

**Exploring the Relationship between Services and the Recurrence
of Child Maltreatment**

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Presentation Objectives:

- To briefly describe the pattern and predictors of recurrences over five years
- To explore the relationship of service related variables to the recurrence of child maltreatment.

Why is this important?

- **Nationally, only 25-75% of substantiated CPS cases actually receive continuing services.**
- **Very little research has examined what effect services initiated by the CPS agency have to the continued maltreatment of children.**

Overview of Methods

- **Non-concurrent prospective design following 1167 CPS families over 5 years.**
- **Selection of 434 families for this analysis**
- **Archival data collection**
- **Survival Analysis – Life Table, Kaplan Meier, Cox Proportional Hazards Model**

Definitions:

- **SUBSTANTIATED CASE** - determined as “indicated” by the CPS worker.
 - **INDEX INCIDENT** - A substantiated report of physical abuse and/or neglect in 1988 that also met the research definitions.
 - **RECURRENCE INCIDENT** - Any substantiated report of physical abuse, neglect, and/or sexual abuse within the family following the index incident.
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Sample Characteristics - n=1167

- Urban population
- 79% of mothers were African American
- Mothers were an average of 28 years at the index incident
- 84% were on AFDC at the time of the index and/or within the year prior to the incident.

Recurrence Characteristics

n=1167

Time period	None	At least 1
Recurrences in 5 years	57.4	42.5
While CPS open	73.2	26.8
After CPS closed	84.5	15.5

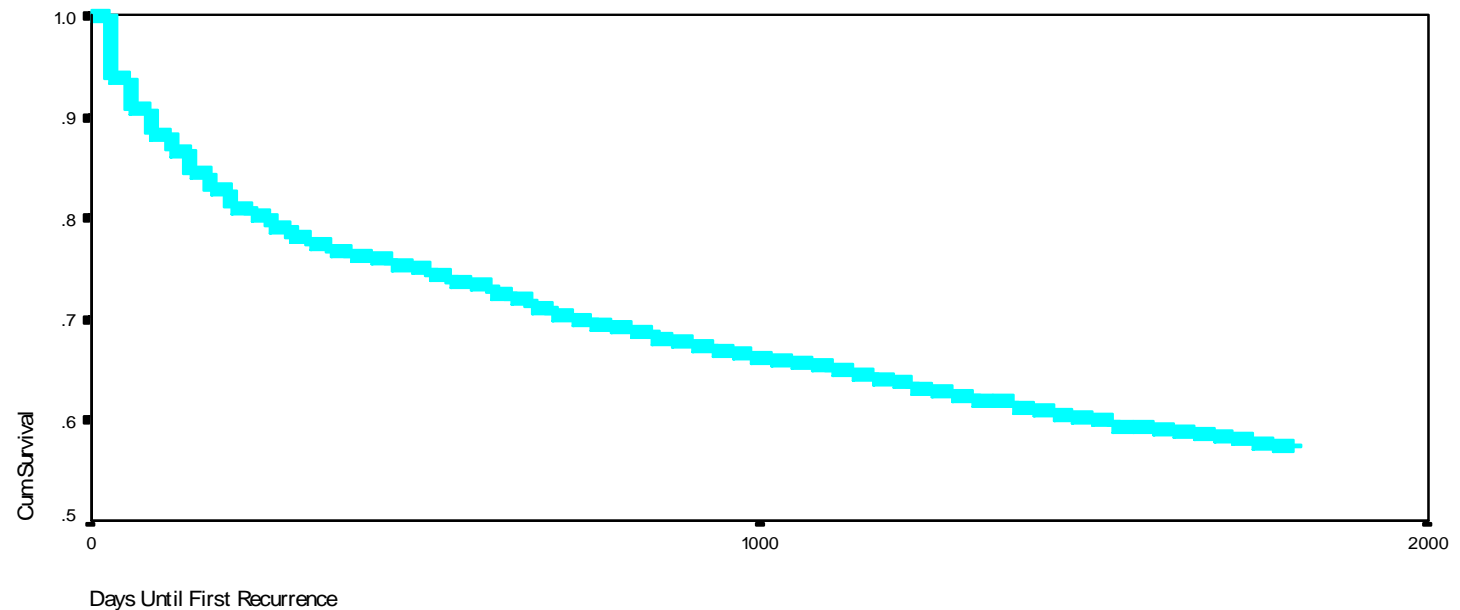
Pattern of Recurrences - Cohort

- Risk declined with time for five years & while CPS was active
 - Risk remained constant for two years following CPS
 - Risk varied for different groups:
 - Closed versus Opened at Intake
 - Abuse versus Neglect
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Recurrence over five years - n = 1167

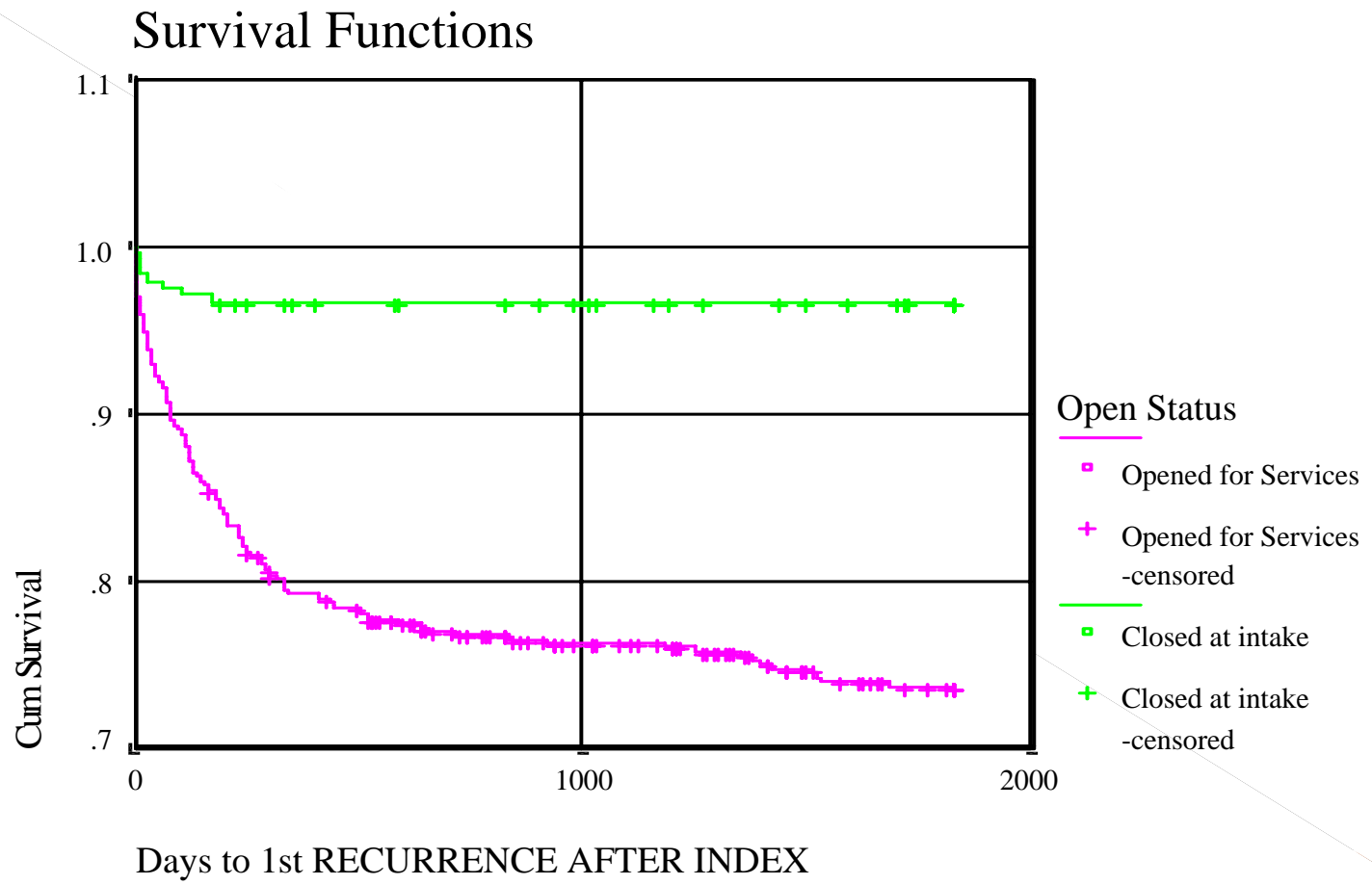
Figure 8. Survival (Without Recurrence)

Over Five Years



DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.
Doctoral Dissertation, University of Maryland at Baltimore.

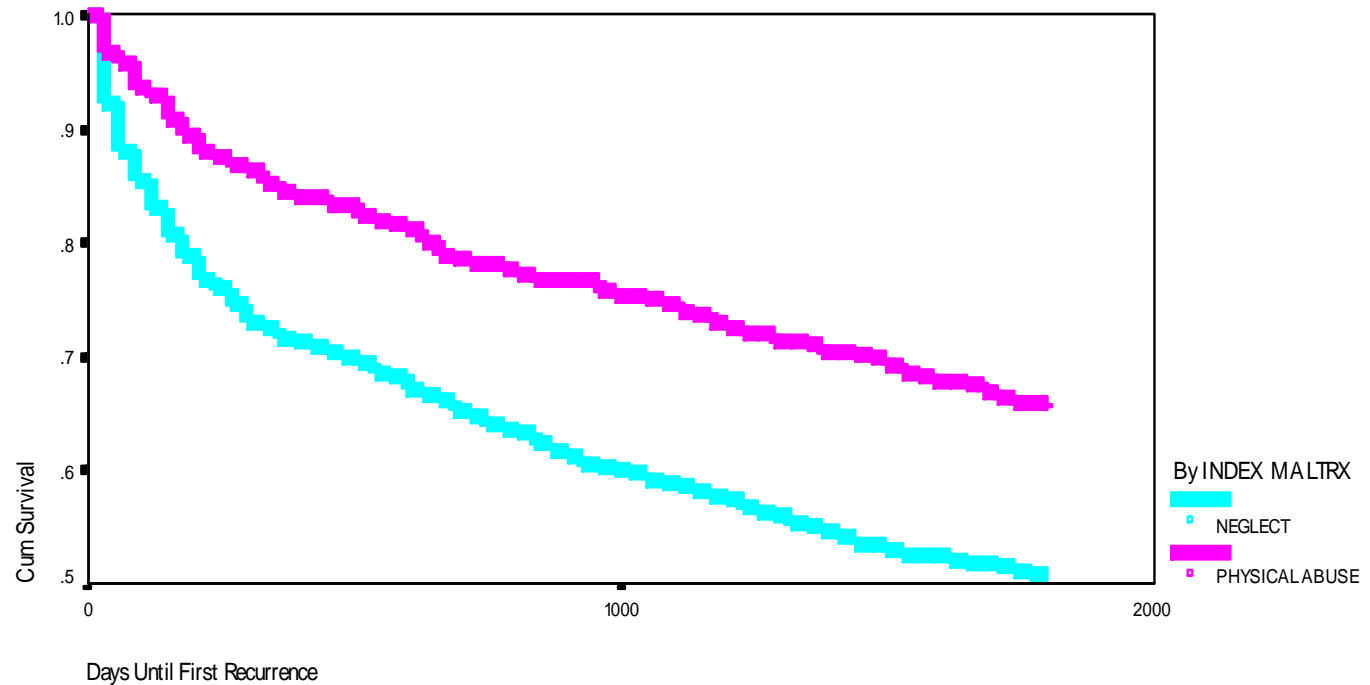
Comparison of survival experience



Comparison of survival over 5 years between neglect and physical abuse cases - n = 1167

Figure 17. Survival (Without Recurrence)

Over Five Years



DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.

Doctoral Dissertation. University of Maryland at Baltimore.

Sampling Methodology

- Stratification of 2902 substantiated reports in 1988 by 12 monthly groups
 - Random 60% proportional selection from each monthly strata
 - Screening of each case against inclusion criteria and exclusion criteria - cohort of 1167 families
 - Removal of cases that were not provided services, involved placement for the duration of the service period, experienced sexual abuse or multiple types of maltreatment at index - final sample of 434
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Initial Model Constructs

- Any placement (control)
 - Nature & extent of maltreatment (# of priors, index type, severity)
 - Vulnerability of children
 - Personal problems of mother
 - Partner abuse
 - Family stress
 - Survival stress
 - Social support deficits
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Reduced Model Constructs

- Any placement (control)
- Vulnerability of children
- Partner abuse
- Family stress
- Survival stress
- Social support deficits

Reduced Proportional Hazards Model While CPS Active (without service variable)

Total: 434 Events: 151 Censored: 283 (65.2%)

Variable	Parameter Estimate	Stan Error	Wald Chi-Square	Sig	R	Risk Ratio
Placement Status	.6804	.1719	15.6681	.0001	.0838	1.9747
Child Factors	.3047	.1303	5.4668	.02	.0442	1.3562
Partner Abuse	.3787	.1935	3.8308	.05	.0321	1.4605
Family Stress	.2074	.0855	5.8884	.01	.0468	1.2305
Survival Stress	.1505	.0750	4.0246	.04	.0338	1.1624
Social Support	.3629	.0946	14.7225	.0001	.0847	1.4374

Introduction of Service Variables

- Casework services
- Level of cooperation
- Level of problem resolution

Introduction of Service Variables

- Casework services:
 - type of service (already active vs. new opening);
 - # of in-person casework contacts;
 - # of caseworkers

Introduction of Service Variables

- Level of cooperation:
 - perpetrator admission;
 - attendance at services;
 - level of cooperation during intake;
 - signed service agreement;
 - services refused/not used;
 - availability for casework contacts;
 - cooperation during continuing services;
 - resistance during continuing services;
 - use of juvenile court
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Introduction of Service Variables

- Level of problem resolution of each problem initially identified at intake
 - Some improvement versus no improvement
 - Reconstructed variable % of problems with at least some improvement at case closure

Reduced Proportional Hazards Model While CPS Active (with service variable)

After Block 1 - Model 1, Variables not in the Equation:

~~Residual Chi Square = 3.962 with 1 df Sig = .0465~~

ENTER Block 2-Model with Service Variable

	Block 1 Covariates	With Block 2	Chi-Square	df	p
-2 Log Likelihood	1698.703	1695.013	82.865	7	.0000
Change (-2LL)			3.690	1	.0547

Variable	Parameter Estimate	Stan Error	Wald Chi-Square	Sig	R	Risk Ratio
Placement Status	.6784	.1719	15.5710	.0001	.0894	1.9707
Child Factors	.3328	.1305	6.5056	.01	.0515	1.3949
Partner Abuse	.3660	.1941	3.5555	.05	.0303	1.4420
Family Stress	.2200	.0849	6.7118	.01	.0527	1.2461
Survival Stress	.1454	.0756	3.7029	.05	.0317	1.1565
Social Support	.3683	.0946	15.1446	.0001	.0880	1.4453
Service Attendance	-.3735	.1887	3.9189	.05	-.0336	.6883

Summary of Findings

- Only one service variable was related to recurrence of child maltreatment while CPS services were active
- Controlling for the effect of other predictors, attending services versus not attending services reduced the hazard of recurrence by 32%

Limitations

- Use of archival data
- Measurement of services
- Sample size (while sufficient for initial model, was compromised when service variables were added).
- Single urban site



Implications

- Cox results suggest the importance of individual, family, and broader social context level constructs in a model of child maltreatment recurrence
- Service attendance may reduce the likelihood of recurrence. Therefore, focusing on engagement and readiness to change may increase success of intervention

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Slides available



- Slides from this presentation and others are available at <http://www.family.umaryland.edu>
- Contact information: ddepanfi@ssw.umaryland.edu