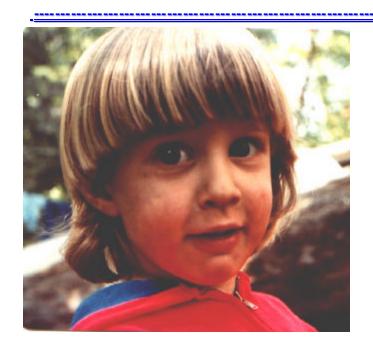# Executive Summary

COUNTY OF YOLO

Maternal Child & Adolescent Health, Department of Health
and
Child Welfare Services, Department of Employment and Social Services

PERINATAL PREDICTORS OF EARLY CHILD ABUSE AND NEGLECT

July 2001

Background: Effects of child abuse & neglect are long-term

♦ Early abuse or neglect can result in long-term cognitive and socio-emotional problems. Young children are more easily frustrated and distracted compared to their classmates. As teens, these children have more difficulty in school, more conflicts with peers and increased aggression, withdrawal or other psychiatric problems.[1]

♦ Attempts to explain the phenomenon of child abuse and neglect have shifted from a single factor to focusing on characteristics of the parent and child, family functioning and the influence of environmental stressors.[2]

Incidence: Reported child abuse and neglect have increased

♦ National incidence studies indicate an increase in child abuse and neglect in this country from 2.2% of children under age 18 in 1986 to 4.1% in 1993.[3]

♦ The highest rates of abuse or neglect were among children 0-3 years old with 40% of first time entries into foster care occurring in this age group.[3] In 1999, 34,633 children under age 3 in California were involved with child welfare services for substantiated abuse or neglect.[4]

> **The state Medi-Cal Comprehensive Perinatal Services Program (CPSP) already includes a risk assessment for identifying at-risk families.**[5]

Purpose: Identify risk of child abuse or neglect at the earliest time possible

♦ The Medi-Cal Comprehensive Perinatal Services Program includes a risk assessment that may be used as an effective model for identifying families at greatest risk of early child abuse or neglect.

♦ Assessing risk factors associated with child abuse and neglect in the perinatal period can help to identify at-risk infants in order to provide early interventions.

♦ By examining characteristics associated with risk of child maltreatment, we may have a better understanding of factors that precipitate early abuse or neglect.

Methodology: Linking perinatal risk to early abuse/neglect

♦ Birth records for 839 Yolo County residents who received Medi-Cal funded prenatal care between June 1998 and May 1999 were matched two years later against a statewide database of child abuse and neglect in California.

♦ Prenatal and/or delivery records for 637 (75%) women were examined for risk factors related to economic and environmental stresses, family violence, depression, substance use and levels of coping skills.

♦ Multivariate logistic regression analyses were done to identify perinatal risk factors that would distinguish between mothers of infants who were abused or neglected and mothers of infants with no report of maltreatment.

♦ Information was collected from the child welfare system about reported abuse and neglect for children born during this study period.

Community sample: Low-income mothers receiving Medi-Cal funded perinatal care services

♦ Medi-Cal funded births comprised 40% of all births in the county.

♦ Forty percent of births were to mothers from Woodland, 33% from West Sacramento, 10% from Davis, 6% from Winters and 10% from the unincorporated areas of the county.

♦ The majority (59%) of mothers were Hispanic, 30% were White, 5% were Asian or Pacific Islanders, 2% were African-American and 2% were American Indian.   Half (51%) of the mothers were born outside the United States.

♦ Almost half (48%) of the mothers were unmarried and 18% were under age 20

♦ More than half of the mothers (51%) and fathers (54%) had not completed high school at the time of this birth.

♦ Most infants were healthy at birth with less than 5% born low birth weight, early for gestational age or with other medical problems.

Results: Seven percent of young children were abused or neglected within the first two years of life.

♦ *Child welfare reports*: 150 (18%) of the 839 infants in this study were referred to child welfare services in the first two years of life. Of these, 55 (7%) had substantiated abuse or neglect. For another 60 children, evidence of abuse or neglect was inconclusive and for 35 children, the report was unfounded.

♦ *Type of abuse or neglect:* Thirty-nine infants had substantiated incidents of neglect, 14 had substantiated abuse and three infants experienced both abuse and neglect. The types of abuse or neglect included:

31 (48%) general neglect
11 (17%) caretaker absence or
            incapacity
 8 (13%) risk of physical abuse
 7 (11%) severe neglect
 3 (5%) physical abuse
 3 (5%) emotional abuse

♦ *Age at first report*: Four of ten infants with substantiated abuse or neglect were identified within the first month of life; 75% were identified by age one.

♦ *Gender*: Of the substantiated reports, 31 children were male and 24 were female. There was little gender difference for incidents of neglect but males (33%) were twice as likely as females (17%) to be abused or at-risk for abuse.

♦ *Reporters*: The primary reporters were medical or public health staff (24%), child welfare staff and other social workers (18%), law enforcement and courts (14%), counselors and other professionals (14%). Child care staff, school and child advocates (CASA) made up 10% of the referrals. Relatives, neighbors or landlords comprised 12% of the referrals and 8% of referrals were unidentified.

♦ *Multiple referrals*: Nearly one-third (31%) of infants with substantiated abuse or neglect had been referred to child welfare at least once before.

♦ *Substance abuse and family violence*: Evidence of substance abuse problems was noted for 60% of the families whose children had substantiated abuse or neglect compared to 32% of those where the report was not substantiated. Nearly 25% of families had a history of domestic violence.

Results: Perinatal risk factors significantly associated with reported child abuse or neglect

Risk factor	Increased odds of abuse/neglect
♦ Previous child not living with a biological parent *	5 to 9 times
♦ Mother ever used street drugs *	3 to 5 times
♦ Two children under age 6 at time of this birth *	3 to 5 times
♦ Mother has physical or mental problems affecting learning *	3 to 4 times
♦ Mother feeling afraid or threatened by her partner *	4 times
♦ Mother non-Hispanic White or African-American *	2 to 3 times
♦ Crowded household with six or more adults or children	2 to 3 times
♦ Financial problems or dependent on public cash assistance	2 times
♦ Father's alcohol or drug use creating problems	2 times
♦ Parental involvement with probation, jail or parole	2 times
♦ Three or more previous children	1 to 1.4 times

* The majority (76%) of infants who were abused or neglected could be correctly identified among mothers reporting at least three of the six most significant risk factors *plus* two additional risk factors.

Risk factors most predictive of just abuse differed from those for just neglect – *except for drug use* which is correlated with both types of child maltreatment.

Child NEGLECT was significantly associated with:
- ♦ Previous child not living with a biological parent
- ♦ *Mother used alcohol or drugs during pregnancy and/or ever used street drugs*
- ♦ Mother non-Hispanic White or African-American
- ♦ Crowded household and/or financial problems
- ♦ Mother's depression or history of planned or attempted suicide
- ♦ Father's negative attitude toward the pregnancy

Child ABUSE was significantly associated with:
- ♦ Mother's exposure to current or past personal violence and/or witness to parental violence
- ♦ Mother unmarried
- ♦ Two children under age 6 at time of this birth
- ♦ No financial support from father and/or need emergency food
- ♦ *Mother ever used street drugs*
- ♦ Parental involvement with probation, jail or parole

Conclusion: Perinatal risk assessment can identify mothers and infants at greatest risk of child abuse or neglect

♦ The majority (76%) of infants who were abused or neglected within the first two years of life may have been identified before leaving the hospital.

♦ Indicators that distinguish mothers of infants who were maltreated include having a previous child living out of the home, substance use, personal violence, suicidal ideation, criminal history and problems with finances or housing.

♦ The Medi-Cal perinatal risk assessment is used for nearly half of all state births. Findings may be generalized to low-income mothers and infants in California,

> **Mothers of abused or neglected infants reported on average 11 perinatal risk factors, *double* the number reported by mothers of infants with no report.**

Recommendations:

Recommendation 1
Conduct standardized perinatal assessments of psychosocial, economic and environmental stressors as part of routine obstetric care for all prenatal women.

Recommendation 2
Improve perinatal risk assessment to better determine severity of risk, document linkage to services and increasing or decreasing risk throughout the pregnancy.

Recommendation 3
Formalize interagency agreements with government and community-based service agencies to increase collaboration, coordination and sharing of information.

Recommendation 4
Designate multiple points of entry for accepting referrals of at-risk families with protocols to determine severity of risk and referral to the most appropriate agency.

Recommendation 5
Assure counseling, drug treatment, parenting and child development education, job training or economic assistance for families of children with *substantiated or inconclusive* reports of abuse or neglect.

Recommendation 6
Implement universal home visits for all mothers with newborns to determine access to health insurance and a regular source of medical care, provide information about preventive health, child development and community resources and to assess the need for further case management.

Recommendation 7
Develop multi-lingual media campaigns targeting at-risk families to promote immediate access to confidential family services and respite care.

Recommendation 8
Conduct annual training for mandated reporters to improve communication and consultation with child welfare services and to reduce barriers for reporting.

Recommendation 9
Implement evaluation procedures at child welfare, public health and other family service agencie*s* to assess family risks and strengths at time of entry and re-assess effectiveness of efforts at regular intervals.

Recommendation 10
Strengthen broad-based systems of support for low-income families to decrease environmental stressors and increase parental involvement in the community.

Recommendation 11
Conduct confidential surveys of families involved with child welfare and other family service agencies to determine satisfaction with services, barriers to participation and unmet needs.

> **At-risk families identified in the perinatal period can be linked to preventive services that may ameliorate risks and reduce the likelihood of child abuse and neglect.**

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[2] The Future of Children (1998), Protecting children from abuse and neglect (Vol 8). The David and Lucile Packard Foundation, www.futureofchildren.org

[3] Sedlak, A. & Broadhurst, D. (1996). Third national incidence study of child abuse and neglect: Final Report, DHHS,Washington, D.C.

[4] Child Maltreatment, 1999. Department of Health & Human Services, www.calib.com/nccanch.

[5] CPSP Provider Handbook, California Department of Health Services.

Available on the internet: www.yolocounty.org/org/health/reports

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