Journal of Social Service Research

ISSN: 0148-8376 (Print) 1540-7314 (Online) Journal homepage: http://www.tandfonline.com/loi/wssr20

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To cite this article: Emily M. Douglas & Melinda K. Gushwa (2019): An Exploratory Analysis of Seven Child Welfare Workers who Confused SIDS with Child Maltreatment Fatalities: A Brief Research Report, Journal of Social Service Research, DOI: 10.1080/01488376.2018.1542374

To link to this article: https://doi.org/10.1080/01488376.2018.1542374

Published online: 10 Jan 2019.

JOURNAL OF SOCIAL SERVICE RESEARCH
https://doi.org/10.1080/01488376.2018.1542374

An Exploratory Analysis of Seven Child Welfare Workers who Confused SIDS with Child Maltreatment Fatalities: A Brief Research Report

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ABSTRACT

Previous research shows that child welfare workers (CWWs) have low levels of knowledge of risk factors for child maltreatment fatalities. Further, these gaps in knowledge leave CWWs with misconceptions about causes of deaths and the characteristics of the perpetrators. This brief research report focuses on CWWs' gaps in knowledge with regard to CMFs and sudden infant death syndrome (SIDS) and explores the socio-demographic characteristics of seven workers who confused fatal child maltreatment and SIDS. These workers were experienced professionals—who were in their middle-age, mid-career, and well-educated—and had been trained in how to recognize risk factors for CMFs. Implications for training and collaboration with other professionals are discussed, as well as the need for research to evaluate training efficacy.

KEYWORDS

Child maltreatment fatality; sudden infant death syndrome; child welfare workforce

In 2016, 1750 children died as a result of abuse or neglect. Child maltreatment fatalities (CMFs) are more likely to be attributed to neglect than abuse, and perpetrators are more likely to be mothers than fathers (U.S. Department of Health & Human Services, 2017). This form of child death is generally considered to be highly preventable, via reports to child protective services and interventions by child welfare, health, legal, or other social service professionals (Douglas, 2015, 2016a, 2016b; Levine, Freeman, & Compaan, 1994; Olds et al., 2014). Professionals who are responsible for children's welfare must know complex information about CMFs and what places infants at risk for death. Previous research shows that child welfare workers (CWWs) have low levels of knowledge of risk factors for CMFs, and they have significant gaps in their knowledge regarding how children die (Douglas, 2012a; Douglas & Gushwa, In Review). Gaps in knowledge can leave CWWs with misconceptions about causes of deaths and perpetrators. If workers don't have adequate information about CMFs, it becomes an impossible task to prevent children's deaths. This brief research report focuses on CWWs' gaps in knowledge with regard to CMFs and sudden infant death syndrome (SIDS).

The focus of this brief report emerged from the authors' recent research about CWWs' knowledge of risk factors and workers who experienced the death of a child due to abuse or neglect (Douglas & Gushwa, In Review). Workers were asked to describe the circumstances of the most recent CMF on their caseload. A small group (seven) of workers who indicated that infants died from abuse or neglect described the circumstance which caused the infants' deaths as SIDS. Yet, SIDS is not a form of abuse or neglect.

SIDS is a diagnosis of exclusion. Infants are ruled to have a SIDS death when there is no other explanation for the loss of life (Centers for Disease Control & Prevention, 2018a). When a child under the age of 1 year dies and autopsy or other investigative techniques cannot determine a cause of death, it can be ruled as a case of SIDS. SIDS cannot and is not caused by suffocation,

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overlays, vaccines, vomiting or choking, or cribs. SIDS is not contagious and it is not the result of abuse or neglect (National Institue of Health & Human Development, n.d.). Further, infants do not die from SIDS, rather their deaths are ruled as cases of SIDS since a diagnosis or cause of death is never determined, hence the diagnosis of exclusion (Jenny & Isaac, 2006).

If CWWs believe that the circumstances that lead to CMFs is SIDS, then this is indicative of significant gaps in knowledge concerning CMFs and SIDS cases and might indicate the need for additional training. The purpose of this brief research report is to better understand the seven workers who inaccurately confused SIDS and CMFs. It may be the basis for new research and/or professional development in the areas of training, knowledge transfer, knowledge retention, supervision, and more. Thus, the research questions for this paper are as folows:

1. For the CWWs who inappropriately identified "SIDS" as a cause of death in a maltreatment-related fatality, how did they describe the death?
2. What is the sociodemographic profile of the CWWs who inappropriately identified "SIDS" as a cause of death in a maltreatment-related fatality?
3. What is the professional and training background among CWWs who inappropriately identified "SIDS" as a cause of death in a maltreatment-related fatality?

Methods

Procedures

Data for this paper were collected as a part of larger study, *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals II* (CMF-POCHIWP II), from August 2016 to January 2017. Child welfare professionals were recruited through email solicitations to top administrators, email LISTSERVS, and social media postings to participate in an online survey that focused on the child welfare workforce and CMFs. Individuals who responded to the solicitation were directed to the online survey. Potential participants were informed of their rights as a research participant and the methods for this study were approved by the appropriate institutional review boards.

Participants and Instruments

A total of 619 completed responses were received from CWWs in 17 different states. The majority of workers (60.5%) were frontline workers, 27.2% were supervisors, and 7.5% were administrators; 239 (38.6%) had experienced a CMF on their caseload. The study focused on CWWs' perceptions of and experiences with CMFs, their training about CMF risk factors, and child welfare practice approaches, as well as socio-demographic information. The survey was adapted from previous work in this area (Douglas, 2012a), existing literature on CMFs, and feedback from the field. This paper concerns workers' understanding of CMFs and their sociodemographic profile, as well as their educational and professional background.

At the start of the survey, participants were introduced to the topic of CMFs and given the definition that is used by the National Child Abuse and Neglect Data System: "A child maltreatment fatality (CMF) is: '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 Data Archive on Child Abuse and Neglect, 2016, p. 35). Later in the survey, workers were asked: "Have you ever worked on a case where a child had died from abuse or neglect?" Those who said "yes," received the follow-up question: "Please briefly explain how this child died." Of the 239 workers who experienced a maltreatment death on their caseload, seven provided responses about the cause of the child's death as being related to SIDS; they are described in this paper, along with their sociodemographic information, their education, training, and professional experiences. Responses are provided in the aggregate, because the authors did not gain permission from respondents to report at the level of the individual. Since this is a brief report, only the methods which are relevant to the research questions and accompanying data for this paper are described.

Table 1. Description of cause of death provided by workers who reported experiencing a child maltreatment fatality on caseload.

Case No.	Brief description of how child died
1	SIDS/Co-sleep concerns; Child was found deceased at the foot of the bed that the parents were sleeping in. Medical professionals determined the cause to be Sudden Infant Death Syndrome.
2	SIDS
3	Possibly SIDS
4	It was determined that natural causes occurred- SIDS; the child was sleeping in the bed with the parent and when they woke, the child was deceased.
5	Possible SIDS; child was sleeping on the floor with parent on counch *[sic]* pillows. This was a set of twins; the other child was fine.
6	Ruled SIDS
7	Cause of death given a pending assessment of SIDS; awaiting final autopsy results.
	Father bed-sharing with 4 children; parents heavily involved with drugs; tentative finding of SIDS pending final autopsy results.

Table 2. Socio-demographic characteristics of seven workers who reported "SIDS" as cause of child maltreatment fatalities.

Socio-demographic characteristic	Raw number/Mean (SD)
Gender	5
• Female	2
• Male	0
• Transgender	
Age	41.61 (10.23)
Master's degreea	4
Social work degree	3
Race: Caucasian	7
Child welfare role	3
• Frontline worker	3
• Supervisor	1
• Administrator	
Child welfare specializationb	4
• Make determinations about abuse/neglect	3
• Provide ongoing services	1
• Provide post-reunification services	1
• Provide adoption services	
Works for Public Child Welfare Agency (vs. Private)	5
Number of years as child welfare worker	12.71 (8.21)
Received training on CMF risk factors	6

[a]$n = 6$ (one CWW did not provide this information).
[b]Not mutually exclusive.

See Douglas and Gushwa (In Review) for a full description of study methods.

Results

Table 1 displays the responses from participants who volunteered that SIDS could be the cause of death for a maltreatment-related fatality. Three of the seven cases do not provide substantive detail and just mention SIDS; four of the seven mention unsafe sleep practices.

Table 2 shows that the workers who indicated that SIDS could be the cause of a maltreatment-related death were a mean age of 41.61 years old and had a mean of 12.71 years work experience. The median was calculated for both of these variables, but were not substantially different than the mean. All of the workers were white, four had a master's degree and most were either a frontline worker or a supervisor. In terms of their specializations, four made determinations about whether abuse or neglect is present and three provided ongoing services. Most of the CWWs worked for a public, as opposed to a private, agency and all but one had received training on risk factors for CMFs.

Discussion

The purpose of this brief research report was to describe seven CWWs who mistakenly identified SIDS as a cause of death in a CMF. SIDS is a diagnosis of exclusion; it is a determination when all other plausible causes of death have been explored and eliminated (National Institue of Health & Human Development, n.d.). Thus, SIDS cannot medically be a cause of death when a fatality has been attributed to abuse or neglect. This study was exploratory and uses a small sample size; it cannot draw strong conclusions and was meant to be a starting point in a new area of research, which was to describe the CWWs who confuse CMFs and SIDS.

The workers who indicated that SIDS was the cause of a CMF, even after being given a definition of CMFs in the survey, were experienced professionals and were seemingly well-prepared. They were in their middle-age, mid-career, and had either an undergraduate or master's degree. They had been trained in how to recognize risk factors for CMFs. They were not ill-prepared or inexperienced in their work, which is sometimes the framework which is applied to fatality cases (WGBH Frontline, 2003). The findings are consistent with previous work which has shown that workers who experience the death of a child on their caseload are mid-career professionals with substantial education, training, and work experience (Douglas, 2012b).

Integration of Findings with Existing Literature

Previous research on worker knowledge of risk factors shows that CWWs have gaps in their

understanding of what places a child at-risk for a maltreatment death (Douglas, 2012a; Douglas & Gushwa, In Review). The current exploratory analysis in this paper extends that work, but suggests a new area of focus: workers who confuse CMFs and SIDS. If workers confuse or cannot distinguish between CMF and SIDS cases, the art of child welfare practice, which already involves human judgement and the potential for "gray areas" (Davidson-Arad & Benbenishty, 2010; Houston, 2015; Mansell, Ota, Erasmus, & Marks, 2011), could potentially be compromised. Because the medical field is not entirely sure what causes SIDS deaths, they cannot, with complete certainty, be prevented (National Institue of Health & Human Development, n.d.). Child abuse or neglect cases, on the other hand, are considered to be largely preventable (Vincent, 2010). If workers believe that infants' deaths cannot be prevented, then they may miss an opportunity to take protective action for a child. Further, if workers confuse SIDS and CMFs, they may minimize the level of risk that is present to surviving children in the household.

It is noteworthy that in four instances, workers mentioned bed-sharing and SIDS together. Bed-sharing has become a significant area of concern and has increasingly been linked with children's deaths (Byard, 2015; Mitchell, 1996; Straw & Jones, 2017; Weber, Risdon, Ashworth, Malone, & Sebire, 2012). Whether bed-sharing that results in death is a form of abuse or neglect varies based on the circumstances of the case (Hymel, National Association of Medical Examiners, & American Academy of Pediatrics Committee on Child Abuse & Neglect, 2006; Kemkes, 2009; Mileva-Seitz, Bakermans-Kranenburg, Battaini, & Luijk, 2017). Bed-sharing or bed-sharing is a risk factor for SIDS, but does not cause SIDS (Weber et al., 2012); there is no known cause for SIDS. It is possible that workers are confusing bed-sharing deaths, SIDS, and abuse or neglect-related deaths, because there is some shared risk in these areas. But, this also speaks to the need for additional training, monitoring, and supervision among CWWs, and communication with health professionals because SIDS is a construct that is separate from both maltreatment-related deaths and bed-sharing deaths. Trainings such as those provided through the "Safe to Sleep®" campaign by the National Institute on Child Health and Human Development may offer this kind of guidance to CWWs (Eunice Kennedy Shriver National Institute of Child Health and Human Development, n.d.). This training goes beyond the 1994 "back-to-sleep" campaign initiated by the American Academy of Pediatrics, which was attributed to the more than 50% decline in cases of SIDS between 1993 and 2010 (American Academy of Pediatrics, 2018). The back-to-sleep campaign emphasized placing an infant on his or her back, in a crib, for all sleep times. The Safe to Sleep® campaign focuses on many more aspects of safe sleep, such as mattress, lack of bedding, sleeping away from cords, bed-sharing, and many additional aspects of an infant's sleeping environment (Centers for Disease Control & Prevention, 2018b).

Limitations and Future Directions

This inductive set of analyses is not without limitations. The sample is very small, it comes from a larger convenience sample, it is an exploratory study, and the analyses emerged from the data after they were collected. That said, it provides a glimpse into an area that may require further analysis and investigation, into whether workers can distinguish SIDS, which is not related to maltreatment, from abuse and neglect-related deaths.

Future research should compare workers who mistake SIDS for maltreatment deaths with workers who do not, to determine if there are differences in professional practice, education, or training. If, in general, future research reveals gaps in knowledge in the area of how SIDS deaths vary from maltreatment deaths, it may warrant additional training for CWWs and supervision to ensure that the knowledge gained becomes an active part of child welfare practice. It may also indicate the need for medical examiners and other investigative professionals to expand and deepen communication with child welfare professionals.

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