

[4075.1] What Case Characteristics Should Pediatricians Really Worry About When Reporting Suspected Child Abuse and Neglect?

Vincent J. Palusci.. Pediatrics, New York University School of Medicine, New York, NY.

BACKGROUND: Child Maltreatment (CM) causes injury or death in large numbers of U.S. children. Even after child protection intervention and services, some children suffer additional abuse and neglect. Several factors have been hypothesized in children at increased risk for subsequent CM, but pediatricians need information about specific risk factors and services to reduce recurrence. Large administrative datasets, such as the National Child Abuse and Neglect Data System (NCANDS), offer the possibility of examining CM recurrence. NCANDS contains information from CM reports in forty-four U.S. states and territories.

OBJECTIVE: To assess: (1) risk factors associated with repeat child maltreatment reports within five years among children first reported by medical providers, and (2) which services provided by the child protection system can decrease additional CM.

DESIGN/METHODS: CM report data was collected from eighteen U.S. states with complete data in NCANDS during 2000-2004. A cohort was constructed with children ages 0-18y with confirmed CM reports from medical staff in 2000, and subsequent reports for the same child in the same state were identified through 2004. Child and family characteristics and services were compared in proportional hazard models to examine factors associated with recurrence.

RESULTS: Among 4.5 million reports in 18 U.S. states with all five years of data, there were 11,867 first confirmed maltreatment reports made by medical staff during the year 2000. 1,835 children had a second substantiated report. Most recurrence was within one year. An increased risk of a second substantiated CM report was associated with infancy (HRR=1.3; 95%CI=1.9,1.5), White race (1.3; 1.1, 1.5), caretaker alcohol abuse (2.0; 1.5, 2.8), caretaker emotional problems (2.4; 1.3, 4.5) and the family receiving public assistance (1.9; 1.6, 2.4). Family support, juvenile court petition, adoption, educational, health and substance abuse services were all associated with decreased risk for future CM recurrence.

CONCLUSIONS: There are several case characteristics which pediatricians should really worry about when reporting suspected abuse and neglect. Infants, White children, and those with caretakers with alcohol abuse, emotional problems or receiving public assistance are at the highest risk for additional CM even after child protection intervention. Pediatricians should advocate for services which have been shown to successfully reduce the risk for further CM.

E-PAS2008:634075.1