Identifying families with complex needs after an initial child abuse investigation: A comparison of demographics and needs related to domestic violence, mental health, and substance use

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ABSTRACT

Families with complex needs related to domestic violence, mental health, and substance use have some of the worst child protective services (CPS) outcomes. Although many of these families are identified during a CPS investigation and subsequently referred to home-based postinvestigation services (HBPS), many are re-reported to CPS, so it is important to understand the postinvestigation experiences of this vulnerable group. Therefore, this study compared families with and without complex needs to understand their unique demographic, needs, and postinvestigation outcomes.

The sample consisted of 2008 caregivers who received HBPS following an initial CPS investigation. The Family Assessment Form (FAF) was used to measure family functioning in eight domains using a 1–5 scale with higher ratings representing worse functioning. Complex needs were indicated by a mean FAF score of 3 or higher for either domestic violence, mental health, or substance use. Using Pearson chi-square analyses and two-sample t-tests, comparisons were made between families with (n = 836) and without (n = 1172) complex needs. Half of caregivers with complex needs had a history of abuse, 25% had three to five needs, and nearly half had six to eight needs; 90% of caregivers without complex needs had zero to two needs. Furthermore, caregivers with complex needs had higher mean scores for concrete, educational, and clinical needs. These findings highlight the importance of recognizing variation among families referred to HBPS and accurate screening to ensure that families with complex needs are offered and receive services matched to their unique characteristics and needs.

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1. Introduction

In 2015, child protective service (CPS) agencies in the United States investigated than 3.4 million children due to suspected child abuse and neglect. Approximately one third of these children and their families were referred for home-based postinvestigation services (HBPS) after the conclusion of the investigation (U.S. Department of Health and Human Services [USDHHS], 2017). CPS agencies typically refer families to HBPS when an investigation determines that children are safe enough to remain at home, but there exists some level of risk of future maltreatment. Assessing risk of child abuse and
determining how best to engage at-risk families continue to challenge CPS agencies and service providers (López, Fluke, Benbenishty, & Knorth, 2015). Yet doing so effectively and efficiently is critical, particularly for families referred to HBPS considering that CPS no longer follows these families once their investigation closes.

Presumably, families referred to are at lower risk of maltreatment because their CPS report did not meet state statutes to open a CPS case. However, a growing body of literature suggests that any CPS report is an indicator of increased vulnerability and risk of future maltreatment (Dumas, Elzinga-Marshall, Monahan, van Buren, & Will, 2015; Putnam-Hornstein, Simon, Eastman, & Magruder, 2014). Furthermore, results of a growing body of empirical studies comparing families with substantiated and unfounded or inconclusive CPS reports (i.e., no or little evidence of abuse or neglect) suggest that families reported to CPS have similar needs for services regardless of the decision to open a case and provide mandated services (Casanueva, Dolan, Smith, & Ringeisen, 2012; Drake, Jonson-Reid, Way, & Chung, 2003; Drake, 1996; Kohl, Jonson-Reid, & Drake, 2009; National Survey of Child & Adolescent Well-Being, 2007; Wolock, Sherman, Feldman, & Metzger, 2001). Studies also have indicated that families with “complex needs” related to mental health, substance abuse, and domestic violence have the worst outcomes of families investigated by CPS agencies (Barth, 2009; Casanueva et al., 2015; Fluke, Shusterman, Hollinshead, & Yuan, 2008; Jonson-Reid, Emery, Drake, & Stahlschmidt, 2010). However, less is known about the nature of the needs of these families or the services they receive to prevent child maltreatment because these families are not followed by CPS once the investigation closes. Findings from studies that examined the relationship between complex needs and receipt of HBPS do suggest, however, that services may not always align with family needs (Bagdasaryan, 2005; Cash & Berry, 2002; Chambers & Potter, 2008; Choi & Ryan, 2007; Simon & Brooks, 2016; Staadt & Cherry, 2009).

Given the dearth of empirical knowledge about families with complex needs that receive HBPS, this study examined demographic characteristics, needs, and use of HBPS following an initial CPS investigation. The study also compared re-referral and other child welfare outcomes among these families with the following specific aims in mind:

1. Describe the different demographic characteristics of families with and without complex needs.
2. Examine the different types of need and HBPS used following an initial investigation by CPS.
3. Compare the outcomes of families with and without complex needs related to domestic violence, substance abuse, and mental health.

2. Complex needs and child maltreatment

The most common reasons for CPS involvement include domestic violence, mental health, and substance abuse (Barth, 2009; Child Welfare Information Gateway [CWIG], 2014a, 2014b; Marcenko et al., 2011; Marcenko, Lyons, & Courtney, 2011; McCoy & Keen, 2009). Numerous studies have found a link between domestic violence and child maltreatment (Barth, 2009; Casanueva et al., 2015; Hamby, Finkelhor, Turner, & Ormrod, 2010; Jouriles, McDonald, Smith Slep, Heyman, & Garrido, 2008; Osofsky, 2003). Caregivers in relationships involving domestic violence may become violent with their own children (Jouriles et al., 2008; Taylor, Guterman, Lee, & Rathouz, 2009). National estimates indicate that nearly 30% of child victims have been exposed to domestic violence in their home (CWIG, 2014a, 2014b; USDHHS, 2017), and the presence of domestic violence is associated with an increased likelihood of CPS recidivism (Casanueva, Martin, & Runyan, 2009; Casanueva et al., 2015).

Need related to mental health is another significant reason for CPS involvement (Barth, 2009; Burns et al., 2010). Findings from a 2014 national survey indicated that an estimated 43.8 million adults, nearly 1 in 5 adults, had a mental illness during the previous year (Hedden et al., 2015). For caregivers and parents involved with CPS, national estimates underscore a high prevalence of mental health need that is worse than general population estimates (Burgess & Borowsky, 2010; Burns et al., 2010; Chuang, Wells, Bellettiere, & Cross, 2013; Dolan, Casanueva, Smith, & Ringeisen, 2012). The presence of mental health problems negatively affects parenting ability (Barth, 2009; Smith, 2004). For example, parents with depression may be less available to and communicative with their children and struggle to maintain a healthy interaction (Barth, 2009; Smith, 2004). Furthermore, caregivers with mental health problems are more likely to be re-reported to CPS (Casanueva et al., 2015; Dakil, Sakai, Lin, & Flores, 2011; Jonson-Reid et al., 2010).

Last, substance abuse is an important risk factor for child maltreatment (Barth, 2009; Brown, Cohen, Johnson, & Salzinger, 1998; CWIG, 2014b; Semidei, Radel, & Nolan, 2001; Traube, 2012; Wulczyn, 2009). Estimates based on national and local studies indicate that between one third and two thirds of families involved in child welfare have a substance abuse problem (Semidei et al., 2001; USDHHS, 1999; Young, Boles, & Otero, 2007). Parents dealing with substance abuse are at high risk of maltreating their children due to numerous reasons including decreased family functioning (Wells, 2009; Wolock et al., 2001), decreased parenting capabilities (Barnard & McKeganey, 2004; Barth, 2009; Wells, 2009; Wulczyn, 2009), and financial problems (CWIG, 2014; Wulczyn, 2009). Substance abuse is also associated with other issues such as mental health problems, domestic violence, and housing instability that could also lead to child abuse or neglect (Barth, 2009; Semidei et al., 2001; Wulczyn, 2009). For example, parents struggling with substance abuse may not provide adequate supervision or medical care because of the effects of drugs (Barth, 2009; CWIG, 2014b; Wells, 2009; Wulczyn, 2009).

Parental substance abuse can also affect child safety and well-being, and the presence of substance abuse often results in a subsequent re-report to CPS (Connell, Bergeron, Katz, Saunders, & Tebes, 2007; Dubowitz et al., 2011; Guo, Barth, & Gibbons, 2006). For example, Connell et al. (2007) found that a family history of substance abuse was associated with a 50%
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