

ASPE RESEARCH BRIEF

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HUMAN SERVICES POLICY - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

REREPORTING AND RECURRENCE OF CHILD MALTREATMENT: FINDINGS FROM NCANDS

Most children who are subjects of a report of maltreatment to the State or local child protective services (CPS) agency are involved just once with CPS during their lives. Other children are referred more than once and their referrals result in repeated investigations or assessments (known in the field as rereporting). Some children who are once found to be victims of child maltreatment (i.e. an investigation confirms the allegation of abuse or neglect) are found to have been revictimized (known as recurrence). This paper focuses on rereporting and recurrence, and on gaining a better understanding of the circumstances surrounding children who have repeated involvement with CPS. Most previous studies of subsequent reports alleging maltreatment of the same child or of revictimization have included only small populations, data from a single State, or relatively short observation periods. This study follows children who are the subject of an initial, report of child maltreatment for up to 5 years, using a multiyear, multistate case-level data set derived from the National Child Abuse and Neglect Data System (NCANDS). Most analyses use data from 9 states spanning the period from 1998 to 2002.

Table 1 shows the cumulative percentage of children who experience at least one subsequent maltreatment report or victimization after an initial maltreatment incident. Other key findings follow.

Table 1. Cumulative Percentage of Children with Subsequent Reports or Revictimizations

Elapsed Months	Cumulative Percent of Children Rereported (n=1,396,998 reported children)	Cumulative Percent of Children Revictimized (n=336,022 victims)
0-5	10.3%	5.2%
6-11	16.4%	8.2%
12-17	20.6%	10.2%
18-23	23.6%	11.9%
24-29	26.0%	13.2%
30-35	27.8%	14.2%
36-41	29.4%	15.1%
42-47	30.7%	15.8%
48-53	31.7%	16.4%
54-59	32.3%	16.7%

ABOUT THIS RESEARCH BRIEF

This Research Brief presents key findings from a longitudinal analysis of child abuse reporting data, derived from nine states' submissions to the National Child Abuse and Neglect Data System (NCANDS) for 1998 - 2002. The study focuses on "rereporting," when individual children have been the subject of more than one maltreatment investigation; and "recurrence," referring to children who have been victimized more than once. Reducing recurrence is a key safety goal of child protective services systems. Until recently, however, it has been impossible to analyze federal child abuse data across multiple years. The analysis described here was conducted by staff of Walter R. McDonald and Associates under contract to ASPE and in cooperation with the Administration for Children and Families.

Office of the Assistant Secretary
for Planning and Evaluation

Office of Human
Services Policy

U.S. Department of Health
and Human Services

Washington, DC 20201

Michael J. O'Grady, Ph.D.
Assistant Secretary

Barbara B. Broman
Acting Deputy Assistant Secretary for
Human Services Policy



What proportion of reported children were rereported or revictimized, and when?

- Approximately one-third of children who are the subjects of first maltreatment reports were rereported within 5 years.
- Most subsequent reports occurred within a few months after the initial report.
- After 3 years, approximately 72 percent of children had no further contact with CPS.
- Among the remaining 28 percent, almost 17 percent had one more report and 11 percent of children had multiple reports.
- Among children determined to be victims of maltreatment for the first time, 17 percent became victims again within 5 years.
- As with subsequent maltreatment reports, most subsequent victimizations occurred within a few months after the initial report.

What factors were associated with children who were rereported and/or revictimized?

- Repeat reports and repeat victimization were both more likely if the initial report came from daycare providers, foster care providers, or nonprofessionals, compared with those first reported by other professional sources. Reports by medical and law enforcement personnel were associated with a lower likelihood of rereporting and revictimization
- Younger children were more likely than older ones to be rereported and revictimized.
- Victims were more likely to experience recurrence if their caregivers abused alcohol.
- Services predicted both rereports and recurrence. Children who received services after an initial report were at higher risk, but victims placed in foster care were more likely to experience rereports but less likely to experience recurrence. This may be because services are associated with more serious incidents of maltreatment, and because foster care limits the access of the perpetrator to the child.
- The likelihood of both rereporting and recurrence was highest shortly after the initial event. As the length of time following the first report increased, the number of rereports and recurrences per child decreased. For example, 8 percent of children experienced a recurrence of maltreatment within the first 12 months, but an additional 3 years was needed before this percentage doubled to 17 percent.

Previous research has highlighted the difficulty of developing comprehensive services that are effective in reducing rereporting. Policies and practices designed to address the common risk factors may be effective in addressing the range of rereporting outcomes. For example, policies aimed at reducing maltreatment among young children and children whose parents abuse alcohol may be effective in addressing both rereporting and recurrence.

Findings from this study also draw attention to a group of children who experience a brief period of intense involvement with the CPS system. While this is a relatively small fraction of the children, gaining a clearer understanding of this population may serve to highlight needed areas of improvement in the system of intervention. Ideally, this analysis will help to facilitate the design and implementation of more effective and targeted services, and help in focusing continued inquiry regarding children who are at risk.

A copy of the full report is available at <http://aspe.hhs.gov/hsp/05/child-maltreat-rereporting/>.