

Risk Factors for Repeat Allegations of Child Abuse or Neglect

This Rhode Island Data Analytic Center Research Brief summarizes findings from a recent study of repeat allegations of child abuse and neglect using data obtained from the Rhode Island Children's Information System (RICHIST). All children with an allegation of child maltreatment that occurred between January 1, 2001 and September 30, 2003 were included in the study, and followed for up to 2 years. Children were included whether or not maltreatment was substantiated by Children's Protective Services (CPS) investigators.

A total of 18,228 initial allegations of abuse or neglect were followed to determine whether there was a recurrence of an allegation of child maltreatment. Of this group, 50% were boys, and 60% were White, 16% Hispanic, 13% African American, 2% Asian American, 1% American Indian, and 4% bi- or multi-racial, and 4% had missing race/ethnicity data. A total of 12% of these children were 1 year old or younger, 23% 2-5 years old, 29% 6-10 years old, 26% 11-15 years old, and 7% were 16 years of age or older.

Nearly 38% of the cases in which there is an allegation of abuse or neglect are likely to have a repeated allegation within 2½ years (See Figure 1). The risk of re-allegation is greatest during the 6 months immediately following the original allegation ("index report"), with about 16% of all cases reporting a re-allegation during this time. The chances of a re-allegation of maltreatment decrease over time.

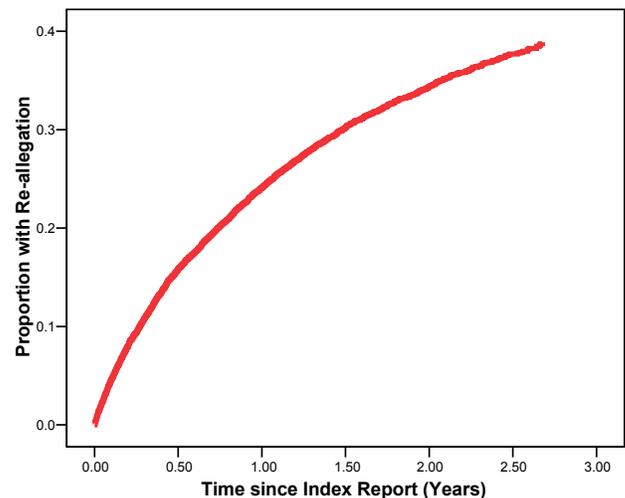


Figure 1: Rate of Re-Allegations Following an Initial Allegation of Child Maltreatment

Child & Family Characteristics

Child Age

Previous research has indicated that younger children may be at greater risk for repeat allegations of child abuse or neglect (1,4). Findings from this analysis are consistent with this research. The rate of re-allegation within one year among children 5 or younger was about 26% compared to 22% for children 6 to 10, 19% for children 11 to 15, and 11% for children 16 or older.

Child Gender

The gender of the child does not appear to be related to the likelihood that there will be a re-allegation of maltreatment.

Socioeconomic Status (SES)

Children from low SES are at greater risk for a re-allegation of maltreatment than children from households at higher socioeconomic status (2,5). This analysis shows (See Figure 2) that children living in households on public assistance or with a history of financial problems are more than twice as likely to experience a re-allegation. About 1/3 of children from low SES backgrounds have a new allegation within one year of the initial allegation, compared to about 15% of children from higher SES backgrounds.

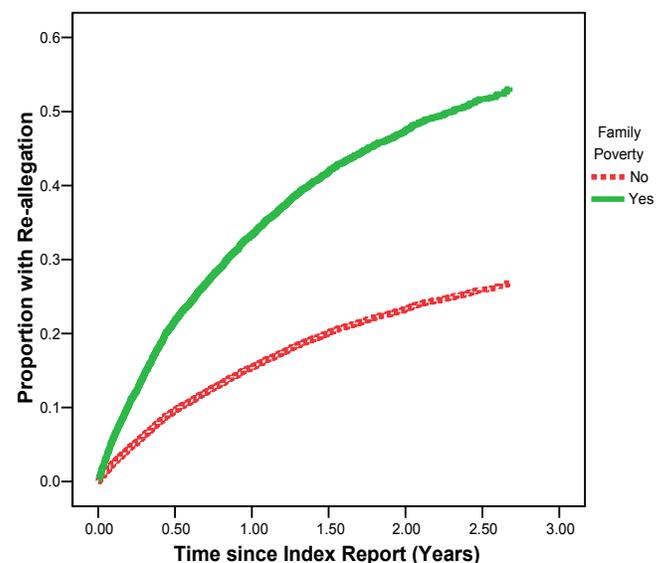


Figure 2: Difference in rates of re-allegation by SES

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Child Race/Ethnicity

African American and Hispanic children were 16 – 17% less likely to have a re-allegation of child maltreatment than White children, while children with bi- and multi-racial children were 19% more likely to have a new allegation.

Alcohol & Drug Use

A number of studies (1,3) have shown that a family history of substance abuse increases the chances that a child will have repeated allegations of maltreatment. In Rhode Island, over 30% of cases with substance use histories had a new CPS investigation within one year as compared to about 21% of cases without family alcohol and drug problems (See Figure 3).

Case Characteristics

Type of Maltreatment Alleged in the Initial Investigation

Cases in which the initial allegation involved sexual abuse have a lower rate of re-allegation than cases involving neglect. Note that these analyses do not include children who received foster care, adoption, or transitional independent living post-investigation services – and does not necessarily reflect differences across all cases of sexual abuse.

Substantiation of the Initial Allegation

Unsubstantiated cases were 35% more likely to have a repeated allegation than substantiated cases – 23% compared to 18% at one year. It is important to recall that children receiving foster care, adoption, and transitional living services (all more common for substantiated cases) were not included in these analyses.

Post-Investigation Services

After excluding cases receiving foster care, adoption, or transitional living services, the rates of re-allegation for maltreatment did not differ among cases receiving post-investigation services compared to those who did not.

Prior CPS History

Nationally, prior CPS history has been found to be the single best predictor of repeat maltreatment allegations (1,4). Rhode Island data is consistent with this finding, indicating that children with a prior history of substantiated maltreatment at the time of the initial investigation are 34% more likely to have a repeat allegation than children without a prior substantiated investigation.

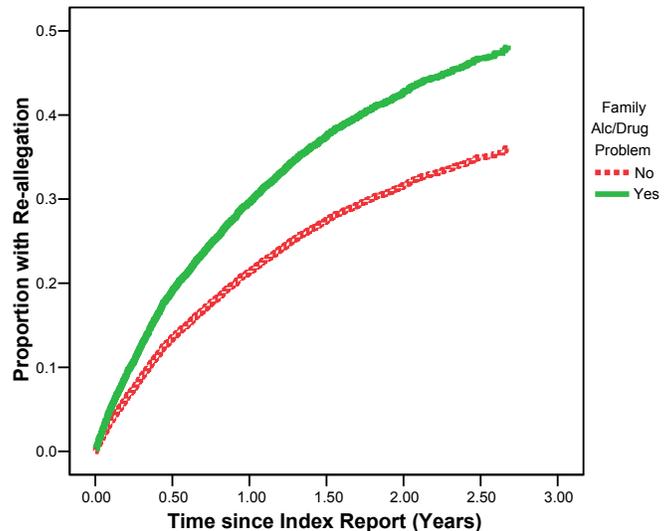


Figure 3: Difference in Rates of Re-allegation by Family Alcohol/Drug Problem

Summary of Major Findings

- For children not in foster care, over one-third of cases in which there was an allegation of maltreatment will have a repeat allegation within 2½ years, with the period of greatest risk being the first 6 months since the initial allegation.
- Families most at risk for a repeat allegation are: those with young children (5 or younger), those living in poverty or who are experiencing financial hardship, those in which a parent has an alcohol or drug problem, or there is a prior history of substantiated maltreatment.
- African American or Hispanic families are less likely to experience a re-allegation than White families; bi- or multi-racial children have higher rates of re-allegation.
- Families less likely to experience a re-allegation are those in which a child has been sexually abused (and remains in the home).

References: (1) English, D. J., Marshal, D. D., Brummel, S., Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. *Child Maltreatment*, 4, 297-307. (2) Way, I., Chung, S., Johnson-Reid, M., & Drake, B. (2001). Maltreatment perpetrators: a 54-month analysis of recidivism. *Child Abuse & Neglect*, 25, 1093-1108. (3) Rittner, B. (2002). The use of risk assessment instruments in child protective services case planning and closures. *Children and Youth Services Review*, 24, 189-207. (4) Marshall, B. D., & English, D. J. (1999). Survival analysis of risk factors for recidivism in child abuse and neglect. *Child Maltreatment*, 4, 287-296. (5) Inkelas, M. & Halfon, N. (1997). Recidivism in child protective services. *Children and Youth Services Review*, 19, 139-161.