Maltreatment: Risk Assessment

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UM Child Protection Team

"…a son or a slave is property and there can be no injustice to one's own property."
-Aristotle

"In one beats a child until it bleeds then it will remember, but if one beats it to death, the law applies."
13th Century Saying

Landmark articles

- Dr. John Caffey; AJR, 1946

  "Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematomas."

- Dr. C. Henry Kempe: JAMA, 1962

  "The Battered Child Syndrome."

- Dr. Vincent Fontana: NEJM, 1963

  "The Maltreatment Syndrome."

Legal Issues

- Juvenile/Family Court: Preponderance of the evidence
- Criminal Court:

  Beyond a reasonable doubt

Assessment in Child Protection

- There are no simple solutions to complex problems. Child maltreatment is a complex phenomena that requires comprehensive assessment of multiple factors within an individual family context.

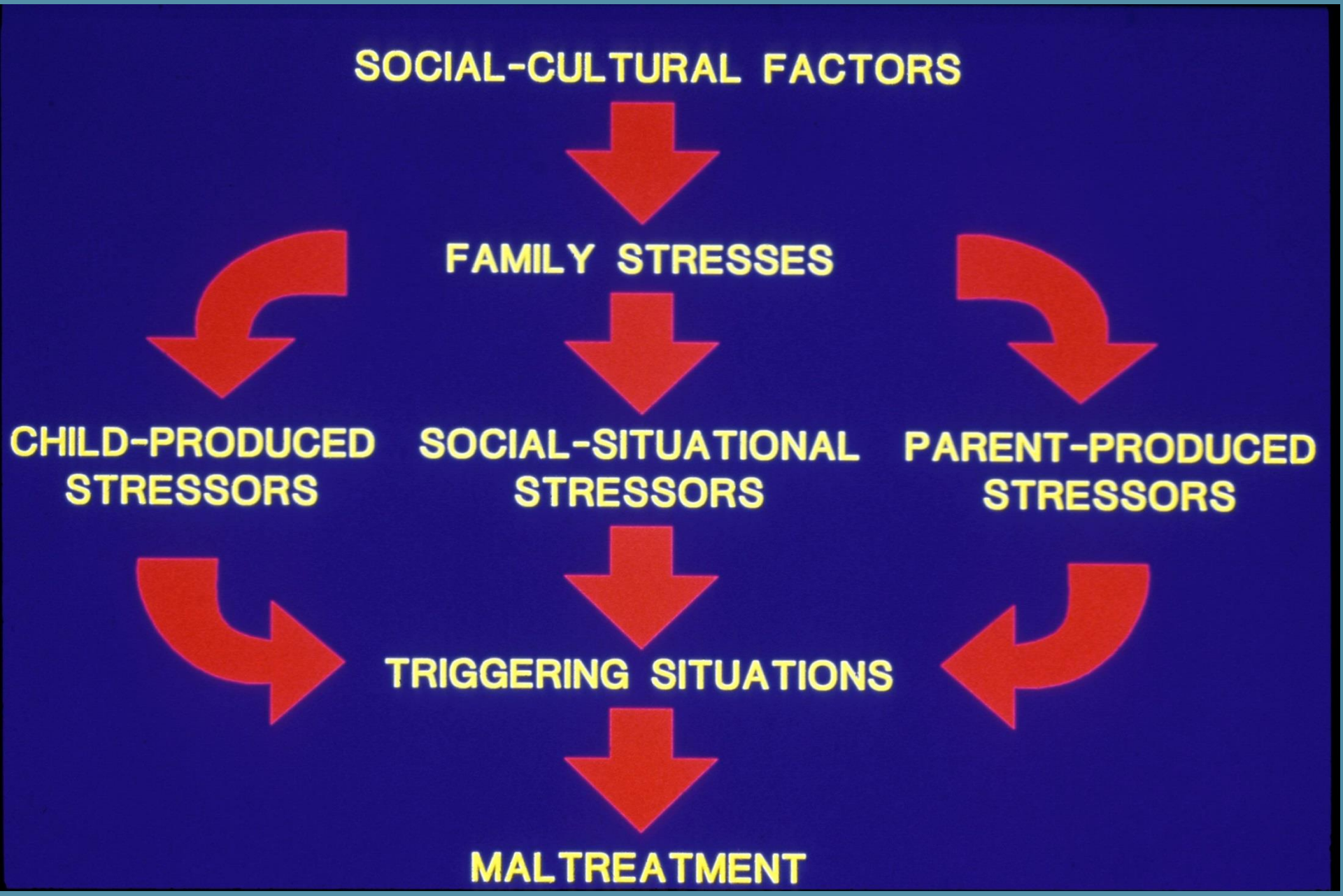
Role of Child Protective Services

- Imminent risk vs. cumulative harm
- Protection vs. child well-being
- Endangerment vs. observable harm
- Risk vs. substantiation
- Intent

Ecological/Developmental Model of Child Maltreatment

Factors related to the:

- child
- caregiver
- caregiver/child interaction
- family
- environment


SOCIAL-CULTURAL FACTORS
FAMILY STRESSES
CHILD-PRODUCED STRESSORS
SOCIAL-SITUATIONAL STRESSORS
PARENT-PRODUCED STRESSORS
TRIGGERING SITUATIONS
MALTREATMENT

Social–Cultural Factors

- Values and norms concerning violence and force; acceptability of corporal punishment
- Hierarchical social structure; exploitive interpersonal relationships
- Values concerning competition vs. cooperation
- Inequitable, alienating economic system; acceptance of a permanent poor class
- Devaluation of children and other dependents
- Institutional manifestations of all of the above in law, health care, education, welfare system, sports, entertainment, workforce, etc.

Parent Produced Stressors

- Low self-esteem
- Unmet emotional needs
- Abused as a child
- Depression
- Substance abuse
- Personality disorder or psychiatric illness
- Ignorance of child rearing-unrealistic expectations
- Teenage pregnancy

Child Produced Stressors

- Physically Different-handicapped or chronic illness
- Mentally Different-retarded
- Temperamentally different-difficult
- Behaviorally different-hyperactive
- Premature child
- Unwanted child
- Adopted child
- Foster child

Age Related Stressors

- 6 weeks-3 months: increased amount of crying
- 1-2 years: increased autonomy and exploration of environment
- Age 2+ years: Toilet training
- School age: report cards, progress reports, holidays/vacations

Social-Situational Stressors

- Structural factors:
  - Poverty, unemployment, mobility, isolation, poor housing
- Parental relationship:
  - Discord-assault, dominant submissive patterns
- Parent-child relationship:
  - Attachment and bonding problems, perinatal stress, punitive child rearing style, scapegoating, role reversal, excess or unwanted children

Triggering Situations

- Discipline
- Argument/family conflict
- Substance Abuse
- Acute environmental problem

Maltreatments

- Physical Abuse/Inflicted Injuries
- Child Sexual Abuse
- Neglect (Inability to provide care)
- Medical Child Abuse

  “Munchausen's Syndrome by Proxy”
- Psychological Maltreatment

Ecological/Developmental Model of Child Maltreatment

- Consequences of child maltreatment manifest differently according to a number of factors including perpetrator relationship, child's age, frequency, severity, and type of maltreatment experienced

Ecological/Developmental Model of Child Maltreatment

- Important to understand that both transient and enduring risk and protective factors can influence assessment

- Key to assessment is the **interaction of risk and protective factors** within an individual family context

Ecological/Developmental Model of Child Maltreatment

- Potentiating factors (or predisposing) - increase the probability of maltreatment
- Compensatory factors - decrease the risk of maltreatment

Assessment

- The key to assessment is **actual** and **accurate** identification of risk and protective factors.
- CPT model: team and interdisciplinary

  Inter-rater reliability

Key Findings From Research

- Three most important risk factors associated with re-referral and recurrence are the three risk factors most likely to be documented as "insufficient information to assess"
  - History/current domestic violence
  - Substance abuse
  - Caregiver History of C/AN as a child

Key Findings From Research

- Research indicates that emotional abuse may be as harmful, if not more harmful than other types of abuse. Assessments should give greater weight to attachment/bonding between child(ren) and caregiver(s).

Adverse Childhood Experiences Study

- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.

ACE Study

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term *adverse childhood experiences* (ACE) are common.
- Almost two-thirds of our study participants reported at least one ACE, and more than one of five reported three or more ACE.

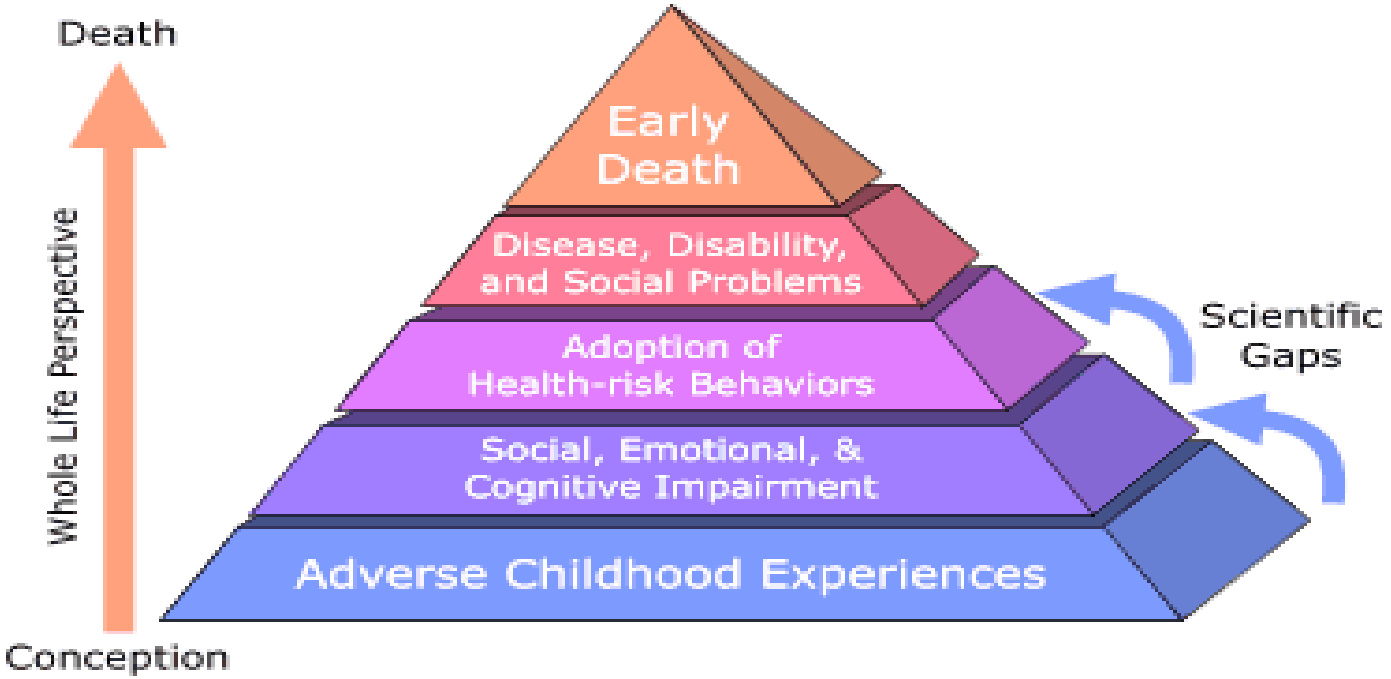
ACE Study Findings

- Very common, largely unrecognized
- Strong predictors of later social function, well-being, health risks, disease, medical costs and death
- Basis of much adult medicine and many major public health and social problems
- Interrelated, not solitary
- Leading determinant of health, social and economic well-being of the nation

Increase ACE score associated with:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Adverse Childhood Experiences



ACEs increase risk of adult heart disease*

1. Emotional abuse	**1.7 x**
2. Physical abuse	**1.5 x**
3. Sexual abuse	**1.4 x**
4. Emotional neglect	**1.3 x**
5. Physical neglect	**1.4 x**
6. Domestic violence	1.4 x
7. Mental illness	1.4 x
8. Substance abuse	1.3 x
9. Household criminal	1.7 x

- After correction for age, race, education, smoking & diabetes

Dong et al, *Circulation*, 2004;110:1761

Key Findings From Research

- CPS worker ratings of risk stronger on caregiver risk factors for health, depression and substance abuse, but not domestic violence, caregiver history of CA/N or parenting skills

Key Findings From Research

- Low social support has been associated with risk of maltreatment, re-referral, recurrence and placement. Assessments should focus on different dimensions of social support including presence of emotional support and concrete supports

Key Findings From Research

- Assessments should also include:
  - Protective/family strengths
  - Overall level of risk – severity of harm likely to occur (physical, emotional, developmental delay) **absent intervention**
  - Cumulative harm can be as damaging as immediate injury though time frame is different

Key Findings From Research

- All types of caregiver victimization (as an adult and child) should be considered in the assessment process.

Key Findings From Research

- Parenting disciplinary practices (both verbal and physical) should be examined from both a demonstrable harm and child well-being perspective

Key Findings From Research

- Minimalist risk factors associated with relevant outcomes across CPS decision points and type of abuse
  - Risk factors may change in terms of their relative importance, but the list of key risk factors essential for a comprehensive assessment is similar regardless of type of abuse

Minimalist Risk Matrix

- I. History of C/AN
  - priors
  - Severity of current incident

Minimalist Risk Matrix

- II. Child Characteristics
  - Vulnerability/self-protective skills
  - Special needs/behavioral problems

Minimalist Risk Matrix

- III. Caregiver Characteristics
  - History of violence (peers & other children)
  - Protection of child
  - Recognition of problem/motivation to change
  - History of C/AN as child
  - Level of cooperation

UNTREATABILITY

- 1) Families who will not change
- 2) Persistent denial of clear abuse
- 3) Inability to change
- 4) Inability to change in time to meet child's needs
- 5) Inability to change in regards to index child, but not necessarily others
- 6) Cannot change with current treatment, but might in another setting

Minimalist Risk Matrix

- III. Caregiver Characteristics
  - Substance abuse
  - Mental-Emotional/intellectual, or physical impairment
  - Parenting skills/expectations of child
  - Empathy/nurturance/bonding

Minimalist Risk Matrix

- IV. Familial, Social and Economic Factors
  - Stress
  - Social support
  - Economic resources
  - Domestic violence (past or present)

Assessing Significant Harm

- In general, CPS is triggered when it is perceived that the threshold of likely significant harm has been crossed. Easier to identify for sexual and physical abuse
- What about cumulative harm/chronic neglect

Assessing Significant Harm

- The conception of harm must start from an acceptance of the necessary ingredients for healthy development

Assessing Significant Harm

- Why don’t we recognize the cumulative nature of harm
  - Incidents scattered across time and throughout case files
  - Response to individual incidents, rather than to the pattern indicated by the referrals
  - Workers become “acclimatized” to unacceptably low standards - conditions become regarded as the norm

Assessing Significant Harm

- Rule of three:
  - Initiate a review when three referrals have accumulated or expressions of substantial concern, or when three significant concerning incidents have been noted.

Risk Assessment

- Decisions about child safety are made every day.
- The issue is separating out the factors that should influence short and longer term decisions
- This is one of our major tasks as CPT's.

Definition of Safety

- When a child is protected from serious and immediate harm

Definition of Serious and Immediate Harm

- Danger of child abuse and/or neglect that could result in death, life-threatening illness or injury requiring medical attention or result in traumatic emotional or severe developmental harm
- What's not here – cumulative harm.

Difference Between Safety and Risk

- Safety – current condition (based on observations and interview) – harm or danger is “now”
- Risk – Current conditions associated with potential for harm in the future – based on comprehensive assessment.

Difference Between Safety and Risk

- Safety – immediate intervention
- Risk – planned intervention – purpose to decrease risk over time

Safety Planning

- Protective plan – immediate, short term, child under protective supervision until investigation is complete (can be in home or out of home, or with other adult) – when present and immediate danger/threats exist.
- Responsible protective adults clearly identified

Goal of Safety Plan

- Specific, detailed, contain timelines
- Realistic
- Achievable
- Are about the immediate here and now

Safety Planning Summary

- Identified threat to safety
- Description of threat
- Desired results
- Examples of achievement of safety results
- Services needed to achieve results
- Specified plan – whose responsible, when, how long.
- Review

Assessment by Type

- Comprehensive Assessment
  - There are caregivers who engage in “situational” and “type specific” maltreatment (e.g., intra-familial sexual abuse), however, many families referred to CPS engage in multiple types (even if not alleged) within episodes and across episodes

Assessment by Type

- Researchers estimate that between 40-95% of cases include mixed or multiple types of maltreatment (Kinard, 1994; Ney, Fung & Wickett, 1994; Jonson-Reid et al., 2002; Levy et al., 1995)
- Neglect may be a precursor to physical and/or sexual abuse (Ney, Fung & Wickett, 1993).
- Neglect is the most frequent type of re-referral

Assessment by Type

- Type of maltreatment at one referral does not predict type of maltreatment at subsequent referrals – however, sexual abuse is more likely to re-refer for same type than other types of maltreatment (English et al., 1999; DePanfilis & Zuravin, 1999).

Assessment by Type

- Comprehensive assessment includes assessment of minimalist risk factors (plus any other incident specific risk factors) and their interactions regardless of type of maltreatment alleged on the initial referral.

Assessments by Type

- I. History of C/AN (Same or different child)
  - Priors – re-referral vs. recurrence
    - System issues
    - Referent credibility
    - Same or different child
    - Multiple or single source
    - More likely for neglect
    - Cross-type over time

Assessments by Type

- I. History of C/AN
  - Severity of current incident
    - Cumulative vs. observable harm
    - Presence of multiple allegations
    - Severity of past incidents

Assessments by Type Caregiver Characteristics

- – Hx of Violence
  - – Peers and other children (P/A, S/A; P/N – usually all children in family)
  - – Interaction with DV

Assessments by Type Caregiver Characteristics

- – Protection of Child
  - – S/A, P/A – from perpetrator
  - – P/N – basic needs and supervision
  - – Interaction with domestic violence – (who is the perpetrator?)

Assessment by Type Caregiver Characteristics

- Recognition/Motivation
  - S/A – (protection)
  - P/A – (values regarding discipline)
  - P/N – (capacity; ability)

Assessment by Type Caregiver Characteristics

- Hx of C/AN as Child (All)
  - S/A – ability to protect/self-concept;
  - P/N – capacity;modeling;
  - P/A – capacity;modeling
    - warmth/criticism

Assessment by Type Caregiver Characteristics

- Substance Abuse (All) (Depends on type of substance abuse – alcohol/drugs/poly)
  - S/A, P/A – reduces inhibitions
  - S/A, P/A, P/N – primary caregiver – reduces ability to protect
  - P/N – ability to provide basic needs and supervision

Assessment by Type Caregiver Characteristics

- Parenting Skills
  - P/A, P/N – unrealistic expectations – too high and too low; uninformed (lack of skill), motivation to learn; intent
  - P/A – issue of control

Assessment by Type Caregiver Characteristics

- Empathy/Nurturance/Bonding
  - P/N: failure to thrive/under-nutrtion, provision of basic needs
  - Multiples: Cross-types

Assessment by Type
Socio-Economic Factors

- Stress – P/A
- Social Support – P/A, P/N, S/A
- Economic Resources – P/A, P/N
  (12 X's more likely in P/N)
- Domestic Violence – P/A, P/N, S/A

Co-Occurring Risk Factors for DV Indicated Referrals

- Caregiver history of C/AN as child
- Substance Abuse
- Caregiver Mental/Physical/Emotional Impairments
- Parenting Skills
- Protection of Child
- Recognition of Problem

Mental Health Problems

Mental Health Problems

- Personality disorders are thought to be the most common mental health problem encountered by child welfare professionals (Faller & Bellamy, 2000)
- Personality disorders do not carry a DSM-IV diagnosis, and are not likely to result in periodic or repeated psychiatric hospitalization.

Mental Health Problems

- Personality disorders are core component of the individual's personality, or style of perceiving and reacting to the world, as opposed to being a transitory state, a reaction to circumstances, or an episodic dysfunction.

Mental Health Problems

- Tendency to regard problems as primarily caused by others or circumstances outside the person's control.

Mental Health Problems

- Key indicators:
  - A child has been injured, but the parent's primary concern is who made the report to CPS
  - The parent persistently puts his/her needs before the child's even when the parent's needs are inconsequential

Mental Health Problems

- Key indicators:
  - The parent equates the child's needs with his/her needs and does not think of the child as someone with his/her own needs
  - The parent repeatedly casts responsibility for problems in his/her life or in the family on someone else - a spouse, a boss, the child, or professionals

Mental Health Problems

- Personality disorders vary in severity - with intervention can improve over time (Blum and Pfohl, 1998).

Parenting and Substance Abuse

- Key motivating factors for mother's seeking treatment:
  - Timing
    - faced with imminent loss of child
    - entry into criminal justice system

Parenting and Substance Abuse

- Once a caregiver gets sober, there is a high risk during the first year
- Start feeling/understanding consequences of behavior
- Need to focus of recovery - not try to take on parenting

Parenting and Substance Abuse - Factors Contributing to Success

- Frequent, high intensity visitation
- Dealing with denial issues
- Genuine interest in family
- Absence of blaming language

Risk Assessment in Specific Cases

- Bites
- Burns
- Abusive Physical Punishment
  - severity, potential, chronicity
- Sexual Abuse
- Neglect
- Emotional Abuse or Neglect