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A Comparison of Child Fatalities by Physical Abuse Versus Neglect: Child, Family, Service, and Worker Characteristics

Emily M. Douglas

ABSTRACT. In the field of child welfare, attention has been given to risk factors for child maltreatment fatalities with little attention to the difference between children who die from abuse versus neglect. As part of a larger study, child welfare workers ($n = 104$) from 14 different states responded to an anonymous online survey that described the child, family, and case characteristics before death and worker characteristics/experiences before and after death. Results supported that prior to death, neglectful families presented with less risk than abusive families, in the areas of parent–child attachment, child behavior problems, and changes in household composition while reporting that they received more services. With regard to child welfare practice, workers did not report any differences in how they handled cases before death nor did they report differences in their posttraumatic stress symptoms at the time of the survey. These findings can be used as a springboard for future research that focuses on fatal maltreatment.

KEYWORDS. Child maltreatment fatality, fatal abuse, fatal neglect

In 2010, 1,560 children, or 2.07 per 100,000 children in the United States, died as a result of abuse or neglect (U.S. Department of Health & Human Services, 2010). Child maltreatment fatalities (CMFs) are most often perpetrated by victims' parents or caregivers (Kunz & Bahr, 1996). Maltreatment-related fatalities have received significant attention in recent years, but deaths are often treated as a single event (Graham, Stepura, Baumann, & Kern, 2010; Granik, 1991; Jonson-Reid, Chance, & Drake, 2007; Stiffman, Schnitzer, Adam, Kruse, & Ewigman, 2002), even though previous research has shown that abuse and neglect can have different etiology (Sedlak, 1997; Stith et al., 2009). Additionally, research that has focused on the impact of a CMF on child welfare workers' (CWWs) job performance and

trauma symptomatology has only minimally examined whether CWWs' experiences differ by type of maltreatment (Cooper, 2005; Gustavsson & MacEachron, 2004; Regehr, Chau, Leslie, & Howe, 2002a). This article uses a subsample of a multistate study of CWWs and cases that ended in fatality to further explore potential differences between fatal abuse and neglect victims with regard to child, family, service, and worker characteristics and experiences.

Child Maltreatment Fatalities

CMFs result from a wide variety of inflicted and uninflected behaviors on the part of caretakers. This can include actively killing a child through beatings, a shaking injury, or suffocation, or passively killing a child by not providing

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necessary medical treatment, leaving a newborn unattended, or not providing necessary supervision for children (National Child Abuse and Neglect Data System, 2000). Statistics from the annual *Child Maltreatment* report from the U.S. Department of Health & Human Services indicate that even though the number of CMFs went down in 2010 to 1,560 (U.S. Department of Health & Human Services, 2011), previous research has shown that CMFs are grossly undercounted for a number of reasons, including: The exact cause of death can be difficult to determine, maltreatment is not always suspected, insufficient evidence is gathered at the scene, and there are often no witnesses to the event leading to a child's death (Ewigman, Kivlahan, & Land, 1993; Herman-Giddens et al., 1999). The annual *Child Maltreatment* report provides statistics on the type of maltreatment that fatal victims experienced. In 2010, 68.1% of victims experienced neglect and 45.1% experienced physical abuse; the remaining types of maltreatment, such as psychological or sexual abuse, were less prevalent. These figures tally to more than 100% because children often experience multiple forms of maltreatment (U.S. Department of Health & Human Services, 2011).

Abuse Versus Neglect

The literature on nonfatal maltreatment has identified risk factors for physical abuse that are distinct from neglect. A meta-analysis of 155 studies revealed that children who were victims of physical abuse came from families that exhibited parental anger/hyper-reactivity, family conflict, and low family cohesion. Children who were victims of neglect came from families that exhibited parental anger/hyper-reactivity, stress in the parent-child relationship, parental perception of the children to be problematic, high levels of parental stress, and low levels of parental self-esteem (Stith et al., 2009). Children with a disability are at an increased risk for experiencing neglect over abuse, as are school-aged children who are not enrolled in school. Children who come from families of low socioeconomic status are more likely to experience neglect than abuse and to come from families that have only

a single parent and no partner (Sedlak et al., 2010).

Most research reports on fatal child maltreatment and does not separate neglect from physical abuse deaths, but given the literature on nonfatal maltreatment, it is reasonable to assume that risk factors and victim/family characteristics may be distinct from each other. A handful of studies have considered how deaths by neglect might differ from deaths by physical abuse. A study on fatal maltreatment victims in Iowa compared neglect versus physical abuse deaths (Margolin, 1990) as did a recent study of Oklahoma victims (Damashek, Nelson, & Bonner, 2013). Both of these studies will be explored throughout this literature review and are the basis for the current study.

Victim and Family Characteristics

The most consistent risk factor for CMF victimization is age. Younger children, especially younger than 1 year old, are at the greatest risk for dying from maltreatment. In 2010, 47.7% of CMF victims were younger than 1 year of age and 79.4% were younger than 4 years old (U.S. Department of Health & Human Services, 2011). These findings are consistent with the literature using other U.S. national (Kunz & Bahr, 1996) and state data sets (Anderson, Ambrosino, Valentine, & Lauderdale, 1983; Beveridge, 1994). Most studies have shown a slightly higher rate of male victimization than female victimization, although in 2010, boys died at a higher rate than girls, with 60.1% of victims being male (U.S. Department of Health & Human Services, 2011). From 1976 to 1985, 55% of victims were male (Kunz & Bahr, 1996). Similar findings have been reported using state-level data (Anderson et al., 1983; Beveridge, 1994; Lucas et al., 2002). Some racial and ethnic minorities, especially African Americans, are overrepresented among CMF victims (Herman-Giddens, Smith, Mittal, Carlson, & Butts, 2003; Kunz & Bahr, 1996; U.S. Department of Health & Human Services, 2011). One study showed that African American children were represented at 3 times their rate in the general population (Levine, Freeman, & Compaan, 1994). The study of Iowan victims revealed that children

who died from neglect were 1.5 times more likely to be male than were children who died from abuse (Margolin, 1990). This article will expand on victims' characteristics by type of maltreatment.

The majority of perpetrators of CMFs are parents or other caregivers. In 2010, 79.2% of CMFs were perpetrated by biological parents: 38.6% were committed by mothers or mothers and another individual, 18.6% were committed by fathers or fathers and another individual, and 21.9% were committed by mothers and fathers together; the remainder of CMFs were committed by nonparental caregivers (U.S. Department of Health & Human Services, 2010). Similar figures were found in the U.S. Uniform Crime Reports, with 52.5% of perpetrators being mothers (Kunz & Bahr, 1996); mothers were also found to be the primary perpetrators among a study of fatal neglect (Margolin, 1990). When the perpetrator is not the natural parent, he is most likely to be the parent's partner—a stepfather or mother's boyfriend (Levine et al., 1994). Most perpetrators are in early adulthood, younger than the age of 30 (Chance & Scannapieco, 2002; Herman-Giddens et al., 2003; Kunz & Bahr, 1996). In a report of Australian cases of fatal neglect, children who died came from families that faced multiple problems: health, violence, crime, and socioeconomic factors. About half of families experienced three or more family stressors (Sankey, 2003). The Oklahoma study comparing fatal neglect and fatal physical abuse revealed that parents of fatal neglect were older and less likely to be living together (Damashek et al., 2013). Otherwise, we know little about the potential differences in parental characteristics in cases of fatal neglect versus fatal physical abuse.

Several studies have shown parental mental illness to be a contributing factor to CMFs (Fein, 1979; Korbin, 1987; Margolin, 1990), especially among older children (Lucas et al., 2002). At the same time, other research has shown that parental mental health, substance abuse, domestic violence, and social isolation have no influence on distinguishing between fatal and nonfatal maltreatment (Chance & Scannapieco, 2002). Fatally maltreated children, as compared with nonfatally maltreated children, are more likely

to have parents who have inappropriate age expectations of their children and parents who describe their children as engaging in provoking behaviors (Chance & Scannapieco, 2002). Other research has suggested that maternal perpetrators often felt rejected by their children or interpreted their children's behavior as intentional acts of provocation (Korbin, 1987). Children who have parents with low levels of caring and attachment are also at an increased risk for fatality (Graham et al., 2010). The literature has been silent on the potential difference between parental/perpetrator characteristics when a child dies from abuse versus neglect, which will be explored in this article.

Children are more at risk for suffering a fatality in homes that have recently experienced a major life event, such as moving, unemployment, and the birth of a child (Lucas et al., 2002), especially among older children. One study showed that among families experiencing a CMF, 26% had an unemployed parent, and 40% had moved within the last year; overall, families had a high degree of mobility (Anderson et al., 1983). As compared with children who die of natural deaths, children who live with nonfamily members are 10 times more likely to become CMF victims than are children who live with two biological parents (Stiffman et al., 2002). Children who become CMF victims have more people residing in their homes and are likely to have had a recent change in household composition (Chance & Scannapieco, 2002). One study that compared fatal maltreatment by abuse versus neglect showed that children dying of neglect came from households where more children were present (Damashek et al., 2013). The field has not explored additional characteristics when children die of abuse versus neglect, which will be addressed in this article.

Service Characteristics

Between 30% to 50% of CMF cases are previously known to child welfare services before death (Anderson et al., 1983; Beveridge, 1994; Damashek et al., in press); 12.1% of children who died in 2010 lived in families that received family preservation services in the five years prior to their death (U.S. Department of

Health & Human Services, 2011). The comparative study of Oklahoma children who died from neglect versus physical abuse found that neglectful families had more reports to child welfare services prior to their death than abusive families (Damashek et al., 2013). Additionally, a small body of work suggests that children who die from maltreatment come from families that are not especially utilizing services (Douglas, 2013a; Douglas & Mohn, 2013), but researchers have not yet examined whether there is a difference in the receipt of services based on type of death. This area will be explored in the current manuscript.

Workers' Responses to Maltreatment Fatalities

The death of a child who was previously known to child welfare agencies is often accompanied by a high level of media attention, which can create distress or shame on the part of workers involved with the case (Regehr, Chau, Leslie, & Howe, 2002b). Public and media scrutiny can also result in both formal and informal changes in policy and practice within an agency and at the legislative level (Douglas, 2009; Gainsborough, 2009; Gelles, 1996; Murphy, 1997). Media attention can have an important impact on the climate of child welfare agencies. Cooper (2005) found that following a CMF, child welfare managers responded to media coverage by restricting the independence of frontline workers. Others found that managers restricted practice techniques and increased policing functions within agencies (Regehr et al., 2002b).

One study noted that such restrictions have a deleterious effect on the overall atmosphere of a child welfare agency (Ayre, 2001). A previous article using the same data set featured in the present article revealed that the majority of CWWs who experienced a CMF reported that the bureaucratic process that followed the CMF was a source of stress for them (Douglas, 2013b). The existing literature has not addressed if agency and worker responses differ when a child dies from abuse versus neglect, especially because neglect-related deaths are less likely to receive media attention (Lawrence & Irvine, 2004), making it potentially less likely

that child welfare professionals would be publicly shamed for a CMF. Further, the literature has discussed ways to support workers who have experienced a CMF and has speculated as to how CWWs' responses may differ based on whether the death was expected or not (Gustavsson & MacEachron, 2002, 2004). This question has not been empirically examined, however. These gaps will also be explored in the current article.

Current Study

The extant literature has determined some differences in child and family characteristics between fatal abuse and fatal neglect, but there are many areas that remain unexplored. For example, we know little about how many child and parent characteristics and the parent-child relationship are related to abuse- versus neglect-related deaths. There also has been no research on the services received leading up to the fatality with regard to fatal abuse versus neglect. Finally, empirical research is silent on the experiences of workers with regard to whether children die from abuse or neglect. The purpose of this article is to explore potential differences within a number of different child, family, service, and worker characteristics and experiences with regard to fatal abuse versus neglect. Specifically:

1. Do the child and family characteristics of households that lose a child to maltreatment differ according to the manner of their death—abuse versus neglect?
2. Do the services that families receive prior to the death of a child differ according to the manner of their death—abuse versus neglect?
3. Do the worker characteristics, approach to handling the case, and experiences after the death of a child differ according to the manner in which the child died—abuse versus neglect?

This article presents a secondary analysis of a data set that was composed of CWW reports of children who died on their caseloads ($n = 104$). Cases where children died from physical abuse ($n = 61$) are compared to cases where children died from physical or medical neglect ($n = 43$).

METHODS

Procedure

Data for this study were collected as part of the larger study for which the author is the principal investigator, *Child Maltreatment Fatalities: Perceptions and Experiences of Child Welfare Professionals*, from September 2010 to January 2011. CWWs and managers were recruited to participate in an online survey that focused on CWWs' perceptions of and experiences with CMFs; several articles have emerged from this one study and are noted here (Douglas, 2012, 2013a, 2013b, 2013c). The present article is a secondary analysis of these same data, but for a different purpose and outcome: to compare abuse versus neglect victims of fatal maltreatment. Participants were recruited through: a) online advertisements (e.g., Child Welfare League of America), and b) postings on the Facebook pages of the National Association of Social Workers and of chapter affiliates. Most responses, however, came from c) announcements that were made to the Child Maltreatment Research Listserv (maintained by the National Data Archive on Child Abuse and Neglect at Cornell University), where members in the field forwarded the recruitment statement to workers and supervisors, as well as through d) direct appeals that were e-mailed to the most appropriate and easily identified agency administrator in each state.

Individuals who responded to the solicitation were directed to the online survey, which was created using SurveyMonkey. Workers were informed of their rights as a participant of the study and that some of the questions might cause them distress. Individuals were informed that they could skip any questions and cease participation at any time. On the final page of the survey, participants were given resources to national hotlines and Web sites where they could seek assistance for psychological distress should they need it after taking the survey. The methods for this study were approved by the institutional review board at Bridgewater State University.

Workers received a definition about the topic of the study, CMFs, from the *National Child*

Abuse and Neglect Data System (2000) and were asked if they experienced the death of a child on their caseload. In most instances, the responses concerning the death of the client were clear. In 54 instances, additional coding was required, which was performed by the researcher with the assistance of a former state child welfare administrator with 30 years of experience in the child welfare profession. First, despite the introduction to the survey and instructions, 34 deaths were determined to be non-CMF and included instances of deaths due to car accidents, illness, and suicide, among others. Second, 5 cases were coded as CMFs and primarily concerned instances of physical neglect, such as a young child drowning in a bathtub or pool without supervision. Third, 12 cases indicated that a fatality occurred but did not provide further information; they were considered CMFs and were retained for analyses. Fourth, in 3 instances, CWWs provided vague information about the death, which made it impossible to determine if it was a CMF, such as "child drowned"; these cases were excluded.

This article presents on the results of 104 workers who experienced a CMF of a child on their caseload. Of the 452 participants in this study, 445 answered the question pertaining to losing a client. Specifically, 43.4% ($n = 193$) had experienced the death of a child; in 7.5% of cases ($n = 34$), the death was a non-CMF; 35.8% ($n = 154$) had dealt with a death that was a CMF; only 30.5% ($n = 135$) of the total sample provided enough information about their CMF experience to be retained for analyses. Results of this subsample, without a comparison of abuse versus neglect, can be found in a previous publication (Douglas, 2013a). As stated, the purpose of the current article was to compare children who died of physical abuse or neglect; in 4 instances, children died of both abuse and neglect and were dropped from the analyses. In the remaining set of cases, children died from sexual abuse or the worker did not provide enough information to determine cause of death. Thus, of the 135 who experienced a CMF, only 104 indicated whether the child died from physical abuse ($n = 61$) or a type of neglect ($n = 43$).

Participants

Child Welfare Workers

Table 1 shows that 18.4% of the CWWs in this subsample identified as a racial/ethnic minority, with the largest percent being African Americans/Blacks (11.7%). The remainder (81.6%) of the CWWs identified as White. The sample of workers was midcareer with a mean age of 44.7 years old; the workers were well educated, with 41.3% reporting that they had a bachelor's degree and 58.7% reporting that they had a master's degree. The majority of the sample had a degree in social work (58.7%) or human services (3.8%). Almost one third of the sample (31.7%) had a degree in another social science discipline; the rest (4.8%) had a degree in another field. The CWWs came from 14 different states,¹ with 11.5% coming from the North, 23.1% from the Midwest, 34.6% from the South, and 30.8% from the West.

The total sample of CWWs for this study is comparable to a nationally representative sample of CWWs (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008), especially in terms of gender; it has more workers with a social work degree and is less racially diverse—the sample was more White and had fewer African Americans/Blacks or Latinos.

Maltreatment Fatality Victims

The characteristics of the CMF victims about which the CWWs reported are displayed in Table 1. The majority of CMFs (75.8%) took place between 2000 and 2011. With the exception of four variables (age of CMF victim, $t = -2.07$, $p = .047$; length of time child welfare services was involved before CMF, $t = -2.53$, $p = .013$; whether parents had a psychological evaluation, $t = 2.11$, $p = .038$; and how long the CWW had worked in child protection, $t = -3.40$, $p = .001$), there were no statistically significant differences in the reporting of these data based on the year in which the fatality occurred. About two thirds of the child sample (63.7%) was male; almost half (47.1%) were infants, younger than the age of 1. The remainder of the child sample was also very young, with only 10.7% of the sample aged 8 years or older. In this subsample, 57.7% died

TABLE 1. Demographics of Child Welfare Workers and CMF Victims Dying of Abuse or Neglect ($n = 104$)

Demographic Characteristics	Percent/Mean (SD)
<i>Child Welfare Workers</i>	
Current Age—Mean (SD)	44.71 (10.02)
Gender—Female (Percent)	85.6
<i>Race/Ethnicity (select all that apply)</i>	
American Indian	1.0
Asian	1.9
African American/Black	11.7
Latino/Hispanic	6.8
Pacific Islander	1.0
White	81.6
<i>Current Education</i>	
Bachelor's Degree	41.3
Master's Degree	58.7
<i>Educational Discipline</i>	
Social Work	58.7
Human Services	3.8
Other Social Science Field	31.7
Other	4.8
<i>Current Region of Employment</i>	
North (MA, NY, PA)	11.5
South (LA, NC, OK, TX, VA, WV)	34.6
Midwest (IN, OH, WI)	23.1
West (CA, CO, OR, WA, WY)	30.8
<i>Child Maltreatment Fatality Victims</i>	
<i>Year of Fatality</i>	
1970–1979	2.0
1980–1989	4.0
1990–1999	18.2
2000–2009	65.7
2010–2011	10.1
<i>Age of Child (Percent)^a</i>	
Younger than 1 year	47.1
1 year	7.8
2 years	17.6
3 years	9.8
4–7 years	6.9
8–11 years	7.8
12–15 years	2.9
Gender of Child—Male (Percent)	63.7
<i>Cause of Death^b</i>	
Medical neglect	15.4
Physical abuse	57.7
Physical neglect	28.8

^aCategories used in other sources, including U.S. Department of Health & Human Services (2010).

^bSums to greater than 100% because in some instances, workers indicated that children died from both physical and medical neglect.

from physical abuse, 28.8% died from physical neglect, and 15.4% died from medical neglect. The latter two categories were collapsed into one—“any neglect.”

Instrument

The survey asked participants about their knowledge of risk factors for CMF, their experiences with having a child die on their caseload, characteristics of the case and family before the child died, an assessment of their practice behaviors, a measure of their trauma symptomatology, and demographic questions. The current article addresses all of these areas, with the exception of knowledge of risk factors and assessment of practice behaviors. The survey was pretested on a small sample of caseworkers and supervisors in Massachusetts and Texas before full implementation for data collection.

Family Characteristics of Deceased Child

The survey inquired about the demographic characteristics of the children, the family's involvement with child welfare services, parent characteristics, family/household characteristics, the parent-child relationship, and the services that were provided to the family. Questions that inquired about child, parent, family/household, and the parent-child relationship asked CWWs to rate the extent to which they agreed with each statement on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree. For example, "Parental drug use was a major problem in this child's family"; "This child's family had nonfamily members living in the household"; and "This child's parents/caregivers saw their child as 'difficult' or ill-behaved, in general." These questions were developed from a review of the literature (see Douglas, 2005) and focused on areas where there are gaps in knowledge.

Service Characteristics

Workers were asked about a variety of services that are traditionally offered to families working with the child welfare system, including risk assessment, parenting education, psychological evaluation, counseling, and homemaker services. CWWs were asked to rate the extent to which they agreed with statements about service receipt on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree. For example, "The child's parent(s) were attending

or had completed parenting education classes when the child died," or "The child's parent(s) were receiving or had received homemaker services when the child died."

Case Characteristics

Workers were asked about the length of time (in months) that the family had been involved with Child Protective Services before the child died and about the length of time (in months) that the deceased child had been on his/her caseload before the child died. Workers were also asked about the number of weeks that had passed between when the worker last saw the child and when the child died.

Worker Characteristics

CWWs were asked for information about themselves at the time of the child's death, including the number of years they had worked in child welfare at the time of the child's death, the worker's age at the time of the child's death, whether the worker had a master's degree, and the worker's area of educational discipline. The latter two questions were dichotomized into dummy variables where 1 = master's degree, 0 = no master's degree and 1 = social work/human service degree, 0 = degree in other discipline, respectfully.

Worker Attitudes/Approach to Case

Workers were asked if they thought that the child's death was unavoidable and how confident they were in handling the case prior to the fatality. CWWs were asked to rate the extent to which they agreed with statements about service receipt on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree. For example, "At the time, I felt confident handling this case."

Aftermath of CMF

Workers were asked about their experiences after the child's death. Specifically, they were asked if the bureaucratic process after the child's death was a source of stress, if their agency offered them counseling, and if they received emotional support from their coworkers or

supervisors. CWWs were asked to rate the extent to which they agreed with statements about service receipt on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree. For example, "My coworkers provided me with emotional support after this child died."

Posttraumatic Stress

Posttraumatic stress symptoms were measured using the *Posttraumatic Stress Checklist (PCL)* (Weathers, Litz, Herman, Huska, & Keane, 1993). The *PCL* is a 17-item self-report measure of the severity of posttraumatic stress symptomatology. The *PCL* has been validated for use in both combat and civilian populations, and the civilian version was used for this study. Items reflect three symptom clusters: re-experiencing, numbing/avoidance, and hyperarousal. The *PCL* has been shown to have excellent reliability (Weathers et al., 1993) and strong convergent and divergent validity (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Ruggiero, DelBen, Scotti, & Rabalais, 2003). To make the questions comparable across workers who had and had not experienced a CMF in the entire study sample, the questions were not anchored in a specific event. Workers were asked to indicate the extent to which they were bothered by each symptom in the preceding month using a 5-point scale (1 = not at all, 5 = extremely). The items were then summed to create a continuous measure of posttraumatic stress symptoms. For the sample of workers who experienced a CMF on their caseload, alphas ranged from .84 to .94.

RESULTS

Family, Case, and Service Characteristics

The results from the *t* test analyses, comparing children who died from physical abuse to children who died from neglect, are presented in Tables 2 and 3. Statistically significant differences are indicated by italics. With regard to family, case, and service characteristics, the results show that there are few differences between families where children die from abuse versus neglect. There are two statistically significant differences in the parent-child relationship char-

acteristics: In instances where children died from neglect, a) their parents had a higher level of attachment to them, and b) their parents were less likely to see them as "difficult" or ill-behaved. There was also a trend toward significance ($p = .067$) that in instances where children died from neglect, their parents were less likely to have inappropriate age expectations about their children. With regard to household characteristics, children who died from abuse were less likely to have nonfamily members living in their households.

There were also statistically significant findings with regard to receipt of social services. In families where children died from neglect, CWWs were more likely to have conducted a full risk assessment on the family, and the parents were more likely to be receiving counseling or psychotherapy, as compared with families where children died from abuse. There was also a trend toward significance in that families where children died from neglect were more likely to have had parents who completed a parenting education program ($p = .082$) but were less likely to be refusing social services ($p = .055$), as compared with families where children died from abuse. There were no other differences in family, case, or service characteristics between children who died from abuse versus neglect.

Worker Characteristics, Approach to Handling Case, and Aftermath of CMF

There were no statistically significant differences in worker characteristics, their approach to handling the case before the fatality, or their handling of the case in the aftermath of the fatality with regard to whether children died from physical abuse or neglect. There was a trend toward significance in CWWs' educational specialization. Workers who had a degree in social work or human services were less likely to have had children die from neglect than from physical abuse ($p = .055$).

DISCUSSION

This study compared child and family characteristics among children who died from abuse

TABLE 2. Summary Statistics for *t* test of Family, Household, Case, and Service Characteristics of Families Suffering a Fatality by Cause of Death: Physical Abuse or Neglect^a

Family, Case, and Service Characteristics	Died From Physical Abuse <i>n</i> = 61		Died From Neglect <i>n</i> = 43		<i>df</i>	<i>t</i>	<i>p</i> ^b	Cohen's <i>d</i>
	Mean	<i>SD</i>	Mean	<i>SD</i>				
<i>Parent Characteristics</i>								
Domestic violence was a major problem.	2.51	0.89	2.24	0.83	88	1.434	.155	.306
Parental alcohol use was a major problem.	1.92	0.73	2.03	0.83	88	-0.618	.538	.132
Parental drug use was a major problem.	2.13	0.90	2.38	1.06	88	-1.185	.239	.253
Parental mental illness was a major problem.	2.57	0.97	2.54	0.96	88	0.123	.902	.026
<i>Parent-Child Relationship Characteristics</i>								
Child's family had recently experienced a major life event.	2.45	0.76	2.51	0.77	86	-0.380	.705	.082
<i>Child's parents had an average attachment to their child.</i>	<i>2.58</i>	<i>0.64</i>	<i>2.94</i>	<i>0.83</i>	<i>86</i>	<i>-2.354</i>	<i>.021</i>	<i>.508</i>
Child's parents had inappropriate age expectations.	2.91	0.84	2.57	0.87	88	1.856	.067	.396
Child's parents had reasonable knowledge about child development.	2.48	0.75	2.51	0.73	87	-0.204	.838	.044
<i>Child's parents saw child as "difficult" or ill-behaved.</i>	<i>2.57</i>	<i>0.84</i>	<i>2.00</i>	<i>0.79</i>	<i>87</i>	<i>3.182</i>	<i>.002</i>	<i>.682</i>
<i>Household Characteristics</i>								
Child's family experienced frequent unemployment.	2.58	0.85	2.62	0.92	87	-0.236	.814	.051
<i>Child's family had nonfamily members living in the household.</i>	<i>2.41</i>	<i>0.90</i>	<i>2.00</i>	<i>0.67</i>	<i>89</i>	<i>2.344</i>	<i>.021</i>	<i>.497</i>
Child's family moved a lot.	2.19	0.79	2.19	0.84	87	0.018	.986	.004
Child's family was geographically isolated.	1.83	0.72	1.89	0.70	89	-0.386	.701	.082
Child's family was socially isolated.	2.40	0.77	2.30	0.88	88	0.567	.572	.121
<i>Case Characteristics</i>								
Length victim on CWWs' caseload before CMF (months)	3.59	5.30	3.13	4.02	99	0.47	.636	.095
Time Child Protective Services was involved with child before death (months)	24.87	42.96	31.93	54.04	93	-0.710	.480	.147
Time since worker saw child before death (weeks)	33.14	163.06	2.75	4.82	61	1.019	.312	.261
<i>Services Provided</i>								
<i>Conducted a full risk assessment on this child's family.</i>	<i>2.94</i>	<i>0.83</i>	<i>3.35</i>	<i>0.62</i>	<i>92</i>	<i>-2.588</i>	<i>.011</i>	<i>.540</i>
Parent(s) attending/completed parenting education classes.	2.04	0.91	2.36	0.81	91	-1.761	.082	.369
Parent(s) had a psychological evaluation completed.	2.13	0.89	2.13	0.72	92	0.027	.979	.056
<i>Parent(s) receiving received counseling/psychotherapy.</i>	<i>1.98</i>	<i>0.93</i>	<i>2.37</i>	<i>0.71</i>	<i>89</i>	<i>-2.152</i>	<i>.034</i>	<i>.456</i>
Parent(s) receiving/received homemaker services.	1.76	0.70	1.95	0.66	89	-1.277	.205	.271
Parent(s) referred for social services, but not regularly using.	2.21	0.86	2.55	0.80	89	-1.943	.055	.412

Note. The family characteristics are measured on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree.

^aThe data are presented in alphabetical order.

^bStatistically significant differences noted in italics.

TABLE 3. Summary Statistics for *t* Test of Worker Characteristics, Worker Approach to Case, and the Aftermath of the Child Maltreatment Fatality by Cause of Death: Physical Abuse or Neglect^a

Worker Characteristics, Approach, and Aftermath of CMF	Died From Physical Abuse <i>n</i> = 61		Died From Neglect <i>n</i> = 43		<i>df</i>	<i>t</i>	<i>p</i> ^b	Cohen's <i>d</i>
	Mean	<i>SD</i>	Mean	<i>SD</i>				
<i>Worker Characteristics at Time of CMF</i>								
Length working in Child Protective Services before CMF (years)	8.99	7.21	9.14	8.14	98	-0.10	.923	.020
Master's degree ^c	0.47	0.50	0.52	0.51	100	-0.56	.574	.113
Social work/human services degree ^c	0.63	0.49	0.44	0.50	101	1.94	.055	.387
Worker age at time of death (years)	36.68	9.08	37.83	9.15	99	-0.63	.531	.126
<i>Attitudes/Approach to Case</i>								
This child's death was unavoidable.	1.82	0.94	1.93	0.97	93	-0.54	.592	.112
At the time, I felt confident in handling this case.	2.91	0.73	2.93	0.57	93	-0.11	.909	.024
I received appropriate guidance on managing the case.	2.73	0.83	2.92	0.74	92	-1.18	.241	.246
<i>Aftermath of the CMF</i>								
Bureaucratic process after CMF was a source of stress.	2.91	0.96	3.00	0.99	88	-0.44	.658	.095
Agency offered me support/therapy.	2.39	0.94	2.11	1.01	88	1.33	.186	.284
Coworkers provided me with emotional support.	3.00	0.70	3.03	0.77	88	-0.18	.860	.038
Supervisors provided me with emotional support.	2.77	0.85	2.57	0.85	86	1.09	.277	.236
Posttraumatic stress symptoms—Total	30.91	13.03	28.78	10.63	88	0.82	.417	.174
Posttraumatic stress symptoms—Re-experiencing	9.65	4.88	8.50	3.05	89	1.26	.209	.268
Posttraumatic stress symptoms—Avoidance/Numb	11.11	4.88	11.22	4.63	89	-0.11	.912	.023
Posttraumatic stress symptoms—Arousal	10.00	4.57	9.06	4.35	89	0.98	.329	.208

Note. The family characteristics are measured on a scale of 1 to 4, where 1 = strongly disagree and 4 = strongly agree.

^aThe data are presented in alphabetical order.

^bStatistically significant differences noted in italics.

^cDummy variable, 1 = yes, 0 = no.

versus neglect and is the first to compare receipt of services and CWWs' work experiences between these groups of children. The analyses are consistent with previous research in that there are some differences between child and family characteristics in instances where children die from abuse versus neglect. Additionally, neglectful families appeared to be more engaged in services and had lower levels of risk overall. The experiences of workers did not appear to differ based on whether a child on their caseload died from abuse versus neglect.

Child and Family Characteristics

Families who had a child die from neglect presented with fewer risk factors than did families who had a child die from abuse. Parents had a better attachment to their children and were less

likely to see their children as being difficult. Poor parent-child attachment is an important risk factor for maltreatment in general (Baer, 2006; Ounsted, Oppenheimer, & Lindsay, 1974; Rodriguez & Tucker, 2011), as is having a child with behavioral problems (Kendall-Tackett, Williams, & Finkelhor, 1993; Leslie et al., 2005). Both of these groups of children may have had lower levels of parent-child attachment and more child behavior problems, as compared with the children suffering from nonfatal maltreatment or children without any maltreatment history. Nevertheless, among these two groups of children, professionals working with at-risk children and families should not be dissuaded about the level of risk just because parents may have an average attachment to their children, as did the neglectful parents in this study. Similarly, children who died from neglect had parents who

did *not* see them as difficult, whereas this was more likely for children who died from physical abuse. Children who died from maltreatment were more likely to have had nonfamily members living in their homes. Several studies have shown that having nonfamily members living in homes places children at an increased risk for a CMF (Damashek et al., 2013; Stiffman et al., 2002). According to the analyses in this study, this was truer for children who died from physical abuse versus neglect. Perpetrators who are unrelated to children usually fatally harm children through abuse versus neglect and use more violent means to kill children (Smithey, 1998). Similarly, previous research has shown that children who die from neglect are more likely to have come from a single-parent household (Margolin, 1990). Thus, these findings are consistent with the larger literature in that households with nonfamily members place children at an increased risk for fatal abuse while they have a lower risk for fatal neglect. Outside of these three characteristics—attachment, child behavior, and household composition—there were no differences between children who died from abuse versus neglect.

Child Welfare Services

Neglectful families appeared to be more engaged with child welfare-initiated services. They were more likely to have had a full risk assessment completed and were more likely to be receiving counseling/psychotherapy than were abusive families. Regardless, in families where children died from abuse, the average rating for completion of risk assessment was 2.94, which almost equals a statement of “agree,” indicating that abusive families did not lack a full risk assessment, but they were just less complete than the assessments received by neglectful families. This may be because neglectful families presented with fewer risks. Otherwise, there were no differences in the receipt or use of services based on cause of death. Service receipt and service utilization have been largely ignored in the literature on fatal maltreatment; thus, this finding is a new contribution to the field. Additional research on service use is needed to help us

better understand risk and protective factors for fatalities.

Child Welfare Professionals’ Experiences

The characteristics and experiences of child welfare professionals did not vary based on whether children died from abuse versus neglect in any of the domains examined. Workers reported no differences in how they approached the case, their attitudes about the case, and the level of support that they received after the CMF. Previous literature has suggested that more traumatic deaths (i.e., abuse) may elicit a different, and more severe, response from CWWs than less traumatic deaths (i.e., neglect; Gustavsson & MacEachron, 2002). The findings of the analyses in this article did not confirm this speculation. Research has shown that child welfare practice and caseload characteristics, including caseload size and peer support, do have an impact on workers’ level of posttraumatic stress symptoms (Bride, Jones, & MacMaster, 2007), as do specific events with clients, such as physical assault, verbal harassment against the worker, or working with clients in distressing circumstances (Horwitz, 2006). Nevertheless, this is the first study that examined whether maltreatment type resulted in more posttraumatic stress symptoms on the part of the worker; no relationship was found. Previous research using this data set determined that CWWs who experienced a CMF on their caseload were not more likely to have posttraumatic stress symptoms compared with workers who did not experience a CMF. Among only the workers who experienced a CMF, those who reported feeling a higher level of culpability in the child’s death had significantly higher levels of posttraumatic stress symptoms (Douglas, 2013c).

Limitations

This article has several limitations. First, the purpose of the larger study was to explore the knowledge that CWWs have of CMFs and to understand CWWs’ experiences with CMFs on their caseload. The data gathered for this study about the child, family, and CMF characteristics

allowed for a secondary analysis of potential differences between abuse- and neglect-related fatalities, even if it was not the primary purpose of this study. Second, the sample size is small. This is not uncommon when working with data concerning the death of children, because the event is so rare that it can be difficult to obtain a large sample size (Chance & Scannapieco, 2002; Fein, 1979; Korbin, 1987). Nevertheless, the two comparison groups (neglect vs. abuse) did meet the standard for having 30 cases in each group (Rubin & Babbie, 2010). Third, the characteristics of the child, family, and services came secondhand from CWWs instead of from case records. In some cases, many years had passed between when the child received services and when the CWWs participated in this study, which may pose memory recall problems. Fourth, the workers' reports about their approach and involvement in the case are retrospective. It is possible that the death itself had altered the way that they viewed or remembered what happened at the time. Finally, the instrument did not include questions that are specific to neglect, such as supervision, which is potentially why fatally neglectful families presented with lower levels of risk.

Conclusion

There are several important findings of this study for both researchers and practitioners. From a research perspective, this is one of the earliest studies to examine some important child, family, service, and worker characteristics/experiences among cases that ended in fatality. Some of the characteristics examined here had been explored before, but well more than half had not. From this perspective, it yields new information, especially with regard to the fact that families where children die from neglect do not appear to present with as much risk as do families where children die from abuse. These findings are likely related to the set of questions that were asked about the families, which were not especially neglect-focused. For example, none of the questions to which CWWs responded asked about parental supervision, environmental safety, number of children in the

household (which is theorized to stretch parents especially thin [Damashek et al., 2013]), sleeping practices, or other risk factors that may be more consistent with neglect-related fatalities. This is an area that is ripe for future research, to better understand risk factors associated with CMFs and to be able to understand the unique set of risk factors for abuse- and neglect-related fatalities.

For practitioners, this study yields information concerning risk factors for fatal abuse and fatal neglect. Families where children died from neglect did not present with as much risk as families where children died from abuse, but clearly, children were still at risk for death because they did indeed die. Thus, it may be important to critically assess families for risk using a different standard than what is used for abuse, because they are two different constructs. It may be especially important to underscore this for CWWs because previous research has shown that most workers think children die from abuse as opposed to maltreatment (Douglas, 2012).

Research shows that experiencing a CMF on one's caseload is a stressful event for workers (Cooper, 2005; Horwarth, 1995; Regehr et al., 2002b); previous analyses on the data set used in this article indicate that workers are not always offered formal sources of support and that instead they are more likely to use informal sources of support, such as their coworkers (Douglas, 2013b). Workers' apparent need for and use of support does not appear to differ based on the cause of the child's death, which may present as a nonfinding but is a finding in and of itself. This particular outcome highlights that all CMFs are stressful experiences for workers and that they are no more or less likely to need support because of the manner of death of the child.

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NOTE

1. The 104 workers in this subject set of the sample came from the following states (followed by the *n*): California (29), Colorado (1), Louisiana (11), Massachusetts (1), New York (10), North Carolina (13), Ohio (6), Oklahoma (2), Pennsylvania (1), Texas (6), Virginia (1), Washington (2), West Virginia (3), and Wisconsin (18).

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