

CHILD MALTREATMENT FATALITIES: PERCEPTIONS AND EXPERIENCES OF CHILD WELFARE PROFESSIONALS

FACT SHEET SERIES, ISSUE 2



WHO EXPERIENCES A 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.”ⁱ. 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 neglect, 35.8% from neglect, 23.2% from physical abuse, and the rest were due to less prevalent types of maltreatment – medical, psychological or sexual abuseⁱⁱ. 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 childrenⁱⁱⁱ.

ASSUMPTIONS ABOUT WHO EXPERIENCES A MALTREATMENT FATALITY

The general assumption in the field is that workers who experience a maltreatment fatality are young, inexperienced, poorly trained, and not educated in social work, human services, or the social sciences.^{iv} There has been no systematic investigation of the characteristics of workers who experience a maltreatment fatality.

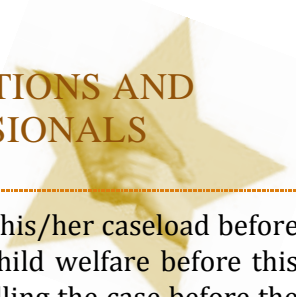
TESTING THE ASSUMPTIONS

This study identified child welfare professionals who had experienced the death of a child client and then described these workers with regard to their age, level of education and educational specialization at the time of the fatality. Workers were also asked to report on the number of cases

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they managed when the child died; the length of time that the case was on his/her caseload before the maltreatment fatality and the number of years that they worked in child welfare before this particular child died. The study also focused on workers' approach to handling the case before the fatality and the types of supports that workers received in the aftermath of the death. Comparisons were made between frontline workers and supervisors.

The results showed that child welfare workers were well educated at the time of the fatality and that they had degrees in fields that were appropriate for working in child welfare – social work, human services, and other social sciences. Workers were not overwhelmingly young – they were in their 30's and 40's and they had worked in child welfare for 4 and 13 years, respectively. Workers had caseloads of about 20 for frontline workers and 90 for supervisors. The victims had been on their caseloads for 2-3 months before the fatality. See Table 1.

TABLE 1: WORKER AND CASE CHARACTERISTICS AT TIME OF MALTREATMENT FATALITY

	All Workers	Frontline Workers	Supervisors
	<i>Percent of Workers</i>		
EDUCATION LEVEL			
High school degree	1	0	1
Associate's degree	1	0	1
Bachelor's degree	46	55	46
Master's degree	53	46	52
SPECIALIZATION			
Social work	54	43	54
Human services	6	4	6
Other social science	29	48	29
Other	11	6	11
	<i>Average Number (Mean or Median)</i>		
WHEN CHILD DIED			
Worker age	38	35	41
Number of cases on caseload	25	20	90
Number of months on caseload	2	2	3
Number year in child welfare profession	6	4	13

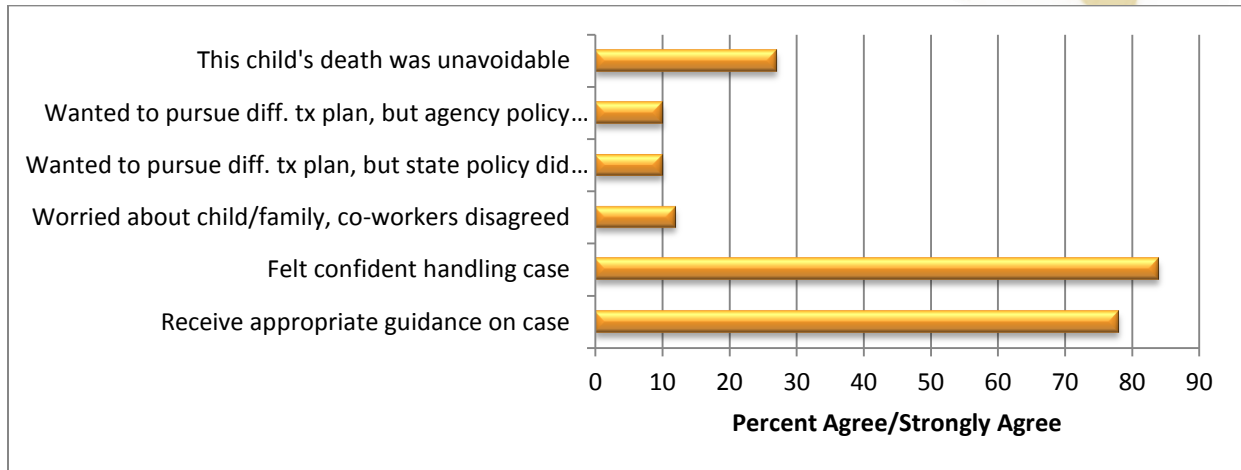
Workers recounted that they felt comfortable handling the case before the fatality. The majority reported that they received appropriate guidance on handling the case. Only a minority reported that they had worried about the family and their co-workers had disagreed or that they wanted to pursue a different treatment plan, but that their agency or state policy did not permit it. Looking back on the fatality, 27% agreed that it was unavoidable.

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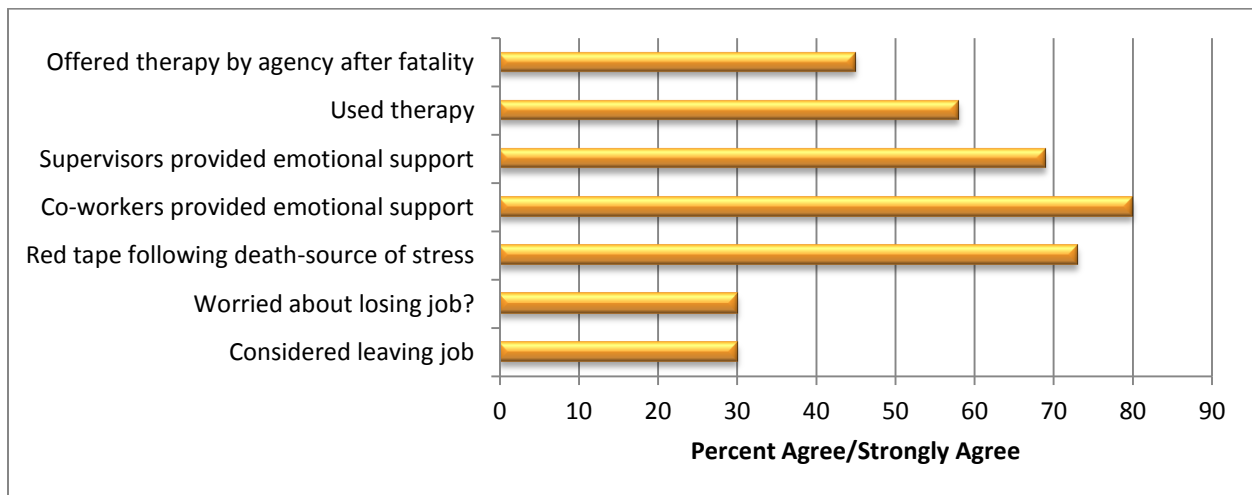


FIGURE 1: APPROACH TO HANDLING CASE BEFORE MALTREATMENT FATALITY



Less than half (45%) of workers were offered therapy or a formal source of support after the fatality and just over half (58%) of those use this therapy. Of those who used it (26 workers), over 90% found it to be helpful. In general, workers reported that their supervisors and co-workers were a source of support for them in the aftermath of the death. Almost three-quarters (73%) reported that the bureaucratic process following the death was a source of stress for them. Almost one-third (30%) both worried about losing their jobs and/or considered leaving jobs after the death.

FIGURE 2: EXPERIENCES AFTER MALTREATMENT FATALITY



CONCLUSIONS

A great deal of insight into worker experience requiring child maltreatment fatalities was gained through this study. The results of this multi-state sample of child welfare workers who experienced a child maltreatment fatality indicated that workers were in their 30's and 40's and well trained. Caseloads were slightly higher than what is recommended in professional practice guidelines.^v

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Workers reported feeling confident in their handling of the case leading up to the child's death and had not wanted to pursue different treatment plans with the families. Less than half were offered formal sources of support after the death, which differs from what is recommended in the field.^{vi} Workers reported that their co-workers and supervisors were sources of support for them, and a minority worried about losing their jobs or considered leaving their jobs.

The results suggest that the field needs to better understand how workers measure and conceptualize risk, especially since over a quarter of the workers believe that the death was unavoidable. We also need to gain a better understanding of when formal sources of support are offered to workers and how to make this financially feasible for state agencies. Finally, the results suggest that the assumptions surrounding which workers experience a maltreatment fatality may be faulty and that we need more accurate reporting by the media and better public relations on the part of child welfare agencies.

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ⁱ 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>

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{iv} Gelles, R. J. (2003). Failure to protect: Interview--Richard Gelles. Retrieved from <http://www.pbs.org/wgbh/pages/frontline/shows/fostercare/inside/gelles.html>;

Washington State Children's Administration. (2008). *Children's administration executive child fatality review*; National Coalition for Child Protection Reform. (2009). *The real reasons for child abuse deaths. Issue Paper 8*, from <http://www.nccpr.org/reports/8Realreasons.pdf>

^v Child Welfare League of America, I. (1999). *Child welfare standards of excellence*. Washington, D.C.: Child Welfare League of America, Inc.

^{vi} Weuste, M. B. (2006). *Critical incident stress and debriefing of child welfare workers*. 66, ProQuest Information & Learning, US. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2006-99001-024&site=ehost-live>