Child Maltreatment Fatalities: Child Welfare Workers’ Understanding of Risk

Dr. Emily M. Douglas
Bridgewater State University

One Child, Many Hands
Philadelphia, PA | June 8, 2011
WHO IS THIS BOY?

- Found on Sat. May 14, 2011 in So. Berwick, Maine
- Covered with a blanket in the woods off of a dirt road
- No missing children reported in the area
- Digitally enhanced photo of him spread throughout the nation
CAMDEN PIERCE HUGHES
MARCH 15, 2005-MAY 14, 2011

- 6 year old boy
- From Irving, TX
- Mother is Julianne McCrery
- Traveled to New England to kill Camden and herself
- Mother suffocated him in hotel in Hampton, NH
- Left his body in So. Berwick, Maine
- Mother was found in Chelmsford, Mass
- Being held in NH jail
ARMSTRONG FAMILY

- Lashanda Armstrong, age 25
- Newburg, NY
- 4 children, ages
  - 10 yo
  - 5 yo
  - 2 yo
  - 11 mo
- Drove her van and all children into Hudson River in April 2011
Surviving Child

- Oldest child, Lashaun, escaped from the van by opening a window and swimming to surface
- He sought help
- The rest of the family perished
TODAY

- Discuss child maltreatment fatalities (CMFs)
- Definitions and prevalence rates
- Risk factors for victimization
- Risk factors for perpetration
- Responses to CMFs
- Child welfare professionals as agents of prevention
- Results of new study: Child welfare professionals’ knowledge of risk
WHAT IS A CHILD MALTREATMENT FATALITY?

- The National Child Abuse and Neglect Data System defines a maltreatment death as:
  - A child dying from abuse or neglect because:
    1. The injury from the abuse or neglect was the cause of death, or
    2. The abuse and/or neglect was a contributing factor to the cause of death
HOW MANY CHILDREN DIE?

(National Child Abuse & Neglect Data System, 2009 report)
Child Homicide Ages 0-9, USA & Pennsylvania, 1979-2007

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Child Homicide per 100,000

Pennsylvania

USA
**How Do They Die?**

- **Neglect**: 66.7%
- **Physical Abuse**: 44.8%
- **Other**: 21.1%
- **Medical Neglect**: 9.8%
- **Sexual Abuse**: 1.9%
- **Psychological Maltreatment**: 1.2%

(National Child Abuse & Neglect Data System, 2009 report)
WHO ARE THE VICTIMS?
AGE OF CMF VICTIMS

- <1 yr: 46%
- 1 yr: 18%
- 2 yr: 10%
- 3 yr: 7%
- 4-7 yrs: 10%
- 8-11 yrs: 4%
- 12-15 yrs: 4%
- 16-17 yrs: 1%

(National Child Abuse & Neglect Data System, 2009 data)
Gender of Victims

53% victims = BOYS

47% victims = GIRLS

NCANDS, 2009
RACE OF CMF VICTIMS

- White: 39.2
- African American: 29.1
- Hispanic: 17
- Unknown: 11.2
- Multiple Races: 2.7
- American Indian/Native Alaskan: 0.4
- Asian: 0.4
- Pacific Islander: 0.1

(National Child Abuse & Neglect Data System, 2009 data)

11/27/2011
Child Maltreatment Fatalities: Child Welfare Workers' Understanding of Risk
## Race of CMF Victims, Nationwide

<table>
<thead>
<tr>
<th>Race</th>
<th>CMFs</th>
<th>USA</th>
<th>Over/Under Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>29.1%</td>
<td>12.4%</td>
<td>↑</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.4%</td>
<td>0.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0.5%</td>
<td>4.5%</td>
<td>↓</td>
</tr>
<tr>
<td>Latino/a</td>
<td>17.0</td>
<td>15.8%</td>
<td>↑</td>
</tr>
<tr>
<td>White</td>
<td>39.2%</td>
<td>74.8%</td>
<td>↓</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>2.7%</td>
<td>2.4%</td>
<td>--</td>
</tr>
<tr>
<td>Unknown</td>
<td>11.2%</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

National Child Abuse & Neglect Data System, 2009 data; Census Bureau, 2009 census
WHO ARE THE PERPETRATORS?
PERPETRATOR RELATIONSHIP TO VICTIM

- Mother: 27.3%
- Mother & Father: 22.5%
- Father: 14.8%
- Mother & Other: 9.8%
- Unknown: 8.7%
- More than 1 Nonpar. Perp: 3%
- Child daycare provider: 2.6%
- Relative-Male: 2.4%
- Partner of Parent-Male: 2.3%
- Relative-Female: 2.2%
- Father & Other: 1.4%
- Other: 1.2%
- Friend/Neighbor: 0.8%
- Foster Parent: 0.4%
- Group Home Staff: 0.2%
- Partner of Parent-Female: 0.2%
- "Other" Professional: 0.1%
- Legal Guardian-Female: 0.1%

National Child Abuse and Neglect Data System, 2009 data
CHARACTERISTICS OF PERPETRATORS

- 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 problems (?)
OTHER RISK FACTORS
Parent-Child Relationship

- Parent-Child relationship important
- “Difficult child”
- Child is not respectful of parent
- Child engages in “provoking behaviors”
**HOUSEHOLD FACTORS**

- Stressful major life event in past year (death, birth, job loss, move)
- 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
BEYOND THE CHARACTERISTICS...WHY?
Beyond the Characteristics…Why?

- Did not realize was pregnant
- Physical discipline gone out of control
- Violent outburst
- Physical neglect – usually not planned
- Medical neglect – religious reasons
- Purposefully killing child
  - Dislike the child/Feels rejected by child
    - Mental health concerns
  - Form of altruism – “saving” child from harshness of world
  - Murder-suicide – suicide not always carried out
  - Revenge – to punish other parent/romantic partner
RESPONSES AND PREVENTION TO CMFs
PREVENTION AND RESPONSES TO CMFs

- Child death review teams (child fatality review teams, child fatality review panels)
- Baby safe haven laws
- Prevention campaigns (especially shaken baby)
- Increased training for investigators
- “Child death laws”

Know very little about the effectiveness of any of these efforts
Another Area of Prevention

- Child welfare professionals

- Perhaps more than any other professionals – have the potential to identify risk, take action, and help to prevention CMFs

- We don’t know the extent to which child welfare workers are adequately prepared to do this.
What Do We Still Need to Know?

- **Risk Factors**
  - Social isolation?
  - Substance abuse?
  - Receipt of services?
  - Partner violence?
  - Mental health problems – *need to know more*
  - Parent-child relationship – *need to know more*

- **Effectiveness of Prevention Efforts**
  - Child death review teams
  - Baby safe haven laws
  - Prevention campaigns
WHAT DO WE STILL NEED TO KNOW?

- *Child Welfare Profession*
  - How many receive training on CMFs?
  - Level of knowledge of risk factors
  - Experiences with CMFs or extreme risk
Findings from New National-Based Study on Child Welfare Workers and Maltreatment Fatalities

Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals
PURPOSE OF STUDY

1. Describe the characteristics of children who are known to the system and who die

2. To learn new information about family, parent-child characteristics, and services received

3. To explore workers’ understanding of risk for CMFs

4. Explore the experiences of child welfare workers in the aftermath of a CMF
PURPOSE OF TODAY’S PRESENTATION

1. The knowledge of child welfare professionals concerning risk factors for maltreatment;

2. If receipt of training is associated with higher levels of knowledge; and

3. Child welfare workers’ practice concerns regarding CMFs

4. Workers own opinions regarding prevention of CMFs
**STUDY METHODS**

- **Online survey**
  - Conducted through advertising
    - Child Welfare League of America
    - NASW Facebook pages
  - Child Maltreatment Research Listserv
    - Administrators and CWS staff passed along recruitment statement to workers
  - Direct appeals to child welfare agency directors
    - All 50 states + DC
    - Appropriate administrator most easily identified, with email, on agency website
  - Collected data mid-September, 2010 – late January, 2011
PARTICIPANTS

- 452 Participants, either child welfare workers or supervisors
- 26 were no longer child welfare workers; today’s presentation reports on 426 participants

- 90% female, 10% male

Education Level
- 51% - Master’s degree
- 49% - BA/BS
- 0.9% - Assoc degree

Field of Education
- 57% - Social Work
- 5% - Human Services
- 32% - Other Social Science Field (Psyc, Soc, Family studies)
- 6% - None of the above
PARTICIPANTS

- Age – 41 years old (average)
- Race (not mutually exclusive; sums to > 100%)
  - American Indian – 2%
  - Asian – 3%
  - African American/Black – 17%
  - Latina/Hispanic – 7%
  - Pacific Islander – 1%
  - White – 76%
- Region of the country work
  - North (CT, ME, NY, PA) – 11%
  - Midwest (IL, MI, ND, OH, WI) – 16%
  - South (AL, DC, GA, LA, MD, NC, OK, TX, VA, WV) – 44%
  - West (AK, CA, CO, OR, WA, WY) – 30%
EXPERIENCED CMF ON CASELOAD?

Had CMF on Active Caseload (n=102)
- Yes: 26%
- No: 74%

Worked on CMF Case (n=129)
- Yes: 32%
- No: 68%
INFORMATION ABOUT CMF: YEAR OF DEATH

- 1970-1989, 3%
- 1990-1999, 15%
- 2000-2009, 65%
- 2010-2011, 17%
INSTRUMENT

- Primarily derived from literature review of risk
  - Parental risk factors
  - Child risk factors
  - Parent-child relationship risk factors
  - Household risk factors
  - Attitudes about CMFs
  - Practice concerns about CMFs

- Participants asked to rate the extent to which they agree/disagree with a statement:
  - 1 = Str Dis; 2 = Dis; 3 = Agree; 4 = Str Agree
RESULTS
## Knowledge of Parent, Child, Household Risk Factors

<table>
<thead>
<tr>
<th>Statement</th>
<th>Accuracy</th>
<th>%Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers are the ones who are most likely to kill their children.</td>
<td>Accurate</td>
<td>20.0</td>
</tr>
<tr>
<td>Most parents who kill their children do not have mental health problems, diagnosed or otherwise.</td>
<td>False</td>
<td>19.4</td>
</tr>
<tr>
<td>Most children are usually killed by physical abuse (as opposed to neglect or another type of maltreatment).</td>
<td>False</td>
<td>58.4</td>
</tr>
<tr>
<td>Children are most likely to be killed by a non-family member (such as mother’s boyfriend).</td>
<td>False</td>
<td>62.3</td>
</tr>
<tr>
<td>Younger children are more at-risk for CMFs than older children.</td>
<td>Accurate</td>
<td>93.6</td>
</tr>
<tr>
<td>Parents who kill their children often have inappropriate age expectations of their children.</td>
<td>Accurate</td>
<td>86.0</td>
</tr>
<tr>
<td>Parents who kill their children probably saw their child as “difficult” or ill behaved in general</td>
<td>Accurate</td>
<td>71.3</td>
</tr>
<tr>
<td>Children are more at risk for a fatality when they have non-family members living in their homes with them.</td>
<td>Accurate</td>
<td>61.4</td>
</tr>
<tr>
<td>Families that move a lot are more likely to suffer a CMF.</td>
<td>Accurate</td>
<td>47.0</td>
</tr>
<tr>
<td>Statement</td>
<td>Accuracy</td>
<td>% Agree – Rec’d Training</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Mothers are the ones who are most likely to kill their children.</td>
<td>Accurate</td>
<td>21.9</td>
</tr>
<tr>
<td>Most parents who kill their children do <em>not</em> have mental health problems, diagnosed or otherwise.</td>
<td>False</td>
<td>22.2</td>
</tr>
<tr>
<td>Most children are usually killed by physical abuse (as opposed to neglect or another type of maltreatment).</td>
<td>False</td>
<td>59.7</td>
</tr>
<tr>
<td>Children are most likely to be killed by a non-family member (such as mother’s boyfriend).</td>
<td>False</td>
<td>63.2</td>
</tr>
<tr>
<td>Younger children are more at-risk for CMFs than older children.</td>
<td>Accurate</td>
<td>94.1</td>
</tr>
<tr>
<td>Parents who kill their children often have inappropriate age expectations of their children.</td>
<td>Accurate</td>
<td>87.0</td>
</tr>
<tr>
<td>Parents who kill their children probably saw their child as “difficult” or ill behaved in general</td>
<td>Accurate</td>
<td>72.1</td>
</tr>
<tr>
<td>Children are more at risk for a fatality when they have non-family members living in their homes with them.</td>
<td>Accurate</td>
<td>63.0</td>
</tr>
<tr>
<td>Families that move a lot are more likely to suffer a CMF.</td>
<td>Accurate</td>
<td>44.8</td>
</tr>
</tbody>
</table>
## Opinions Regarding Maltreatment Fatalities, by Receipt of Training

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agree – All Workers</th>
<th>% Agree-Rec’d Training</th>
<th>% Agree – No Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not sure that I know what the risk factors are for CMF.</td>
<td>14.4</td>
<td>7.6</td>
<td>32.7</td>
</tr>
<tr>
<td>I would like additional training about the risk factors for CMFs.</td>
<td>90.1</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Children who are killed by their caregivers aren’t really any different from other children in the child welfare system. It’s a freak occurrence that could happen to any of our children.</td>
<td>39.4</td>
<td>40.7</td>
<td>36.3</td>
</tr>
</tbody>
</table>
## Practice Concerns Regarding Maltreatment Fatalities, by Receipt of Training

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Agree – All Workers</th>
<th>% Agree – Rec’d Training</th>
<th>% Agree – No Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>I worry that a child on my caseload will die.</td>
<td>71.7</td>
<td>70.7</td>
<td>75.0</td>
</tr>
<tr>
<td>When I work with a family, I look for signs that might cause a child to die.</td>
<td>92.5</td>
<td>94.0</td>
<td>88.3</td>
</tr>
<tr>
<td>A parent on my caseload once told me that s/he might kill her/his child(ren). ¹</td>
<td>28.2</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

¹ Includes rape, incest, or sexual abuse.
What Else Can Child Welfare Profession Do to Prevent CMFs?

- Child welfare workforce: 18
- Increase training: 15.5
- Public education: 14.6
- Practice behaviors: 8.2
- Resources for families: 7.7
- More supervision: 6.1
- Child welfare policy: 5.4
- Research-identify risk factors: 1.4
EXAMPLES OF PREVENTION

1. Child welfare workforce issues:
   - Smaller caseloads
   - More competent workers

2. Training
   - Training for risk factors

3. Public education
   - Focus on healthy relationships, parental discipline
   - Role of child welfare profession; agencies working with CWS

4. Practice behaviors
   - Conduct comprehensive assessments
   - Engage families more
EXAMPLES OF PREVENTION, CONT.

5. Resources/Services for families:
   - Expand services for vulnerable families
   - More comprehensive services
   - Eliminate wait-lists

6. More supervision and support for workers
   - Guidance on how to handle high risk cases
   - Team decision-making models

7. Child welfare policy
   - Changes in agency, county, state policy

8. Research to better identify risk factors
**Worker Quote about Stresses of CMFs**

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. I will never know how many children I have helped. I will only know about the children that are re-reported to cps, or God forbid, those who are injured or killed. My entire academic experience as a professional social worker has prepared me for this job and I am still overwhelmed by the massive responsibility.
LIMITATIONS

- Not representative sample

- Participants may have had a special interest in CMFs which affected the results

- Wording of questions might have yielded different responses
CONCLUSIONS

- Gaps in knowledge
  - Risk
  - Prevention efforts

- Workers have practice concerns, and experiences with CMFs and warning signs for CMFs
- Of what we do know, there are gaps in workers’ knowledge concerning risk factors
- Workers are receiving training – not sure where
- No, to little, effect of training on knowledge of risk

- Larger investment in research and training
CONTACT INFORMATION

Emily M. Douglas, Ph.D.
School of Social Work
Bridgewater State University
Emily.Douglas@bridgew.edu
508-531-2012