

# CHILD MALTREATMENT FATALITIES: PERCEPTIONS AND EXPERIENCES OF CHILD WELFARE PROFESSIONALS

## FACT SHEET SERIES, ISSUE 3



### CASE, SERVICE, AND HOUSEHOLD CHARACTERISTICS OF FAMILIES THAT EXPERIENCE A CHILD MALTREATMENT FATALITY

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#### THE STUDY

This fact sheet documents findings from the study *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals*, conducted in September 2010 – January 2011; 426 child welfare professionals from 25 states participated; 123 (27.2%) had a maltreatment fatality on their caseload. Participants for this online study were recruited through advertisement on professional websites, social media sites targeting social workers, child maltreatment listservs, and direct appeals to child welfare agency administrators. The purpose of the study was to assess the knowledge, attitudes, practice concerns, and experiences with maltreatment fatalities – and implications for post-traumatic stress symptoms among U.S. child welfare professionals.

#### WHAT IS A CHILD MALTREATMENT FATALITY?

Child maltreatment fatality is: “death of a child as a result of abuse or neglect, because either: (a) an injury resulting from the abuse or neglect was the cause of death; or (b) abuse and/or neglect were contributing factors to the cause of death.”<sup>i</sup>. Child maltreatment fatalities occur annually and nationally. In 2009, there were 1,770 reported CMF cases. There is a wide range for cause of death in these cases. For the 1,770 cases in 2009: 36.7% died from a combination of abuse and physical neglect, 35.8% from physical neglect, 23.2% from physical abuse, and the rest were due to less prevalent types of maltreatment – such as medical neglect or sexual abuse<sup>ii</sup>. Between 30-40% of reported child maltreatment fatalities result in cases known to state child welfare workers, no other professional group has a greater ability to intervene with at-risk children<sup>iii</sup>.

#### WHY STUDY SERVICE CHARACTERISTICS AMONG FATALITY VICTIMS?

We know very little about the events leading up to the time when a child dies from maltreatment. For families who were receiving or had received services from child welfare professionals, we know even less about the service characteristics leading up to a child’s death, or when workers last saw children before they died. Researching these characteristics is intended to fill gaps in the current knowledge of fatality victims and could lead to future intervention strategies. This factsheet presents information on the case, service, and family characteristics reported by child welfare workers who experienced a child fatality on their caseload.

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### AREAS ASSESSED

This study gathered information about child maltreatment fatalities from child welfare workers who reported experiencing a fatality first-hand. Child welfare workers reported on the case, service, and family/household characteristics of a child who died on their caseload. With some exception, workers were presented with a series of statements that could related to each family and workers indicated the extent to which they agreed or disagreed with each statement. For example, “Parental drug use was a major problem in this child’s family,” “This child’s family had non-family members living in the household,” and “This child’s parents/caregivers saw their child as ‘difficult’ or ill behaved, in general.” These questions were developed from a review of the literature<sup>iv</sup>.

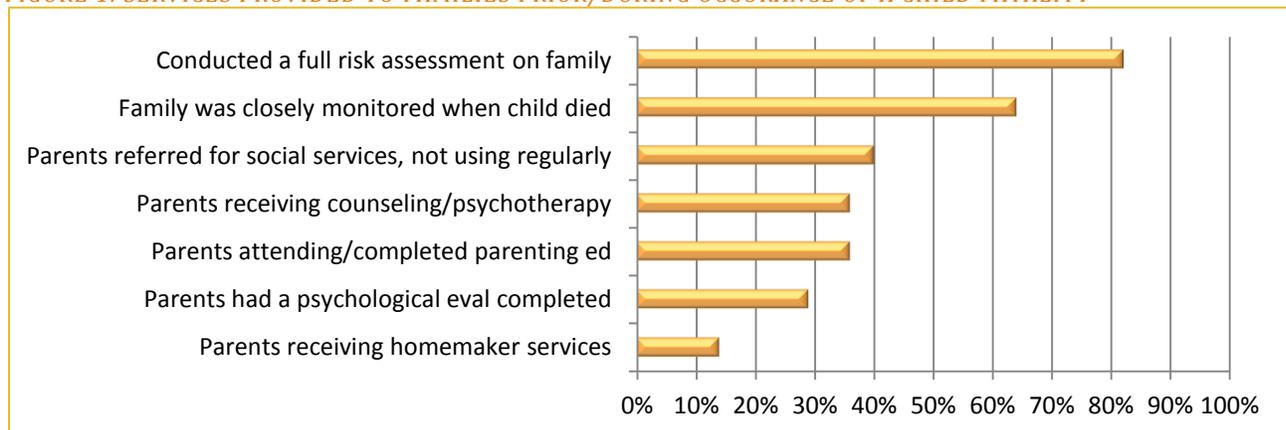
### SERVICES USED BY FAMILIES WHERE FATALITIES OCCURRED

The survey asked CWWs to report on the services that were provided to families before the fatality. General discoveries about CMF case characteristic from this study:

- ❖ Families were involved with Child Protective Services for a median time period of 10 months prior to CMF
- ❖ The median time period the CWW had visited the family was 1 week prior to the fatality
- ❖ 85% of workers had seen the child within 4 weeks before the death

Figure 1 shows that a high proportion (82%) reported that the agency had conducted a full risk assessment on the family, two-thirds (64%) reported that the agency was closely monitoring the family when the child died, even though almost 40% of families were not regularly using the services to which they had been referred. About one-third of families had been involved with psychotherapy, parenting education classes, and psychological testing at the time of the child’s death. A small proportion of families (14%) were using homemaker services.

FIGURE 1: SERVICES PROVIDED TO FAMILIES PRIOR/DURING OCCURANCE OF A CHILD FATALITY



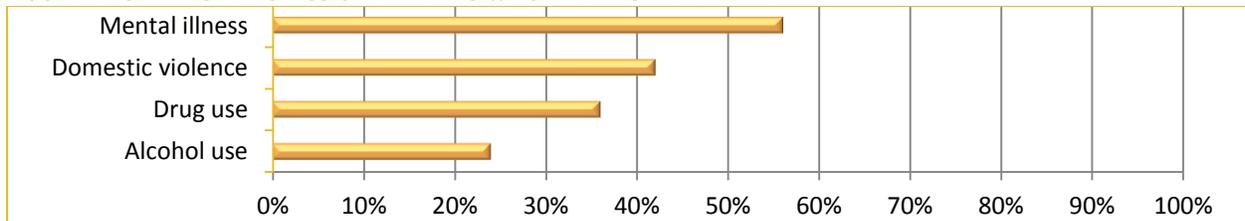
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### CHARACTERISTICS OF PARENTS, FAMILIES, AND PARENT-CHILD RELATIONSHIPS IN FATALITY CASES

Figure 2 shows that workers indicated that parents whose children suffer a CMF were most likely to have a mental illness, 56%. The prevalence of the remaining characteristics, in descending order, were domestic violence (43%), drug use (36%), and alcohol use (24%).

FIGURE 2: CHARACTERISTICS OF PARENTS WHO HAD A CHILD FATALITY



With regard to household characteristics, Figure 3 shows that almost two-thirds (64%) of families that experienced a CMF were frequently unemployed. Other problem areas included recently experiencing a major life event (51%) and being socially isolated (45%). Family characteristics that were less common included moving a lot (35%), having non-family members living in the household (30%), and being geographically isolated (14%).

FIGURE 3: CHARACTERISTICS OF FAMILIES/HOUSEHOLDS THAT HAD A CHILD FATALITY

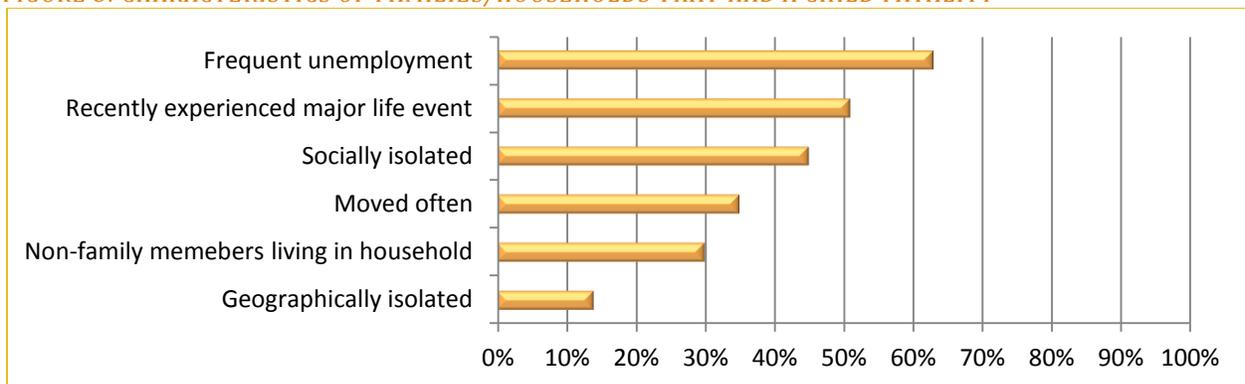


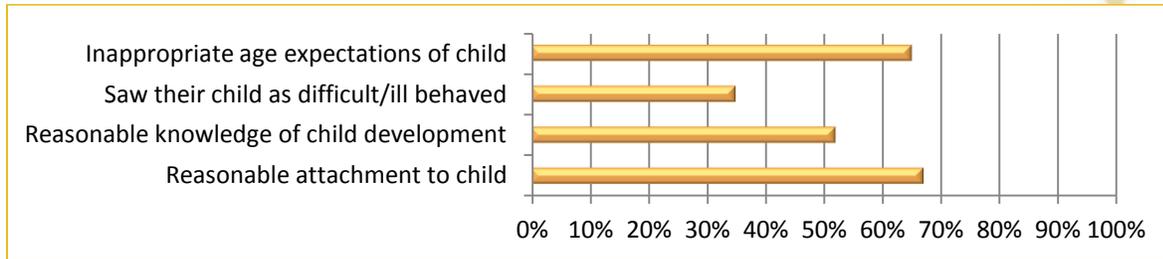
Figure 4 shows that between one and two-thirds of the CWWs endorsed items that were related to the parent-child relationship. The most common characteristics were that parents had a reasonable attachment to the child (67%), had reasonable knowledge of child development (53%), but also had inappropriate age expectations of the child (66%). At the lowest end, 35% of parents saw their children as difficult or ill behaved.

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FIGURE 4: PARENT-CHILD RELATIONSHIPS PRIOR TO FATALITY



### CONCLUSION

This study is among the first to report on the case and service characteristics of families where a child dies from maltreatment. The victims of this study had been seen by their workers a median of one week before their deaths. Thus, even with close monitoring, the child welfare system was unable to stop the deaths of the children who are the subject of this study. The results suggest that workers had close contact with the families, but that a minority of them was using social services. The findings of this study also indicate that the CMF victims and their families had a wide range of challenges. Nonetheless, the characteristics which affected the largest majority of families were: (1) parental unemployment, (2) parental mental illness, (3) experiencing a major life event, and (4) parents having inappropriate expectations of child. These findings may be a useful guide for child welfare workers, visiting nurses, and other service providers working with vulnerable families. Children and families exhibiting some of these characteristics may be at an increased risk for CMF and thus, may warrant additional assessments, supports or intervention.

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<sup>i</sup> National Child Abuse and Neglect Data Systems . (2000, March). *Glossary*. Retrieved October 22, 2011, from <http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

<sup>ii</sup> U.S. Department of Health & Human Services. (2010). *Child maltreatment 2009: Reports from the States to the National Child Abuse and Neglect Data Systems - National statistics on child abuse and neglect*. Washington, D.C.: Administration for Children & Families, U.S. Department of Health & Human Services.

<sup>iii</sup> Anderson, R., Ambrosino, R., Valentine, D., & Lauderdale, M. (1983). Child deaths attributed to abuse and neglect: An empirical study. *Children and Youth Services Review, 5*(1), 75-89.

<sup>iv</sup> Douglas, E. M. 2005. Child maltreatment fatalities: What do we know, what have we done and where do we go from here? *In: Kendall-Tackett, K. & Gaicomoni, S. (eds.) Child victimization*. Kingston, NJ: Civic Research Institute.