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Child Maltreatment Recurrence Points to Urgent Need to Improve Systems for Identification and Prevention



To the Editor:

There is considerable evidence that child maltreatment is associated with significant short- and long-term negative outcomes.¹ Protecting children from maltreatment should be a clear priority, and there is substantial opportunity for making improvements in child protective services (CPS) to better serve those they are tasked with protecting. Making progress in this effort requires a closer inspection of the processes in place to identify children in danger of being harmed and of the potential effectiveness of the current system. The article by Kim and Drake² published in the *Journal* examined CPS records to create US estimates for child maltreatment onset and recurrence for children from birth to age 11 years. More than one-third of children are estimated to have a screened-in report for investigation or assessment by CPS, and after an initial report is made regarding a child, the probability of a subsequent report is nearly 1 in 2. This alarming rate of maltreatment recurrence points to potential areas for improvement.

Given the high cost to each child whose maltreatment continues without effective intervention, the findings of recurrent reports made for children already brought to the attention of authorities is concerning. Most children remain in their homes even following substantiated maltreatment, and data presented by Kim and Drake² point to an unmet need to ensure the safety of children with CPS involvement. Strained budgets often limit the access to and availability of tailored mental health services, and training for mental health professionals working with families connected to CPS may not always be evidence-based.

Further, interventions for parents aimed to reduce re-perpetration of maltreatment typically focus on providing behavioral techniques to replace or reduce physical discipline, rather than directly target the most common type of child maltreatment (ie, neglect).^{2,3} Given the links between neglect and poverty, such interventions may necessitate an

approach that extends beyond caregiving practices and promotes structural supports.

This article also highlights the heightened vulnerability of infants to maltreatment, as children <1 year of age were found to have the highest risk for both CPS reports and substantiations. Parents of infants face additional challenges that may be risk factors for both abuse and neglect. Preverbal children are less able to communicate their needs, which may be associated with increased parental frustration and physically aggressive interactions (eg, shaking), and the high needs of human infants require nearly constant adult presence for feeding and diaper changes. Infants (<12 months of age) are 3.6 times more likely to die as a result of abuse or neglect compared with 1-year-old children.³

In addition, we must acknowledge that race and ethnicity are associated with the likelihood of receiving an initial CPS report, and racial bias as well as wealth inequality between Black and White families may be responsible for these differences.⁴ Families who experience investigations without cause experience harm, including potential distrust in institutions and withdrawal from activities or interactions to reduce the risk for future reports.

How can we move forward in a way that improves both sensitivity and specificity of maltreatment reporting and maximizes child outcomes following contact with CPS?

1. Preventive interventions in the transition to parenthood. Given that infancy is a particularly high-risk developmental period and the likelihood that maltreatment at this age portends subsequent abuse, preventive interventions during the transition to parenthood may be particularly effective in reducing lifetime risk for maltreatment.
2. Address structural risk factors. Race and socioeconomic inequality are structural risk factors that must be accounted for in considering future improvements to CPS. Understanding the role of race and inequality in preventing child abuse/neglect, reporting of child abuse, and addressing child abuse (including when it is reported, who gets reported, and what interventions are made available to those being reported) is crucial to improving CPS. In addition, neglect is the most common form of maltreatment, and efforts to reduce neglect may therefore result in the greatest reductions in the prevalence of maltreatment. Research examining whether specific interventions (eg, programs for families struggling to meet

their basic needs, psychoeducation regarding safe supervision practices) translate into reduced neglect can be used to guide policy for improving child outcomes.

3. Creating consistent legal standards. Legislative language regarding when child maltreatment should be reported varies across states (ie, whether a reporter merely “suspects” or must instead “believe” child maltreatment is occurring). Establishing a consistent and appropriate legal standard for child abuse reporting may improve fairness in the agencies and systems that currently have widely different standards across jurisdictions and states.¹
4. Improve mandated reporter education. Training mandated reporters has the potential to increase reporters’ confidence in when (and when not) to make a report and how to provide high-quality information. This is likely to increase sensitivity and specificity in reporting and provide CPS workers with helpful information to inform investigative decisions. One such program that shows promise is *iLookOut for Child Abuse*,⁵ in which early childhood educators are provided with continuing education credits for completing an interactive online training for child abuse reporting.

I applaud efforts to make effective use of the National Child Abuse and Neglect Data System Child Files. This work highlights the urgent need to prevent child maltreatment including how children already known to CPS remain at high risk for subsequent maltreatment. We know who these children are, and we must act to protect them.

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