

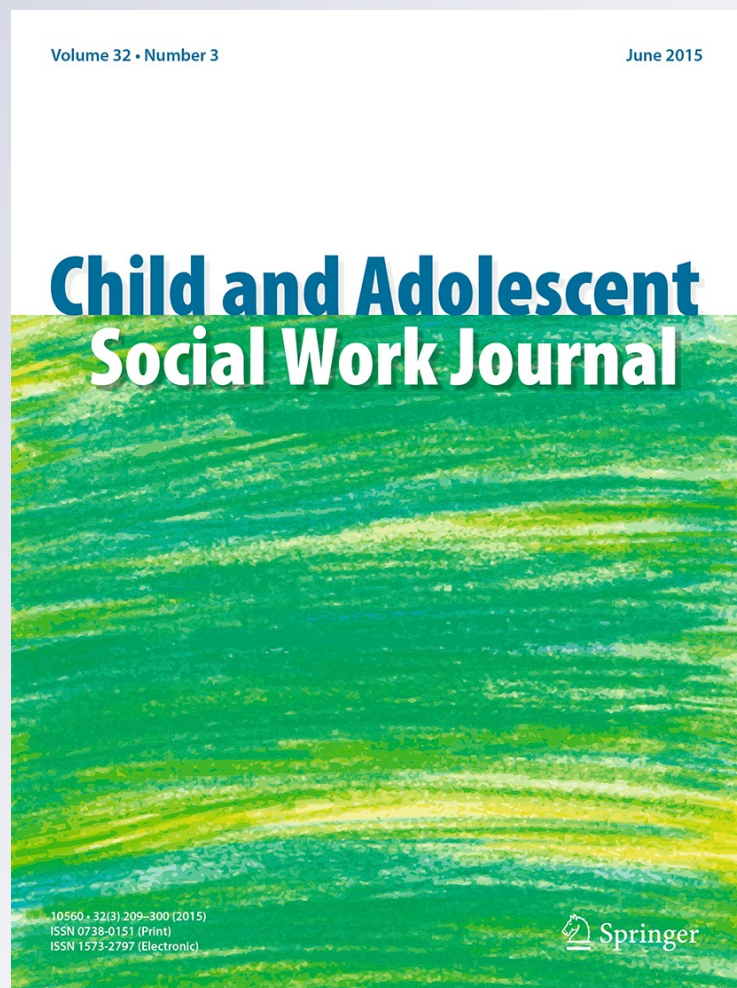
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Emily M. Douglas, Brandy M. Mohn & Melinda K. Gushwa

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The Presence of Maltreatment Fatality-Related Content in Pre-service Child Welfare Training Curricula: A Brief Report of 20 States

Emily M. Douglas · Brandy M. Mohn ·
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Abstract The purpose of this study was to assess the presence of evidence-based information about child maltreatment fatalities (CMFs) and risk factors for CMFs in pre-service child welfare training curricula in the United States. In this first paper to examine the extent to which child welfare workers receive content on CMFs in their pre-service child welfare training, we reviewed curricula from 20 states. We searched for content related to risk assessment and fatality characteristics in the following areas: child risk factors, parent risk factors, and family/household risk factors. Our results suggest that workers' receive very little content regarding CMFs. We discuss the findings with regard to child welfare training and practice.

Keywords Child welfare training · Fatal maltreatment · Child death · Evidence-based practice

Over the last several decades, child welfare professionals have increasingly turned their attention to the problem of children who die as a result of maltreatment—child maltreatment fatalities (CMFs). The field's knowledge of risk factors has improved (Chance and Scannapieco 2002; Graham et al. 2010; McClain et al. 1993; Stiffman et al. 2002) and there are a number of responses and prevention plans in place today because of this increased attention and improvements (Douglas 2005; Durfee et al. 2009; Durfee and Durfee 1995; Webster et al. 2003). Nevertheless, the rate

of CMFs remains high (Finkelhor et al. 2010). Recent research on the intersection of CMFs and the child welfare profession indicates that child welfare workers have a lack of knowledge about risk factors for maltreatment-related fatalities, even in the face of training about CMFs (Douglas 2012b); further social science text books on child abuse and neglect show that minimal information on CMFs is presented on fatalities (Douglas and Serino 2013). This brief paper reports on the prevalence of CMFs content and risk factors for CMFs in pre-serve child welfare training curricula.

Overview of Child Maltreatment Fatalities

Official statistics show that about 1,600 children die annually from maltreatment in the U.S. (U.S. Department of Health & Human Services 2012), although this number is widely accepted to be underreported (Herman-Giddens et al. 1999). CMFs encompass a range of causes of death that include active (e.g., assault/shaking) and passive behaviors (e.g., neglect/lack of supervision) that result in or contribute to a child's death (Klevens and Leeb 2010; Margolin 1990; Palusci and Covington 2014; United States Advisory Board on Child Abuse and Neglect 1995). In 2011, 78.7 % of CMFs victims died from neglect and 47.9 % died from physical abuse; this amount sums to more than 100 % because some children die from more than one type of maltreatment (U.S. Department of Health & Human Services 2012). The rate of CMFs has remained relatively high, even though physical and sexual abuse have experienced declines (Finkelhor et al. 2010); rates of CMFs in the US are very high as compared with rates from other asset-rich nations (UNICEF 2003).

Age is the most consistent risk factor for CMFs victimization. Most victims are under the age of five, with about

E. M. Douglas (✉) · B. M. Mohn
School of Social Work, Bridgewater State University,
95 Burrill Ave, Bridgewater, MA 02325, USA
e-mail: emily.douglas@bridgew.edu

M. K. Gushwa
Rhode Island College School of Social Work, 600 Mount
Pleasant Avenue, Providence, RI 02908, USA

half being infants; African American/Black children are also more likely to die of abuse or neglect, which is consistent with their over-representation among child welfare clients (Anderson et al. 1983; Anyon 2011; Bennett et al. 2006; Bernard and Gupta 2008; Douglas and Mohn 2014; Kunz and Bahr 1996; U.S. Department of Health & Human Services 2012). Perpetrators of CMFs are almost always caregivers, specifically parents or parents' intimate partners (Klevens and Leeb 2010). Caregivers who kill children or who are responsible for a child dying are usually in early adulthood, under the age of 30 (Herman-Giddens et al. 2003; Kunz and Bahr 1996) and often times mental health problems are present (Douglas 2013; Fein 1979). These caregivers frequently make demands on their children which are developmentally inappropriate (Douglas 2013; Korbin 1987), such as wanting an infant to be "respectful" of a parent's work schedule. Parents who are responsible for their children's deaths may also see their children as "difficult" (Chance and Scannapieco 2002; Fein 1979), which in combination with parental stress can be a lethal combination (Graham et al. 2010). Household or contextual factors which place children at risk are the presence of non-family members (Stiffman et al. 2002), frequently moving (Anderson et al. 1983), and practicing a religion that does not support the use of modern medicine (Asser and Swan 1998).

The Intersection of the Child Welfare Profession and Maltreatment Fatalities

Critics of the child welfare field often point fingers when children die, citing the routine use of a young, inexperienced, and ill-trained workforce (Gelles 2003; Wexler 2008). Recent research provides a counter perspective. A study of workers who experienced the death of a child client due to abuse or neglect found that, on average, workers were in their mid-30s, worked in child welfare for 6 years prior to the death of the child, and were college-educated in social work or another social science (Douglas 2012a). This same study found that, as a whole, workers—both who had and who had not experienced a CMF—have gaps in their levels of knowledge of risk factors for CMFs. The majority of workers mistakenly reported that children are more likely to die from physical abuse, as opposed to neglect, that parental mental health is not a risk factor for fatalities, and that mothers are *not* most often responsible for their children's deaths. Another important finding of this study was that workers' self-report of receipt of training made no difference in their level of knowledge of risk factors (Douglas 2012b).

These findings raise questions about the information that child welfare professionals receive about CMFs and characteristics that increase risk factors for death. Knowledge in

this area is important so that workers can potentially identify risk factors and prevent child fatalities. There are both internal and external child death review boards throughout the United States (Child Welfare League of America 2007; National Center for the Review and Prevention of Child Deaths 2010), which examine circumstances leading to a child's death (Durfee and Durfee 1995). This work is distinct from what workers do every day, which is to assess for potential risk factors when working with a family, prior to a child's death (Munro 1998, 2004); further, it is not known to what extent information gleaned from child death review teams is disseminated to professionals in the field (Douglas and Cunningham 2008).

A recent study examined 24 social science textbooks that addressed child abuse and neglect or child welfare, to search for content that is relevant to CMFs (Douglas and Serino 2013). Between 16 and 18 of the textbooks included definitions and prevalence rates of CMFs; between 14 and 16 included *any* content on child, parent, or household risk factors. Age of the victim was mentioned most; beyond this, not even half of the textbooks mentioned any one of the individual risk factors such as parent age, parent/child gender, race/ethnicity, mental health concerns, parent knowledge of child development, or household factors. Thus, social scientist students and perhaps aspiring social service/child welfare workers are not receiving appropriate content through textbooks. The study on textbooks is an approximation of where child welfare professionals might receive information on child abuse and neglect, in general, and fatalities, in specific. A more focused way to examine information that child welfare workers receive is to analyze the pre-service training that all child welfare professionals receive before entering the field: This is the purpose of this paper.

Current Paper

The purpose of this brief project was to assess for the presence of evidence-based information about CMFs in pre-service child welfare training curricula. The research question addressed was:

To what extent do curricula contain evidence-based information about maltreatment fatalities? And, if so, what is the nature of this information: definitions, prevalence rates, causes of death and risk factors for child, parent, and households/environment?

The purpose of this study is further examine the extent to which child welfare workers are trained to recognize risk factors for potential maltreatment-related fatalities.

Methods

Procedures

We employed two strategies to obtain pre-service child welfare training curricula from states throughout the country. First, in February 2012 we emailed letters of request to state-level training agencies in 47 US states and the District of Columbia. We obtained contact information through web-based searches; we did not locate contact information for child welfare training sites in 4 states. We sent a second letter of request in October 2012. In addition to the direct applies for curricula, we also searched agency websites for curricula that would be available on-line. We collected data between February 2012 and March 2013.

Data

We obtained curricula from 20 states; 12 states delivered their full curricula, with trainers' handouts, guides, case scenarios, PowerPoint presentations, etc.; 8 states provided only outlines of their curricula. We purposely have not listed the states that provided information, as a way to maintain the confidentiality of those states that do not address CMF content in their training materials. The purpose of this project was to assess the presence of CMF content in child welfare training curricula, not to publicly expose gaps in information from particular states. The information that we received included print copies, electronic copies of print curricula, web-based interactive curricula, and audiovisual resources. The curricula were dated between 2007 and 2013.

Data Coding and Analysis

We followed the data coding and analysis procedures that were used in the study which examined textbooks for information about CMFs (Douglas and Serino 2013). Specifically, we used content analysis to categorize and code the text from the curricula. To determine if the curricula made any reference to CMFs, we searched for the following key words: "child maltreatment fatality," "CMF," "fatal," "fatality," "death," "die," "dead," "casualty," and "decease." Additionally, we searched for content related to risk assessment and fatality characteristics in the following areas: child risk factors, parent risk factors, and family/household risk factors. The data were dichotomously coded, Yes/No.

Results

Of the 20 curricula reviewed, 10 made reference to CMFs: Florida, Georgia, Kansas, Michigan, Nevada, New York, Ohio, Oregon, Pennsylvania, and Texas. Nine of these states are among the 12 states that provided full curricula. The presentation of this material differed: 1 curriculum provided a case example; 1 provided a definition for 'child maltreatment fatality'; 3 documented statistics related to CMFs; 7 curricula mentioned risk factors for CMFs; and 4 cited CMFs as being caused by neglect more than abuse. Florida is the only state that included a full section on CMFs. Of those curricula that referenced risk factors, 3 included information about parental risk factors, 4 included information on child risk factors, and 4 included information on household/family risk factors associated with CMFs. A summary of the results are provided in Table 1.

Discussion

This paper is the first paper to examine the extent to which child welfare workers receive content on CMFs in their pre-service child welfare training. Our results suggest that workers' receive very little content about CMFs, which likely explains their lack of knowledge about risk factors (Douglas 2012b).

There was little information provided to new child welfare workers about CMFs. The information that was most widely available centered on the fact that young children are at an increased risk for fatality, which was presented in a total of four states. We did not find evidence of inaccurate information, as was previously found in the study that assessed textbooks that focus on child abuse and neglect (Douglas and Serino 2013). Some states did include risk factors that are not considered to be the highest risk, according to extant research. We maintain that child welfare workers cannot adequately identify risk factors for fatal maltreatment if they have been inadequately trained in this area and there is research to support this lack of knowledge (Douglas 2012b). Research has shown that workers are affected by stories in the media about fatal maltreatment (Cooper 2005), but we would not advocate for workers to rely on news stories for their knowledge of CMFs.

There is a significant body of literature which addresses the transfer of learning in child welfare training and practice (Antle et al. 2008, 2009a, b; Lawler et al. 2012). Research shows that receipt of information is not usually sufficient

Table 1 Prevalence of information about risk factors in child welfare training curricula

Area of content	States covering content
<i>Overview of information</i>	
Any CMF content	10
Any risk factors for CMF mentioned	7
Entire section on CMFs	1
<i>Prevalence and causes of fatality</i>	
Number of children who die from CMF each year	3
Rate of children who die from CMF each year	1
A definition of CMF	1
Who kills/is responsible for children's deaths each year	1
Neglect causes CMFs more frequently than abuse	4
<i>Child risk factors</i>	
Any child risk factor content	4
Age—younger more at risk	3
Gender—boys more likely to die	1
Race—African Americans over-represented	1
Seen as a difficult child	0
<i>Parent risk factors</i>	
Any parent risk factor content	3
Age—parents are younger	2
Gender—mothers more likely	1
Mental health/emotional stability concern	2
Unemployed	0
Parent has inappropriate age expectations of child	0
<i>Household/family risk factors</i>	
Any household/family risk factor content	4
Recently experienced major life event	0
High degree of family mobility	0
Non-family members living in household	1
Family unemployment	0

enough to lead to substantial increases in knowledge or changes in practice (Antle et al. 2009a). Indeed, transfer of learning to knowledge retention and child welfare practice is related to many variables, including characteristics about the trainers, prior practice experience of trainees, investment among trainees, coworkers, supervisors, and reinforcements of learned material (Antle et al. 2008; Curry et al. 2005). Thus, we do not mean to suggest that inclusion of content related to CMFs alone would necessarily lead to transfer of knowledge, changes in child welfare practice, or a reduction in the number of children who die from abuse or neglect. But, inclusion of key information about such risk factors is an important place to begin in the prevention of fatal maltreatment.

Limitations

This study is not without limitations. First, we did not receive information from all states in the nation; we reviewed curricula from less than half of the states in the

country. Second, about half of the curricula that we did review were in outline format only; we did not have the entire curricula for assessment. Third, we assessed what is part of the formal curricula for early-career child welfare workers. It is possible that trainers use examples that are not in the curricula, address material that is outside of the formal curricula, present information from the state's child death review team, or that workers raise questions about fatalities that are addressed during the training. We only focused on the content in pre-service curricula; thus, if additional information exists, we did not capture it in our review. Fourth, child welfare workers may have the opportunity to attend additional training throughout their service in child welfare; we only assessed information that is delivered to workers prior to the start of their work in the profession. Finally, previous research shows that there are gaps in child welfare workers' knowledge concerning risk factors for CMF (Douglas 2012b); we have shown that child welfare workers receive little content on CMFs in their pre-service training. We can only hypothesize that if

workers receive this content, that they will retain the information, and help to prevent CMFs. To date there is no research that shows this causal link; this is an area for future research.

Conclusion

Our review and analysis of CMFs content in pre-service training for child welfare workers revealed a significant lack of information in the curricula for new child welfare workers. We emphasize that a fatality is a very unlikely outcome of a child abuse or neglect case, but it is also true that it is the worst possible outcome of maltreatment, and it is a regular fear for many child welfare workers (Cooper 2005; Regehr et al. 2002). Further, despite the resources that we have poured into this problem, there is little documented evidence that the field has adequately reduced the rate of CMFs (Finkelhor et al. 2010). The United States Congress passed new legislation in 2013 to convene a commission to study the issue of child abuse and neglect deaths (“Protect Our Kids Act” 2012)—National Commission to Eliminate Child Abuse and Neglect Fatalities—which highlights a national priority around this issue. We recommend that decision-makers within child welfare agencies, as well as this federal commission, consider the content that child welfare professionals receive to prepare them to adequately identify and address risk and protective factors that are related to CMFs.

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References

- 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.
- Antle, B. F., Barbee, A. P., Sullivan, D. J., & Christensen, D. N. (2009a). The effects of training reinforcement on training transfer in child welfare. *Child Welfare: Journal of Policy, Practice, and Program, 88*(3), 5–26.
- Antle, B. F., Barbee, A. P., & van Zyl, M. A. (2008). A comprehensive model for child welfare training evaluation. *Children and Youth Services Review, 30*(9), 1063–1080.
- Antle, B. F., Frey, S. E., Sar, B. K., Barbee, A. P., & van Zyl, M. A. (2009b). Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes. *Children and Youth Services Review, 32*(2), 223–230.
- Anyon, Y. (2011). Reducing racial disparities and disproportionalities in the child welfare system: Policy perspectives about how to serve the best interests of African American youth. *Children and Youth Services Review, 33*(2), 242–253. doi:10.1016/j.childyouth.2010.09.007.
- Asser, S. M., & Swan, R. (1998). Child fatalities from religion-motivated medical neglect. *Pediatrics, 101*(4), 625.
- Bennett, M. D., Jr, Hall, J., Frazier, L., Jr, Patel, N., Barker, L., & Shaw, K. (2006). Homicide of children aged 0–4 years, 2003–04: Results from the National Violent Death Reporting System. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention, 12*(Suppl 2), ii39–ii43.
- Bernard, C., & Gupta, A. (2008). Black African Children and the Child Protection System. *British Journal of Social Work, 38*(3), 476–492.
- Chance, T. C., & Scannapieco, M. (2002). Ecological correlates of child maltreatment: Similarities and differences between child fatality and nonfatality cases. *Child and Adolescent Social Work Journal, 19*(2), 139–161.
- Child Welfare League of America I. (2007). Eye on CWLA: Using the special review as a program improvement tool. *Children's Voice*.
- Cooper, L. (2005). Implications of media scrutiny for a child protection agency. *Journal of Sociology and Social Welfare, 32*(3), 107–121.
- Curry, D., McCarragher, T., & Dellmann-Jenkins, M. (2005). Training, transfer, and turnover: Exploring the relationship among transfer of learning factors and staff retention in child welfare. *Children and Youth Services Review, 27*(8), 931–948.
- Douglas, E. M. (2005). Child maltreatment fatalities: What do we know, what have we done and where do we go from here? In K. Kendall-Tackett & S. Gaicomoni (Eds.), *Child victimization* (pp. 4.1–4.18). Kingston, NJ: Civic Research Institute.
- Douglas, E. M. (2012a). Child Welfare Workers Who Experience the Death of a Child Client. *Administration in Social Work, 37*(1), 59–72. doi:10.1080/03643107.2012.654903.
- Douglas, E. M. (2012b). Child welfare workers' training, knowledge, and practice concerns regarding child maltreatment fatalities: An exploratory, multi-state analysis. *Journal of Public Child Welfare, 6*(5), 659–677. doi:10.1080/15548732.2012.723975.
- Douglas, E. M. (2013). Case, service and family characteristics of households that experience a child maltreatment fatality in the United States. *Child Abuse Review, 22*(5), 311–326. doi:10.1002/car.2236.
- Douglas, E. M., & Cunningham, J. M. (2008). *The influence of mandatory reporting laws concerning child maltreatment on reporting behaviors: An analysis of state statute and state characteristics*. Paper presented at the 8th Annual State Politics and Policy Conference, Philadelphia, PA.
- Douglas, E. M., & Mohn, B. L. (2014). Fatal and non-fatal child maltreatment in the US: An analysis of child, caregiver, and service utilization with the National Child Abuse and Neglect Data Set. *Child Abuse & Neglect, 38*(1), 42–51.
- Douglas, E. M., & Serino, P. J. (2013). The extent of evidence-based information about child maltreatment fatalities in social science textbooks. *Journal of Evidence-Based Social Work, 10*(5), 447–454. doi:10.1080/15433714.2012.759839.
- Durfee, M. J., & Durfee, D. T. (1995). Multi-agency child death review teams: Experience in the United States. *Child Abuse Review, 4*, 377–381.
- Durfee, M., Parra, J. M., & Alexander, R. (2009). Child fatality review teams. *Pediatric Clinics of North America, 56*(2), 379–387. doi:10.1016/j.pcl.2009.01.004.
- Fein, L. G. (1979). Can child fatalities, end product child abuse, be prevented? *Children and Youth Services Review, 1*, 31–53.
- Finkelhor, D., Jones, L. M., & Shattuck, A. (2010). *Updated trends in child maltreatment, 2008*. Durham, NH: Crimes Against Children Research Center, University of New Hampshire.
- Gelles, R. J. (2003). Failure to protect: Interview—Richard Gelles. <http://www.pbs.org/wgbh/pages/frontline/shows/fostercare/inside/gelles.html>.
- Graham, J. C., Stepura, K., Baumann, D. J., & Kern, H. (2010). Predicting child fatalities among less-severe CPS investigations. *Children and Youth Services Review, 32*(2), 274–280.
- Herman-Giddens, M. E., Brown, G., Verbiest, S., Carlson, P. J., Hooten, E. G., Howell, E., & Butts, J. D. (1999).

- Underascertainment of child abuse mortality in the United States. *JAMA*, 282(5), 463–467.
- Herman-Giddens, M. E., Smith, J. B., Mittal, M., Carlson, M., & Butts, J. D. (2003). Newborns killed or left to die by a parent: A population-based study. *JAMA*, 289(11), 1425–1429.
- Klevens, J., & Leeb, R. T. (2010). Child maltreatment fatalities in children under 5: Findings from the National Violence Death Reporting System. *Child Abuse and Neglect*, 34(4), 262–266.
- Korbin, J. E. (1987). Incarcerated mothers' perceptions and interpretations of their fatally maltreated children. *Child Abuse and Neglect*, 11, 397–407.
- Kunz, J., & Bahr, S. J. (1996). A profile of parental homicide against children. *Journal of Family Violence*, 11(4), 347–362.
- Lawler, M. J., Curry, D., Donnenwirth, J., Mangrich, M. E., & Times, T. N. (2012). Assessing transfer-of-learning potential with human services professionals. *Journal of Social Service Research*, 38(3), 402–412.
- Margolin, L. (1990). Fatal child neglect. *Child Welfare*, 69(4), 309–319.
- McClain, P. W., Sacks, J. J., Froehlke, R. G., & Ewigman, B. G. (1993). Estimates of fatal child abuse and neglect, United States, 1979 through 1988. *Pediatrics*, 91(2), 338–434.
- Munro, E. (1998). Improving social workers' knowledge base in child protection work. *British Journal of Social Work*, 28(1), 89–105.
- Munro, E. (2004). A simpler way to understand the results of risk assessment instruments. *Children and Youth Services Review*, 26(9), 873–883. doi:10.1016/j.childyouth.2004.02.026.
- National Center for the Review and Prevention of Child Deaths. (2010). *The status of child death review in the United States in 2009*.
- Palusci, V. J., & Covington, T. M. (2014). Child maltreatment deaths in the U.S. National Child Death Review Case Reporting System. *Child Abuse & Neglect*, 38(1), 25–36. doi:10.1016/j.chiabu.2013.08.014.
- Protect Our Kids Act. (2012). Pub. L. No. 112-275.
- Regehr, C., Chau, S., Leslie, B., & Howe, P. (2002). Inquiries into deaths of children in care: The impact on child welfare workers and their organization. *Children and Youth Services Review*, 24(12), 885–902.
- Stiffman, M. N., Schnitzer, P. G., Adam, P., Kruse, R. L., & Ewigman, B. G. (2002). Household composition and risk of fatal child maltreatment. *Pediatrics*, 109(4), 615–621.
- UNICEF. (2003). A league table of child maltreatment deaths in rich countries. Innocent report card, Issue No. 5, September 2003. Retrieved October 26, 2003, from <http://www.unicef-icdc.org/publications/>.
- United States Advisory Board on Child Abuse and Neglect. (1995). *A nation's shame: Fatal child abuse and neglect in the United States*. Washington, DC: United States Advisory Board on Child Abuse and Neglect.
- U.S. Department of Health & Human Services. (2012). *Child maltreatment 2011: 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.
- Webster, R. A., Schnitzer, P. G., Jenny, C., Ewigman, B. G., & Alario, A. J. (2003). Child death review: The state of the nation. *American Journal of Prevention medicine*, 25(5), 58–64.
- Wexler, R. (2008). *Return of the cruelty: Why Kansas child welfare is broken—and 15 ways to fix it*. Alexandria: National Coalition for Child Protection Reform.