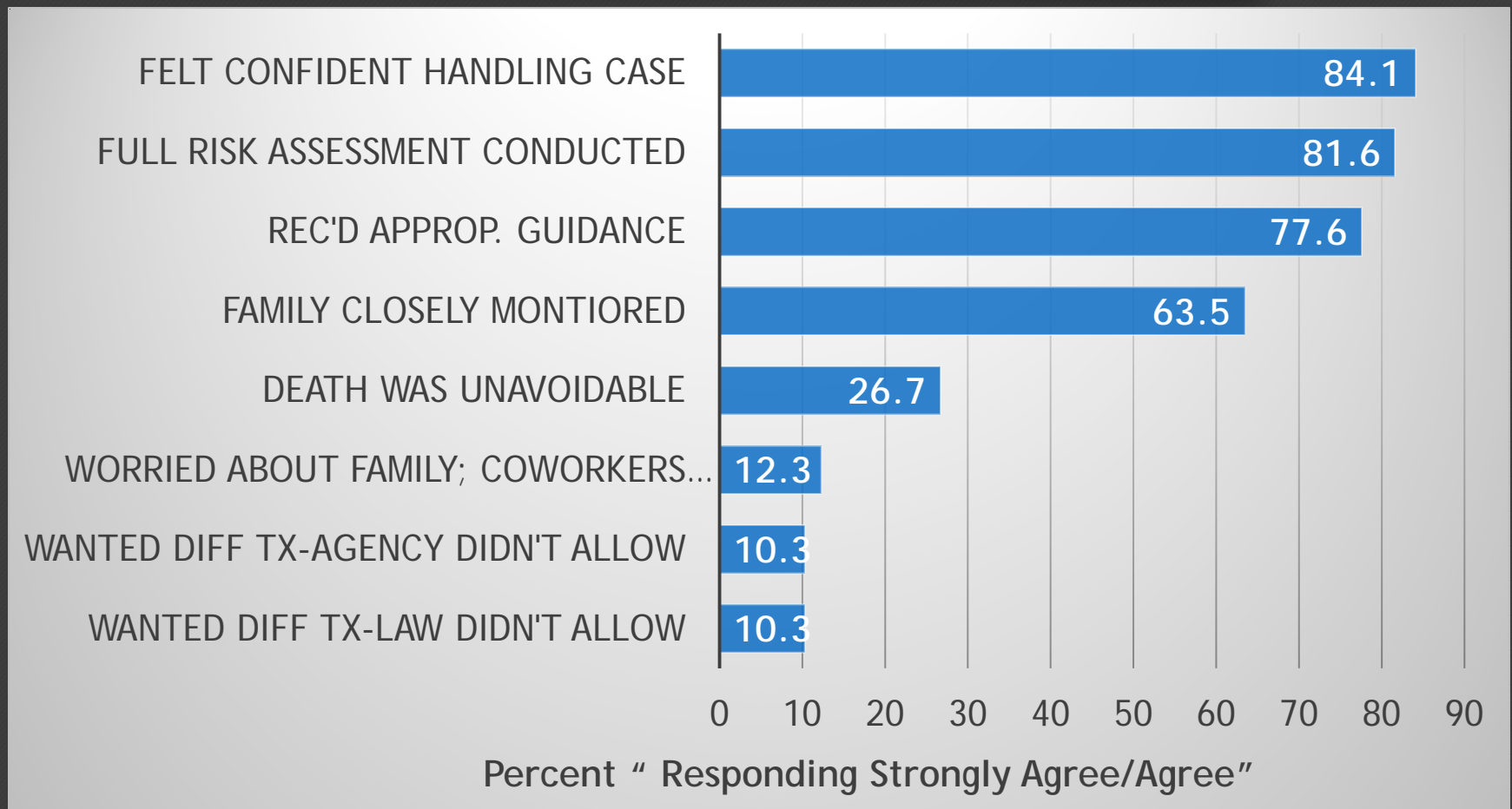
| Characteristic | Total CWWs Exp'd CMF | Frontline CWW Exp'd CMF | Supervisor Exp'd CMF |
|---|-------------------------|----------------------------|-------------------------|
| Case Work Info. at Time of CMF | | | |
| No. of cases on caseload ¹ | 25 | 20 | 90 |
| No. months on caseload ¹ | 2 | 2 | 3 |
| No. years in CW profession ¹ | 6 | 4 | 13 |
| Worker Characteristics at Time of CMF | | | |
| Worker Age at time of death ² | 37.6 | 34.62 | 41.40 |
| Worker Education: Level | | | |
| High school degree | 0.9% | 0 | 0.8% |
| Associate's degree | 0.8% | 0 | 0.8% |
| College degree | 45.9% | 54.5% | 45.9% |
| Master's degree | 52.5% | 45.5% | 52.5% |
| Worker Education: Area of Specialization | | | |
| Social work | 53.7% | 42.6% | 53.7% |
| Human services | 5.7% | 3.7% | 5.7% |
| Other social science | 29.3% | 48.1% | 29.3% |
| Other area | 11.4% | 5.6% | 11.4% |

At The Time Of The Fatality

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- On average: families involved with CPS for ~10 months
- Workers had seen child ~ 1 week prior to death
- Workers who had seen child in past 4 weeks: 85%

Handling the Case Before the Fatality





How Workers May Miss Warning Signs

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Balancing Two Perspectives

- Social work profession based on finding strengths as point of entry for working with clients
- Finding strengths – a necessary & essential component of child welfare practice
- Strengths can *never* make risk disappear.
- Balancing these two ends of child welfare practice => challenging

(Kemp, Marcenko, Lyons, & Kruzich, 2014; Lietz, 2011; Lietz & Rounds, 2009; Mapp, 2002)

Strength-Perspective

- Strengths-perspective is a theory
- Very little research on how a strength-based perspective is integrated into child welfare practice
 - Do workers know what constitutes a strength that can act as protective factor for a child?
 - Workers' attitudes about relationship between strengths and risks
 - Conversations with supervisors about the balance of strength and risk factors in cases?
 - When to intervene even though strengths might be present?

(Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Kemp et al., 2014; Shlonsky & Wagner, 2005; Staudt, Howard, & Drake, 2001)

Assessing for Risk

- Two basic ways to assess for risk
- *Consensus-based assessment tools*
 - Items included based on consensus (theory, research, practitioner opinion)
 - Do not differentiate between different types of maltreatment
 - Great variation between tools, limited empirical support
- *Actuarial assessment tools*
 - Statistically identified to predict future abuse and neglect
 - Numerically scored, then risk determined based on score
 - Usually have different indices to predict neglect vs. physical abuse
 - Bypass professional knowledge & skills of experienced practitioners

(Gushwa & Chance, 2013)

Limits of Risk Assessment Tools

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- Less experienced workers find tools to be more beneficial than more experienced workers
- Experienced workers believe tools limit ability to use their own professional expertise
- Possible to manipulate scores to align with professional assessments - how often does this happen?
 - Ex: Lower scores if families do not "seem" to be at risk

Further Complications

- Workers' own attitudes influence their own assessments of families
- Some evidence that risk/safety assessments not conducted throughout life of a case
 - Only at initial contact/assessment/investigation
 - Before reunification (if children have been removed)
- Risk and safety should be assessed throughout life of a case
- Lack of research on use of risk/safety tools throughout life of a case

Workers and supervisors

- Research highlights the importance of supervisors in the workers' experience and job performance
- Exploration of values & biases is necessary to promote effective professional practice
- Supervisors need:
 - To be prepared to help workers use critical thinking skills, in combination with assessment tools
 - To be knowledgeable of risk factors for fatalities
- More and better research
 - About supervisor-worker relationship
 - How worker/agency practices are tied to reducing CMFs

(Gushwa & Chance, 2013; Lietz & Rounds, 2009)

Conclusions & Recommendations

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Worker Perspective

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“The blame for a child death usually lands on the frontline worker. We can not live with the families we work with. While a good service worker can prevent some maltreatment, it is impossible to prevent all maltreatment. In some situations workers do not have the evidence needed to legally mandate a family into services which might prevent maltreatment. As a worker I am extremely stressed out by my caseload and frequently worry that a child will die. I work weekends and sometimes until 8 or 9 pm to keep up with the work but if one child dies I will never feel that I did enough. Most child welfare workers truly care about the families on their caseloads but preventing maltreatment while keeping up with 20 to 30 investigations is impossible. We are fighting a losing battle...My entire academic experience as a professional social worker has prepared me for this job and I am still overwhelmed by the massive responsibility.”

Implications for Practice, Research, and Policy

There's a lot still that we don't know...

1. Pass policy to require collection of better CMF data, increase understanding of risk factors
2. Research areas:
 1. CMF risk factors
 2. Strength-based approaches and CPS practice
 3. Risk assessments
3. Increase capacity of child welfare professionals to appropriately intervene
 1. Training
 2. Ongoing support
4. Be an advocate for evaluation => to make sure prevention/intervention approaches are effective

Thank you. The end.

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