

# **Child Abuse Disposition: Concurrences and Differences Between a Hospital Team, Child Protection Agency and the Court**

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**ABSTRACT:** Ninety-six children admitted to a pediatric ward for maltreatment are described statistically using variables characterizing the child, the family and the type of abuse. Recommendations of the hospital's child protection team in 81 cases are compared to those of the county childrens Services Board and the court. Multiple regression analysis is used to identify which variables influenced the decisions of these three agencies.

**KEY WORDS:** Child Abuse, Child Protection

Intervention in child abuse is fraught with problems. The type of intervention may depend on the seriousness of injury, parental pathology, and the type of agency involved in the decision. Furthermore, generally in the literature on child abuse, there is little useful statistical data on the efficacy of research interventions. Conversely, clinicians frequently do not provide effective guidelines for researchers.<sup>1</sup> Focusing on these difficulties, we selected 96 children consecutively admitted for abuse to our pediatric ward. We statistically described variables related to the children, the family and the type of maltreatment. In 81 cases where additional data were available, we compared

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Received June 10, 1988.

For Revision July 21, 1988.

Accepted September 7, 1988.

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the recommendations of the hospital's child protection team to the county children's services board and the final decision made by the court. Then by using multiple regression analysis, we attempted to identify variables which influenced the decisions of these three agencies.

### *Review of Literature*

Research on agency intervention and the decision-making process in child abuse is sparse. Vitulano et al.<sup>2</sup> in reviewing 70 cases of child abuse for treatment recommendations and follow-up care in an urban hospital setting found services were more likely to be provided in cases of sexual abuse than in other types of abuse. However, only 34% of the cases had any follow-up information. A review of child protection services in New York City revealed the majority of abused children and their parents are not referred for evaluation by a psychiatrist or a psychologist.<sup>3</sup> In comparing hospital evaluations done in the same geographical area, the researchers found hospitals showed a similar rate of referral for these services as the child protection services<sup>4</sup> i.e., psychiatric and psychological services were used infrequently. This lack of routine psychiatric and psychologic assessment raises serious questions about the adequacy of planning by the involved agencies. Finkelhor<sup>5</sup> elaborated on these concerns as related to sexual abuse. He found a high degree of institutional insularity and disagreement among agency personnel. In comparing systems which deal with abuse (i.e., mental health, medical DSS, criminal justice and schools), he found that in 20% to 50% of cases each system used its own resources and used no other agency for input on cases.

Factors influencing decisions within systems have been analyzed by several researchers. Hampton and Newburger<sup>6</sup> in a national sample found hospitals tend to underreport white families to child protection agencies. Conversely, Rynyan et al.<sup>7</sup> found race and income were not predictors of placement but family characteristics such as maternal employment tended to increase likelihood of foster placement. In a recent study of a hospital-based sample, Katz et al.<sup>8</sup> assessed which variables influenced whether a child was sent home (with support services) as compared to being removed from home. They found severity of condition was not necessarily associated with placement. However, low income families were more likely to have children removed if there was a physical injury. More affluent families were more likely to have children removed if neglect was implicated. In stressed

families with pre-school aged children support services were more likely to be offered.

## Method

In order to compare and contrast the findings and recommendations of the Medical College of Ohio Child Protection Team (MCO team) with the Children's Services Board and the court we selected 100 consecutive cases evaluated by our team in the two years 1985 through 1986. Of our original group we had insufficient data on four cases thus our basic analysis is based on 96 cases. All of these children were admitted for four to seven days on the Pediatric Ward and during that period of time each child and his/her family were evaluated by pediatrics, social work, psychology, and child psychiatry. Additional observations on the child's adjustment to the milieu were obtained from nursing and education. Protocol data for analysis was obtained by each one of the authors rating available data from the chart as well as his/her experience in evaluating the designated child and family.

Of the total of 96 cases, 81 cases were from our own county, i.e., Lucas County. As we have a very good working relationship with the Children's Services Board of Lucas County, they participated in this study and supplied us with data on their recommendations as well as the court's decisions and the current status of the cases.

## Results

### *Children*

Our population of 96 children consisted of children ranging from less than one month of age to 16 years. Fifty percent were under five years of age. The gender variable was balanced with 50% males and 48% females (data on 2 were missing). The abused child was the oldest child in 40% of the cases and the second child in 26% of the cases; in only 14% of the cases this was an only child. Most of the children were white, 71%; 26% were black, and 2 came from other minorities.

The currently abused child had a history of being previously abused in 42% of the cases and a sibling had been abused in 27% of the cases. We had a high percentage of children who had either a physical handicap, or showed developmental delay. If both of these were considered together, then 62% of the children were handicapped (Table 1).

**Table 1**  
Children

	% of Sample			% Unknown
Age	50% under 5 years			
Sex	50 Male	48 Female		2
Race	71 White	26 Black	2 Other	1
Position	40 1st	26 2nd	29 3rd or more	5
Only Child	No 83	Yes 14		3
Only Child This Sex	No 63	Yes M 17	Yes F 13	7
History of Maltreatment	Yes	No		
This Child	42	25		33
Other Children	27	39		34
Handicapped Child				
Physical				
None	66			
Mild	11			
Moderate	5			
Severe	3			
Unknown	15			
Developmental Delay				
None	37			
Mild	22			
Moderate	30			
Severe	1			
Unknown	9			
Total (i.e. Either Handicap)				
None	35			
# Yes	62			
Unknown	7			

### *Families*

At the time of the abuse, 87% of the children lived with either one or both parents. Sixty-two percent of the families were on welfare and in 36%, one or both caretakers worked, but in a very high percent, i.e., 45%, the work status could not be determined. The marital status is interesting in that there is an equal number of divorced as well as married cases 33 and 32. Also a high percent, 23%, had never married. We considered a parent as being handicapped if in the interview or available data there was an obvious cognitive deficiency, a diagnosed or diagnosable psychiatric disturbance, or known physical handicap. The majority of the cases were not physical but cognitive or psychiatric. Many of the fathers were not available for evaluation

**Table 2**  
Families

<i>Families</i>	<i>%</i>	
Child Living With		
Parents—2 Biological	27	
1 Biological	36	87%
1 Other and 1 Biological	24	
Relative	1	
Foster Care	9	
Unknown	3	
<i>Socioeconomic</i>		
Welfare Yes	62	
Welfare No	30	
Unknown	8	
Working		
1 Caretaker	20	
2 Caretakers	16	
Neither	19	
Unknown	45	
<i>Marital Status</i>		
Never Married	23	
Married	33	
Separated	3	
Divorced	32	
Other	4	
Unknown	5	
<i>Handicapped Parent</i>		
No	27	
Yes	24	
Unknown	49	

and this resulted in a higher unknown than we ordinarily would expect. However, even with the unknowns, 24% of our parents had a handicap (Table 2).

*Type of Abuse*

All of the children were abused but the type of abuse varied. We divided physical abuse into three categories.

*Mild*—Which we defined as bruises, scratches, scars, welts, and cuts.

*Moderate*—We characterized as many bruises, minor burns, a single fracture, facial bruises in an infant.

**Table 3**  
Type of Abuse

<i>Type of Abuse</i>		<i>%</i>
<i>Physical</i>		
Mild ( <i>Total</i> )		21%
No Occurrence		79
One Indicator		16
Two Indicators		5
Moderate ( <i>Total</i> )		20
No Occurrence		80
One Indicator		18
Two Indicators		2
Severe ( <i>Total</i> )		12
No Occurrence		88
One Indicator		11
Two Indicators		1
Total Physical Abuse		48%
<i>Sexual Abuse</i>		
No Occurrence		54
1 Or More Indicators		46
<i>Neglect</i>		
No Occurrence		66
1 Or More Indicators		34
2 Or More forms of Abuse		22

*Severe*—In which we included severe burns, central nervous system damage, abdominal injuries, multiple fractures, multiple bruises in an infant, and any other life threatening injury.

Forty-eight percent of our population had some form of physical abuse. Sexual abuse included exposure, fondling, masturbation, digital penetration, as well as intercourse. This group accounted for 46% of our population. Neglect including failure to thrive infants as well as neglect in food, clothing, shelter, medical attention and supervision accounted for 34% of the maltreated children. Twenty-two percent of our population had more than one form of abuse (Table 3).

#### *Factors Influencing Abuse*

In trying to better understand what type of abuse may occur in a family, we analyzed our data using Chi square or multiple regression correlations (Table 4). By using the Chi square technique, we found that a handicapped child is more likely to be sexually abused. This

**Table 4**  
Factors Influencing Abuse

		<i>Chi-Square</i>	<i>D.F.</i>	<i>Sign</i>
<i>Sexual Abuse</i>				
	Handicapped Child	5.7	2	0.50
<i>Sexual Abuse</i>		<i>Correl</i>	<i>Sig F</i>	
	Age In Months	.44	.00	
	Sex (F)	.18	.04	
<i>Physical Abuse</i>		<i>Correl</i>	<i>Sig F</i>	
	Previous History Abuse			
	Other Child	.22	.01	
	Unemployment	.25	.00	
	Handicapped Parents	.15	.04	
<i>Abusers</i>	<i>%</i>	<i>Type of Abuse</i>		
	Mother	35	Physical and Neglect	96%
	Father	52% 17	Sexual	76%
	Stepmother	1		
	Stepfather	8	Sexual	80%
	Boyfriend	7	Sexual and Physical	50%–50%
	Girlfriend	0		
	Other Relative	7		
	Nonrelative	7		
	Unknown	18		
	More than one abuser	12		

has to be carefully interpreted as we did not include a normal non-abused population. Thus even though sexual abuse is more likely than physical abuse for a handicapped child, a handicapped child may still be at risk for physical abuse when compared to a normal population.

Multiple regression analysis indicated sexual abuse was more likely to occur with female children and in older children. On the other hand, physical abuse risks increased when there was a history of maltreatment of another child, unemployment, and one or both handicapped parents. Possibly the unemployment and presence of a handicapped parent increased stress within the family leading to impulsive aggressive behavior towards the child. History of maltreatment of another child suggests chronicity of such actions in these families.

Our data on the abusers indicated the natural parents were the most frequent abusers accounting for 52% of the cases. The mother most often was responsible for neglect or physical abuse. In only four percent, was the mother responsible for sexual abuse. Whereas the

father and stepfather were typically involved in sexual abuse, 76% and 80% respectively. The boyfriends accounted for seven percent of abuse and were one-half the time perpetrators of sexual abuse and one-half the time perpetrators of physical abuse. Girlfriends and stepmothers (contrary to the popular myth of "wicked stepmother") look exceedingly well accounting for only one percent of abuse.

*Comparisons of Our Recommendations, The Child Protective Services, and the Court*

The MCO team in 68% of the cases recommended that Children's Services Board take custody. Children's Services Board shows a significant difference in their recommendations, i.e., they recommended for custody in fewer cases (35.8 percent). In comparing the court's decisions regarding custody, however, we found no significant difference between the recommendations made by the MCO team and the court. This is an interesting finding and will be discussed later.

The present status of the cases indicates that although Children's Services Board has custody of 46% many of the children have returned home. If we look at the current placement, about 58% are currently living with one or both parents. Only 30% still live with other relatives, foster care, or in residential placement. To determine which factors influenced the disposition, we attempted to identify variables which correlated with recommendation for support and which correlated with placement recommendations. By using multiple regression analysis for each of the three agencies, we found the following: The variables which correlated with the recommendations of support for the MCO team were often aimed at the abused child or siblings. Psychotherapy for the patient correlated with "age," (i.e., if he/she was older) whereas diagnosis and treatment for siblings correlated with "mild physical abuse." Children's Services Board recommendations for treatment for the parents correlated with "previous history of maltreatment of another child" and also with a rating of "severe abuse." If the court ordered support services for the parents, this correlated with "previous history of maltreatment."

The MCO team recommended returning the child home in 32% of the cases. This recommendation correlated with the variables of "only child" and "no previous history of abuse." Children's Services Board makes the recommendation for placement outside the home in 36% of the cases and this correlates with the variable of "moderate physical abuse." The court showed no significant difference in the frequency of



recommending custody and placement from the MCO team, and the court's decision for placement correlated with the variable "previous history of maltreatment of other child". These findings will be discussed and interpreted below.

## Discussion and Conclusions

The abused children were almost evenly divided between physically and sexually abused children. Older girls were more likely to be sexually abused. This has been reported by other authors.<sup>5</sup> An interesting finding in our study, however, was that some of these were "special" children in that the sexually abused child was more likely to be handicapped as compared to the physically abused child. As many of these children were developmentally delayed, we felt these children possibly constituted an easy target for sexual abuse—a target who was less likely to make a disclosure. The possibility of physical abuse occurring in a family where the parents are "young and inexperienced" is unlikely as only 14% of our abused children were only children. Stressed families in which a handicapped parent is found (21%) and where there is unemployment (62% on welfare) and who had previously resorted to violence, are families where abuse is most likely to occur (See Table 2 and Table 4).

Frequently the abused child was the oldest (40%). In the repeaters of abuse, however, the same child was abused 42% of the time while another child was abused 27% of the time. Thus, it appears in abusive families all children are vulnerable and not only the designated patient. Data comparing decisions of the three agencies indicate a different approach by these groups, the MCO team most often recommends that the Children's Services Board take custody (55 cases or 67.9 percent). The Children's Services Board recommends they take custody in significantly fewer cases (29 cases or 35.8 percent). The court decided CSB should take custody in 46 cases or 56.8 percent of the cases. As the Children's Services Board makes the recommendation to the court, it is surprising that the court grants custody to Children's Services Board in more cases than Children's Services Board initially asks for! This data at first glance appears incompatible, however, there are two possible explanations. One explanation is that some of the data listed as "unknowns" (Table 5), represent cases where Children's Services Board did actually decide to request custody but this information was not recorded. The second explanation

**Table 5**  
Custody Recommendations and Current Status

	<i>Custody Recommendation</i>					
	<i>MCO-Child Protection Team</i>		<i>Lucas CSB</i>		<i>Court</i>	
	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>	<i>Frequency</i>	<i>%</i>
Mother	(11)	13.6	(6)	7.4	(3)	3.7
Father	(1)	1.2	(3)	3.7		
Both	(9)	11.1	(4)	4.9		
Other Relative	(2)	2.5	(7)	8.6	(2)	2.5
Child S B	(55)	67.9#	(29)	35.8#	(46)	58.8#
Unknown	(2)	2.5	(25)	30.9	(20)	24.7
No Response	(1)	1.2	(7)	8.6	(10)	12.3
	<i>Current Status</i>					
	<i>Child Custody</i>			<i>Child Placement</i>		
	<i>Frequency</i>	<i>%</i>		<i>Frequency</i>	<i>%</i>	
Mother	(18)	22.2		(24)	29.6	
Father	(4)	4.9		(3)	3.7	
Both	(13)	16.0		(20)	24.7	
Child S B	(37)	45.7	Other Relative	(3)	3.7	
			Foster Care	(21)	25.9	
			Residential	1	1.2	
No Response	(7)	8.5		(7)	8.5	
Unknown	(2)	2.5		(2)	2.5	

is that within a short period of time conditions within the home changed and Children's Services Board decided to request custody. Possibly another abuse occurred, or the family was not cooperative with the rules set down by Children's Services Board thus making custody a necessity. In either case the data on current status indicates that most of the children after being removed are returned home within a short period of time. However, Children's Services Board retain legal custody after the return to monitor progress.

The data from the multiple regression analysis has to be interpreted with a word of caution. Although the correlations are significant, none are very high. This is a reflection of the three agencies using multiple variables in their decision rather than using one major variable. As an overview, this data shows that none of the agencies use prejudicial data, such as race, sex, social economic status, etc. in their decisions. However, there are differences between the three agencies.

In recommending support services, the MCO team recommends evaluation and treatment for siblings when there are siblings present and when the abuse is mild, physical abuse. Therapy for the victim is

recommended when the child is older. It is assumed very young children would be less likely to respond to psychotherapy than older children. As many of the children in the study are infants, this appears a valid assumption. Children’s Services Board recommends support services especially in the form of treatment for the parents in the most serious cases. That is, cases where previous maltreatment had occurred and/or cases where severe physical abuse occurred. When one considers the majority of abused children are returned home within a short time (Table 5) and if one recognizes this group as the highest risk group, then, from the Children’s Services Board prospective, it

**Table 6**  
Correlations

<i>Support</i>	<i>Correl</i>	<i>Sig F</i>
<b>MCO Child Protection Team</b>		
Diagnosis and Treatment for siblings		
Mild Physical abuse	.38	.001
Not Only Child ( sibling)	.35	.00
Treatment For Patient		
Age (i.e. older child)	.31	.00
<b>Children’s Services Board</b>		
Diagnosis and Treatment for Parents		
Previous History Maltreatment Other Child	.34	.003
Severe Physical Abuse	.25	.002
Diagnosis and Treatment for Patient		
Previous History Maltreatment	.41	.00
Support Services		
Previous History Maltreatment	.35	.003
<b>Court Mandated Support Services</b>		
Diagnosis and Treatment for Parents		
Previous History Maltreatment	.39	.001
<i>Custody and Placement</i>		
<b>MCO Child Protection Team</b>		
Custody and Placement with Mother (father)		
No Previous history of Maltreatment of		
Other Child	.35	.00
Only Child	.35	.00
<b>Children’s Services</b>		
Custody and Placement Outside of Home		
Moderate Physical Abuse	.27	.004
<b>Court</b>		
Custody and Placement Outside of Home		
Previous History of Maltreatment Other		
Child	.33	.004

becomes imperative to assign services to these most difficult cases. The court mandates diagnosis and treatment for the parents when there is prior history of maltreatment, again probably recognizing this group as the most vulnerable group.

Recommendations for custody and placement are different for the three agencies. The MCO team frequently recommends custody and placement. Statistically no single variable could be identified as the major criteria used to make this recommendation as this is a result of the MCO team using multiple variables to reach the same decision. In speculating why we recommended removal of the child, we felt this is a reflection of both the complicated nature of our cases, and the legal aspects involved in intervention. Our cases tend to be more severe and complicated. Multiple abuse often categories our cases—i.e., 22% have two or more types of abuse and 67% were families which had previous histories of abuse. Typically milder, less complicated cases are seen by other agencies in the community. Intervention presents a different problem. If Children's Services Board requests custody they must also request placement. A child cannot be placed in a home immediately after custody is requested. If custody remains with the parents, they can legally refuse intervention. To ensure intervention Children's Services Board must take custody, place the child in foster care, then reunite the child when/if the family meets reunification criteria (e.g. adequate housing, involvement with therapy, sexual perpetrator absent from home, etc.). In summary the MCO team does not trust the child will be protected unless interventions are mandatory. Recommendations for custody and placement are different for the three agencies. The MCO Team rarely recommends the child return home. When this recommendation is made however, it is often based on the criteria of no previous maltreatment and when the abused child is an only child. This is similar to the court's criteria of placement outside the home when there is a previous history of maltreatment of another child. Children's Services Board criteria of placement outside the home when moderate physical abuse was found is somewhat puzzling, just as puzzling as the MCO team criteria of recommending diagnosis and treatment for siblings when mild physical abuse is found. We questioned why mild and moderate physical abuse was a variable rather than severe physical abuse. Could this be a reflection of how the MCO team and Children's Services Board rate physical abuse? Or is it a statistical shortcoming in our design reflecting the fact that we have fewer severe abuse cases (12%) than mild abuse cases (21%) or moderate abuse cases (20%)? To explore

this area further, we are planning a study focusing specifically on physical findings in our physical abuse cases.

This study represents our first study comparing data from three agencies. We have now started a special unit for child maltreatment and plan more studies using collaborative data.

### Summary

Ninety-six children admitted for abuse to pediatrics are described statistically. These children were almost evenly divided between physically and sexually abused children. The sexually abused children were, however, more likely to be handicapped. Abuse occurred most often in stressed families with all children being vulnerable to the abuse though the oldest child was the most frequent victim.

In 81 cases the different approaches of the three agencies (MCO team, County Children's Services Board, and the court) are compared. The MCO team recommends placement whereas the Children's Services Board recommends support services most often. Typically, however, children are removed but returned home shortly with the Children's Services Board maintaining legal custody. Multiple regression analysis indicated that the MCO team rarely recommends the children return home; the reasons for this are discussed. If, however this is recommended, it is in cases where there is no previous abuse and when the child is an only child. Children's Services Board recommends support services in the highest risk group, i.e., where previous abuse occurred and/or where severe physical abuse occurred. The court mandates diagnosis and treatment for parents where there is no previous history of abuse. Thus, each agency focuses on different criteria as most critical and recommends interventions based on these. Neither agency used prejudicial data, such as race, sex, or economic status in their final decisions.

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