

ASPE RESEARCH SUMMARY

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

REREPORTING AND RECURRENCE OF CHILD MALTREATMENT: FINDINGS FROM NCANDS

Children come to the attention of the State or local child protective services (CPS) agency based on referrals from the public alleging child abuse or neglect. It is the responsibility of the CPS agency to decide what, if any, response should be made to ensure the safety of the children. Referrals are made by professional reporters, such as school or medical personnel, or by family, friends, or neighbors. Referrals may be screened out and the caller may be referred to another agency. Screened-in referrals, or reports, may be subject to an investigation by CPS to determine the validity of the report and the safety issues of the child, or an assessment process which may focus more on the needs of the family.

Most children who are the subject of a child abuse report are involved just once over the course of their lives with CPS. Other children are reported more than once and their referrals result in repeated investigations or assessments (known in the field as rereporting). Some of the children found once to have been the victim of maltreatment are also the subject of subsequent substantiated investigations, i.e. they 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 these children with 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 only one state, or relatively short observation periods. In contrast, this study follows children 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 time period from 1998 to 2002.

Research Topics

The first two research questions determined baseline statistics for this study.

1. What proportion of reported children were rereported, and when?
2. What proportion of child victims had a recurrence of maltreatment (i.e. were revictimized), and when?

The second two research questions addressed the factors associated with rereporting and recurrence.

3. What factors were associated with children who were rereported or recurred over a period of time?

ABOUT THIS RESEARCH SUMMARY

This Research Summary 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.

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4. What factors were associated with children who had multiple rereports or recurrences over time?

Methodology

NCANDS case-level data consist of CPS investigation events at the child level. Only reports that receive an investigation or assessment response from a CPS agency are included. Each record in the data file is referred to as a report-child pair, which indicates that there is a record for each child in each report who receives an investigation or assessment. For each investigation, CPS makes a disposition decision which involves determining whether or not a child or children have experienced or are at risk of maltreatment. A child is considered to be a victim of maltreatment if he or she has at least one maltreatment type that is coded as substantiated, indicated, or alternative response.

Nine States were included in this study based on an examination of the following characteristics of their data submissions to NCANDS.

- Years of Submissions—States were considered for inclusion if they had submitted case-level data to the NCANDS for calendar years 1998–2002. Twenty States met this requirement.
- Unique Child Identifiers—Child identifier data were examined to ensure that individual children could be identified reliably across data submission periods. Twelve of the 20 States meeting the submission criterion also met this criterion for inclusion in the analysis.
- Prior Victimization—Nine of the 12 States meeting the first two criteria also met the criterion of having at least 2 percent of records indicating prior victimization. This threshold was considered to indicate that the states were adequately capturing prior victimizations in their data systems.

The characteristics of the population in the resulting nine States were comparable to the national population on a range of demographic characteristics including age, race distribution, and poverty level. However, the findings in this study should not be construed as representative either of all States reporting to NCANDS or of the entire nation.

The study variables were designed to use event history analytical techniques—including survival analysis and trajectory analysis. Such techniques are used when the objective of the study is to examine the time between events for the subjects, or the numbers of subsequent events. In this case the subjects were children who were reported. Once a child was reported, he or she was considered “at risk” for a subsequent report and the probability of the event occurring was considered the hazard probability. Event history analysis and survival analysis adjust for the bias associated with estimating hazards with differing lengths of observation periods.

A survival analysis technique, referred to as life tables, was used to analyze the length of time to rereports and recurrence events. Cox regression (proportional hazards analysis), a form of multivariate survival analysis, was used to study the factors that were associated with single rereports and recurrences. A type of event history analysis that focuses on counts of multiple repeated events, referred to as trajectory analysis, was used to address patterns of multiple rereports and recurrences.

Findings

What proportion of reported children were rereported, and when? What proportion of child victims had a recurrence of maltreatment, and when?

Of the 1,396,998 children initially reported to Child Protective Services, 32 percent were the subject of a second report within 60 months. Of the 336,022 victims, 17 percent became victims again within 60 months. Subsequent events, whether rereporting or recurrence, were much more likely to occur soon after the initial report. For example, 16 percent of children were rereported during the first 12 months, but it took until the end of the study period’s 5 years for the rereport rate to double to 32 percent. Similarly, 8 percent of children recurred within the first 12 months, but an additional 3 years was needed before this percentage doubled to 17 percent. Table 1 shows the cumulative percentages of children rereported and revictimized over a period of 5 years after an initial maltreatment report.

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%

Multiple Rereports and Recurrences. Of the 803,320 children initially reported to CPS in either 1998 or 1999, approximately 72 percent had no further contact with CPS after 3 years. Among the remaining 28 percent, almost 17 percent had one more report and 11 percent had multiple reports. The maximum number of rereport events was 22. The average number of rereports for all children in this data set was 1.7. The maximum number of recurrences was 8. The average number of recurrences across all children was 1.3.

As expected, a child’s likelihood of further contact with CPS declined with each subsequent contact. Approximately 70 percent of nonvictim and victim children had no further contact after a first report, whereas around 60 percent of children had no further contact after a second or third report. Children who were victims in their initial event were more likely to be identified as victims in subsequent events than were children initially identified as nonvictims.

What factors were associated with children who were rereported or revictimized over a period of time?

For analyses of factors related to rereporting, a data set was created of 495,900 unique children from 8 States who were reported during 2001 or 2002. For recurrence analyses, 190,552 children found to have been victims in these States during these years were included. One of the 9 States included in the basic analyses was dropped from the detailed analyses due to the absence of risk factor data in their NCANDS submissions. Cox regression analyses were conducted to determine which factors were associated with subsequent reports and victimization.

Source of Initial Report. Children initially reported by medical or law enforcement personnel were less likely to be either rereported or revictimized as those children reported by other sources. Children first reported by educational personnel, day care and foster care providers, or non-professionals (i.e. neighbors and family) all had somewhat higher risks of being rereported or revictimized than did children reported by social services or mental health professionals. Children reported by non-professionals had the highest risk of being rereported, but those reported by day care or foster care providers had the highest risk of recurrence.

Child Demographics. In general, younger children were at greatest risk of both rereporting and recurrence. In addition, as the child’s age at initial report increased, the likelihood of both rereporting and recurrence decreased. Girls were more likely to be rereported than boys, although they were not more likely to be revictimized. Race was more related to rereporting than to revictimization. White children were more likely to be rereported compared with African-American, Asian or Pacific Islanders, and Hispanic children. However, children of other or multiple races were 1.3 times more likely than White children to be rereported. White children were just as likely as Native Americans and Alaska Natives to be rereported. The effect of race and ethnicity on repeat victimization was significant, however no single category except

“unable to determine” or “missing” met the cutoff for statistical significance.

Family and Child Risk Factors. Children with disabilities were approximately 1.5 times more likely to be rereported than children without disabilities, although disability was not found to contribute significantly to the risk of recurrence. Children with caretakers who abused alcohol (but not other drugs) were also more likely to be both rereported and revictimized.

Type of Maltreatment. Victims who were neglected were 1.3 times more likely to be victimized again compared with victims who had been either physically or sexually abused. Because not all States provide data on maltreatment type in unsubstantiated cases, risk of rereporting could not be analyzed by type of maltreatment.

Outcomes of Initial Intervention. If, following an initial investigation, the child was found to be a victim, he or she was slightly more likely (1.11 times) to be rereported than children who were initially nonvictims. The receipt of postinvestigation services elevated the likelihood of both rereporting and revictimization. The provision of foster care appears to double the likelihood of rereporting. However, victims placed in foster care experienced a reduced risk of recurrence.

Multiple Rereports. Beyond the question of whether a child was rereported or not, and revictimized or not, this analysis focuses on how many subsequent events occurred for an individual child, and the impact of the passage of time and the age of the child on this number of events. A total of 803,320 children who were initially reported during 1998 and 1999 in 9 States were included in the analysis of rereporting, and 189,557 children first victimized during those years were included in the analysis of recurrence.

Time from Initial Report. These analyses examined how many events per child occurred for each 6-month period after the first report or victimization. The number of subsequent CPS rereports per child declined steadily during each additional 6 months of followup, as did the number of revictimizations. For all reported children, the average number of subsequent reports was 0.13 per child during the first 6 months of followup whereas the number dropped to 0.05 reports during months 31–36. Among children initially found to be victims, the number of recurrences in the first 6 months was 0.05 per child in the first 6 months and declined to 0.02 per child by month 31–36.

Age of the Child. The number of subsequent reports and recurrences was examined for children, grouped by age at the time of the initial report or victimization.¹ The number of rereports declined as the age of the child increased. Infants had the highest number of rereports with an average of 0.59 per child, compared with children age 14–18 at 0.38 per child. Similarly infants experienced 0.19 recurrences per child and 14–18 year olds had 0.09 events per child. Both the timing of rereports and recurrences and the age of children appear to be associated with the number of rereports and recurrences that a child experiences. These findings also appear to be consistent with what is observed for single rereports and recurrences.

Implications

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. In particular, young children who have already experienced multiple victimizations are at particular risk for continuing to recur and to have these events occur rapidly. Among these children, both intense services and surveillance may be a continuous requirement to help insure their safety and prevent serious long-term harm.

¹ Children who reached age 18 before the end of the observation period of 3 years were excluded from this analysis.

In some cases, providing services will increase rereporting. The source of the increased risk associated with service provision—intrinsic risk or surveillance—is difficult to identify. It is likely to be some combination of the two. However, another important issue raised by this research is the usual consideration of rereporting and recurrence as negative outcomes. If rereporting is being increased by the surveillance effect of service provision, actual maltreatments are being reported that otherwise would never have been made known. Following initial investigations that did not result in findings of victimization, families who were sent home without any services may have actually been continuing to maltreat their children. Without continued services, and without surveillance of continued CPS involvement, such maltreatments may continue behind closed doors. Under these circumstances, a lower rate of rereporting alone does not necessarily indicate success of the CPS system.

The analysis of trajectories in this study was limited to bivariate analysis and could benefit from multivariate approaches that would help to isolate clusters of children that share common trajectories. Nevertheless, this first-time look at rereporting and long-term recurrence in the NCANDS data has revealed some important patterns, including the continued role of services associated with elevated risk, the differential risk tied to maltreatment type, and the importance of the age of the child. Ideally, the analysis will encourage continued discussion regarding how rereporting and recurrence are measured as performance indicators, 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/>.

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