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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE


FAILURE TO PROTECT: AN ANALYSIS OF VARIABLES IN A SAMPLE OF

HOSPITAL-REFERRED CHILD ABUSE AND NEGLECT CASES


A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy


By

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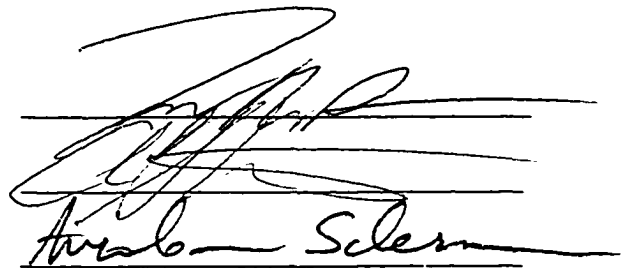
FAILURE TO PROTECT: AN ANALYSIS OF VARIABLES IN A SAMPLE OF
HOSPITAL-REFERRED CHILD ABUSE AND NEGLECT CASES

A Dissertation APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

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## Abstract

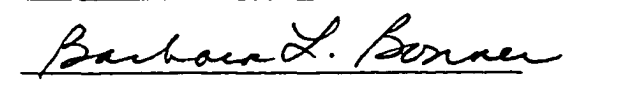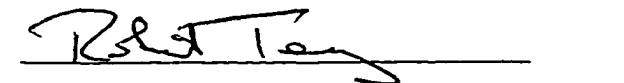The sample consisted of 805 children presenting at Children's Hospital of Oklahoma (CHO). CHO is a large urban children's hospital, affiliated with the University of Oklahoma Health Sciences Center and serving children from across the entire state of Oklahoma. All 805 children in this study were identified as victims of abuse and neglect. The case records of these children were analyzed for the effects of several independent variables (family histories of domestic violence, alcohol and substance abuse, prior Child Protective Services involvement, child age, type of case, and different referral versus reporting sources) in correctly classifying cases confirmed as failure to protect (FTP, n = 201) on the part of a non-perpetrating parent vs. cases in which FTP was ruled out (n = 604). Logistic regression analysis yielded a model that correctly classified 37.88 % of FTP cases and 92.96% of non-FTP cases. The variables of "family history of violence", "sexual abuse case" and "difference between disclosure and referral source" were found to contribute significantly to the model. Analysis on demographic and case outcome variables was also conducted. Limitations of the study are answered, as well as implications for further research. Findings yielded a model that can assist Child Protective Services workers and other professionals in identifying at-risk cases for FTP.

Failure To Protect: An Analysis of Variables in a Sample of Hospital-Referred

Child Abuse and Neglect Cases

## Introduction

The problem of child abuse has become a widespread social issue with far

reaching consequences. National figures indicate that over 3 million cases of

child maltreatment were investigated in 1996, nearly 1 million of which were

confirmed (Sedlak & Broadhurst, 1996). In Oklahoma alone there were 39,831

reported cases and 11,700 confirmed cases of child abuse and neglect in the fiscal

year 1995 (OK Dept. Of Human Services, 1996). The potential negative effects on

children experiencing abuse are many, and include cognitive delays, and

behavioral and emotional disorders. With the vast numbers of children

experiencing abuse and neglect, research has been directed in many areas to affect

prevention and treatment. Victim, abuser and abuse related characteristics,

personality variables, family dynamics, and predisposing factors have all been

examined. Research on other individuals involved in abusive situations has not

been as extensive. It is the purpose of this study to expand upon the current

knowledge base of abuse and neglect by examining characteristics of "non-

perpetrating" parents in an abuse situation, specifically, those parents charged

with "failure to protect" (FTP) by Child Protective Services (CPS).

"Failure to protect" is a charge levied by CPS against the "PRFC" (person responsible for the child). As stated in the Child Protective Services of Oklahoma Policy Manual (OK CPS, 1997), failure to protect is confirmed after the Child Welfare (CW) worker:

> . . . considers the PRFC's (person responsible for a child's health or welfare) knowledge of potential risk of harm to a child, the PRFC's overall attitude about the child's need for safety and whether a normally prudent adult could have predicted risk of harm to the child in the situation. In general, to confirm failure to protect, the following factors should be present: (A) the PRFC had knowledge or could have predicted that the child would be in a high risk situation or with an individual who had a history of abusive/neglectful or violent behavior; and/or (B) The PRFC failed to show regard for the child's need for safety. (p. 31).

As this definition implies, there are individuals involved in abusive situations in addition to the perpetrator, that can be held accountable for the injuries inflicted upon the victim. Any adult charged with the care of a child can be held accountable, but often the focus is on one or both parents. Rather than employ the term "failure to protect", which connotes a charge on the part of Child Protective Services, previous studies have used many different terms to label parents that have not committed the actual abusive act, but may or may not have had some part in allowing the abuse to occur, or failed to intervene in some manner. These terms include "non-offending parent", "non-supportive parent" and "non-perpetrating parent".

Another term frequently associated with the study of non-perpetrating parents is that of support. Parents have been characterized as supportive or non-supportive based on their reactions to the discovery of their child's abuse. This is another term that has numerous meanings across authors, and can apply in varying degrees across situations. Levels of support may range from simply believing the child's account to attending therapy with the child, to removing themselves and the child from the household and the perpetrating parent. Parents that fail to protect a child from becoming a victim of abuse may or may not exhibit supportive behaviors upon discovery of the abuse. For example, if the mother of a female child sexually abused by her mother's boyfriend (who has a history of previous allegations of sexual abuse against his own child) does not actively take steps to stop the abuse if she suspects it may be occurring, she may be viewed by authorities as failing to protect her child. However, if the mother believes the child's disclosure, this could be viewed as a measure of support.

For the purposes of this study, given the varied applications of the term "support" in the literature, this term will not be applied unless it has been specifically defined by the authors of a study. Rather than "support," the term "non-perpetrating" will be used to identify parents that were not actively abusive to a child, but may or may not have failed to protect the child from abuse. This

would encompass parents charged with FTP and those not charged, or truly non-offending parents. When previous studies are reviewed that have utilized the term "non-offending", the integrity of the original authors' definitions will be used, with the caveat that parents included in such studies may or may not have truly been "non-offending", utilizing the boundaries in this study.

Much theoretical and empirical work concerning offending parents has been conducted, but comparatively little information regarding non-perpetrating parents exits, despite the critical role of the non-perpetrating parent. The support of the non-perpetrating parent in sexual abuse cases has been documented as a critical factor in determining the adjustment of the child (e.g., Everson, Hunter, Runyon, Edelsohn & Coulter, 1989; Runyon, Hunter & Everson, 1992). When parents are non-supportive, behavioral disturbances in children have been noted (Pellegrin & Wagner, 1990). Friedrich (1990) has noted that the level of support of the non-perpetrating parent is more predictive than abuse characteristics (relationship between child and abuser, use of force, level of invasiveness of contact, etc.) in examining the short-term behavioral reactions of the child to the abuse. The presence of a supportive parent has also been found to mediate the level of the child's distress from abuse (Lovett, 1995). When parents are non-supportive, this adds another factor to address in intervention plans for the child.

The role of the non-perpetrating parent has been most extensively studied in the area of child sexual abuse. Psychodynamic theories to explain the non-perpetrating parent's role constitute the bulk of the literature and primarily have examined the role of the mother. Some early studies have described non-perpetrating mothers in cases of intrafamilial abuse as not only unsupportive, but partially to blame for the abuse (e.g., Anderson & Shafer, 1979; Cormier, Kennedy & Sangowicz, 1962; Kaufman, Peck, & Tagiuri, 1954).

Numerous factors to explain the behavior of the non-supportive, non-perpetrating mother in child sexual abuse have been explored. Poor or low levels of maternal ego development, collusion with the father, lack of sexual availability to their husbands, and maternal absence from the home have all been given as explanations for intrafamilial sexual abuse (Finkelhor, 1979; Friedrich, 1990; Wilson, 1995). Feminist theory has brought about challenges to these beliefs, and has painted many non-perpetrating mothers of child abuse victims as co-victims, often of domestic violence (Birns & Meyer, 1993; Cammaert, 1988; Herman, 1985).

As a reaction to the purely theoretical hypotheses regarding the role of non-perpetrating mothers, empirical exploration of this population has examined mothers' general personalities and characteristics of families in which sexual

abuse occurred. Recent studies of non-perpetrating mothers of sexually abused

children have identified demographic characteristics that tend to occur in this

population. These include being a victim of domestic or sexual violence as an

adult, being a younger mother and having a drug or alcohol problem (Butler,

Radia, & Magnatta, 1994; Deblinger, Hathaway, Lippman, & Steer, 1993; Faust,

Runyon, & Kenny, 1995; Leifer, Shaipiro, & Kassem, 1993). Issues such as

maternal drug use and lack of maternal social support have been found to impact

not only the level of support mothers were able to provide to their sexually abused

children, but have been associated with greater numbers of abuse incidents to the

child and number of perpetrators that abused the child (Leifer et al., 1993). This

body of literature reveals several characteristics that consistently appear in cases

of parents of abused children. However, this previous research did not concentrate

on caretakers that failed to protect, but looked at all non-perpetrating parents. In

addition, many studies utilized self-selected samples, therefore the most non-

supportive, non-perpetrating parents may have been excluded from analysis

simply because they chose to not participate. A systematic study of non-

supportive, non-perpetrating mothers on these variables has not been attempted

(de Young, 1994; Vander Mey & Neff, 1984).

The examination of such variables represents an important contribution.

As previous authors have noted, without descriptive information regarding non-perpetrating parents, CW workers resort to their own beliefs and attitudes, which often are based on unfounded theories such as the collusive mother (Breckenridge & Baldry, 1997; Dietz & Craft, 1980).

The current study attempted to address the lack of descriptive information available on parents that have been ruled as failing to protect their children from abuse. A predictor model utilizing variables identified from previous research was applied to a sample of child abuse and neglect cases from the database of the Child Protection Committee (CPC) of a large urban children's hospital (Children's Hospital of Oklahoma).  Differences between cases of child abuse and neglect in which failure to protect (FTP) were confirmed and cases in which FTP was ruled-out (non-FTP) were examined on a sample of 805 cases. Based on the variables identified in the literature examining non-perpetrating parents, it was expected that FTP cases could be predicted by greater reported incidences of family histories of domestic violence, alcohol or substance abuse, and prior CPS involvement for the family and the child. Also based on the literature on non-perpetrating parents, younger mean maternal age was expected to be a predictor of FTP cases, as well as younger mean age of children, based on greater expectancies

of parental responsibility for younger children. Consistent with CPS worker

guidelines, it was expected that a difference between initial disclosure source and

referral source would also be predictive of FTP cases. Finally, based on the

emphasis in the literature on examining the non-perpetrating role of the mother in

sexual abuse cases, it was expected that cases involving sexual abuse would be

predictive of FTP confirmations.

<div align="center">Relevant Literature</div>

There are a number of variables related to non-perpetrating parents that

have either been measured directly or noted in more general explorations of

family history variables. Variables identified in these studies have included

history of alcohol or substance abuse, domestic violence, maternal depression,

social support, history of sexual abuse, and maternal age (Deblinger et al., 1993;

Deblinger, Stauffer, & Landsberg, 1994; Faust et al., 1995; Kinard, 1996; Leifer et

al., 1993; Pellegrin & Wagner, 1990; Wilson, 1995). Other variables that may be

impactful in the equation of evaluating the level of protection provided by a non-

perpetrating parent include the age of the child, past involvement of CPS on the

part of the child or family, and role of the parent in the disclosure-referral chain

(Elbow & Mayfield, 1991; Scannapieco & DePanfilis, 1994). The previous

research on these variables will be examined by parental factors (age, history of

CPS involvement, history of sexual abuse, alcohol/substance abuse and

involvement in domestic violence), child factors (age and history of involvement

with CPS), and case factors (indications of support, such as believing the victim,

and discrepancies between disclosure and referral sources, and type of abuse).

Parental Factors

When examining all types of abuse (physical, sexual, emotional, and

neglect), females typically account for a slightly larger percentage of perpetrators

than males (Hill, Goldsteen, Goldsteen, Valdmanis, & Ferrer, 1994; OK CPS,

1997). This has been attributed to the high numbers of neglect cases, which

account for nearly half of all confirmed cases (Daro, 1995; OK CPS, 1997;

Sedlack & Broadhurst, 1996) and in which the perpetrator is most frequently the

female caregiver. While females are most frequently identified as perpetrators of

neglect, males are most frequently identified as perpetrators in sexual abuse cases

(Finkelhor & Russell, 1984; Sedlak & Broadhurst, 1996). Despite the

predominance of females identified as perpetrators, research on non-perpetrating

parents has been conducted on mothers, due to the emphasis on the role of the

non-perpetrating parent in sexual abuse cases. A number of variables have

surfaced through this research, including maternal age, history of domestic

violence, sexual abuse, substance abuse, depression and lack of social support

(e.g., Butler et al., 1994; Deblinger et al., 1993; Deblinger et al., 1994; Leifer et al., 1993).

Deblinger and colleagues (1993) examined 183 non-perpetrating mothers of sexually abused children on several psychosocial characteristics. Their findings indicated that out of 17 psychosocial characteristics, the only variable distinguishing non-perpetrating mothers between three groups (those with children abused by partners, those with children abused by other relatives, and those with children abused by nonrelatives) was a history of domestic violence. Mothers with children abused by their partners were significantly more likely to have experienced domestic violence than mothers in the other groups.

The authors acknowledge that this sample may not have represented some mothers that were less protective. This is due to the final sample not including cases where children were placed out of the home immediately after referral to Child Protective Services for reasons of non-protection.

Stauffer and Deblinger (1996) examined a group of 19 nonoffending mothers of sexually abused children and their response to a cognitive behavioral group therapy program. Eighty-four percent believed their child's allegations, 58% had experienced domestic abuse, 37% reported adult sexual assault, and 42% reported a history of child sexual abuse. Age ranged from 23 to 65 years, with a

mean of 34 years. Children ranged in age from 2 to 6 years, with a mean of 4

years.

Again, this small sample consisted of non-perpetrating mothers that self-

selected to participate in the group. The findings then represent characteristics that

may be different from non-perpetrating mothers that chose not to participate, and

conceivably would be assumed to include FTP mothers. Demographic

characteristics. including maternal age, were not delineated by belief or non-belief

of the children.

Wilson (1995) examined a group of non-perpetrating mothers of sexually

abused children with regards to ego development, measured by a sentence

completion test that classified mothers in seven different stages of development

on four dimensions, on such factors as impulsivity, conformity, tolerance,

autonomy and objectivity. In this sample of 21 mothers, 42.9% reported a history

of physical abuse and 66.7% reported a history of sexual child abuse. Nearly 43%

of the mothers reported that their children had disclosed the abuse to them. Forty-

three percent also reported that they stopped the abuse, while 33.3% reported

court action as stopping the abuse. It was not reported what stopped the abuse in

the remaining cases. These findings indicate that mothers with a higher level of

ego development (more autonomous and objective) tended to have a more

positive response toward their child's disclosure, believing and protecting them.

Having a history of abuse as a child has been reported in clinical literature

and identified in some, but not all, studies as a factor in whether the mother

believes a child's disclosure and supports the child. Therefore, the impact of this

variable is still in question (Deblinger et al., 1994; Leifer et al., 1993).

Gomez-Schwartz and colleagues (1990) found that mothers with a history

of child sexual abuse did not respond to their children's disclosures of abuse

differently than mothers without a history. Deblinger and colleagues (1994)

examined the impact of a mother's history of child sexual abuse on their response

to allegations of sexual abuse of their own children. They hypothesized that

mothers with a history of sexual abuse would have more difficulty in psychosocial

functioning than mothers without a history, but that this history would not affect

their responses toward their children's disclosures of sexual abuse.

This study represents another self-selected sample, in which 67 non-

perpetrating mothers could not participate, as they did not currently have custody,

and 30 refused to participate, leaving 183 that agreed to participate. Of this

sample, 45.4% reported a history of childhood sexual abuse. Mean age was 30.5

years. No differences were found between mothers with and without a history of

childhood sexual abuse on the variables of substance abuse, history of adult

sexual assault or domestic violence. There was also no difference in their response

to the allegations, either in believing their children or acting as advocates for their

children. Mothers with a history of child sexual abuse did report less social

support and more symptoms of distress on a standardized symptom checklist.

Leifer et al. (1993) examined the relationship between non-perpetrating

mothers' histories of sexual abuse, substance abuse and social isolation and their

levels of support and protection toward their children. This sample included

subject self-selection, removing from the analysis 35 potential subjects for several

reasons, including parental non-cooperation. Therefore, the sample may have

excluded the most non-supportive, non-perpetrating mothers. The mothers of a

group of 68 sexually abused girls, aged 5-16 years, comprised the sample. Mean

age of mothers was 34 years. Fifty-three percent of mothers had a history of

sexual abuse, 38% had a history of drug abuse, 58% took action to protect their

children, 71% believed their child, and 15% blamed their child. Protective actions

were defined as taking the child to the hospital or calling the police. They found

relationships between variables, with maternal drug use more likely in mothers

with a history of childhood sexual abuse and poor relationships with their own

parents, but not with those experiencing losses during childhood. Daughters of

mothers with a history of drug abuse were more likely to have a history of past

abuse by a different perpetrator and to have experienced more incidents of abuse.

The variables of believing in the child, taking action to protect the child

and not blaming the child were combined into a composite variable reflecting

mothers' support of their daughters. The authors reported that only 49% of the

mothers in the sample received positive ratings on the support variables. Maternal

drug use was related to a lack of mother-daughter support, as was mothers'

reporting of inadequate social support. Quality of mothers' social support was not

related to any of the history variables. History of sexual abuse, childhood loss, and

quality of parental relationship were not related to their support of their children.

Unsupportive mothers and mothers with little social support had children with

histories of more abuse incidents and past abuse by another perpetrator. These

children were also more likely to have been abused by a perpetrator in the home.

Children of substance abusing mothers were more likely to be removed from the

home, as were children whose mothers were unsupportive. In 74% of the

unsupportive cases children were removed, but only 25% of the supportive cases

had children removed to foster care. Children of unsupportive mothers exhibited

more abuse-specific symptoms.

Mothers who had poor relationships with their parents were more likely to have their children placed in foster care, as were children of substance abusing mothers and mothers reporting inadequate social support. In a regression analysis to identify predictors of foster placement, results indicated that maternal support was the best single discriminator, followed by maternal drug use. None of the other variables had significant contributions.

While the previous literature focused on sexual abuse cases, Butler and colleagues (1994) examined a group of 82 non-perpetrating mothers referred from a family court clinic, in which the children had been victims of sexual or physical abuse or neglect and were currently in foster care. Mothers were classified as compliant or non-compliant based on attendance at assessment appointments. Thirty-seven percent of the sample fell into the non-compliant group. Mean age of non-compliant mothers was 27 years, significantly less than the mean age of 30 years of compliant mothers. They also found that non-compliant mothers had significantly higher rates of alcohol and drug abuse, episodes of domestic violence and criminal behavior. Compliance with treatment appears to add another dimension to the already clouded definitional picture of what types of behaviors involve protection.

Child Factors

In addition to parental factors, the literature indicates some characteristics of children that make them more likely to experience abuse. Younger children typically have higher rates of victimization, as they are less able to protect themselves and therefore require more parental protection (Scannapieco & DePanfilis, 1994). According to the Oklahoma Dept. Of Human Services (OK DHS, 1996) 39.5% of the confirmed abuse and neglect cases in the fiscal year 1995 occurred to children aged 6 years and younger. Nearly 36% occurred in the age range from 7 to 11 years. This appears to be a typical pattern, as DHS statistics from 1988 to 1992 indicate that over half of the 43,470 confirmed cases from that period occurred to children aged 4 years or less (Hill et al., 1994). Abuse and neglect-related fatalities in Oklahoma are also more prevalent in younger children. In a review of child fatalities from 1987 to 1995, Bonner, Crow and Testa (1997) found that infants less than 1 year of age comprised 40% of fatalities, and 77% of the deaths in that period occurred to children under the age of 4 years. Clearly, younger children are more at risk for abuse, neglect, and death from adults, and therefore in need of more protective action from their parents/caregivers. When this protective responsibility is not fulfilled, it follows that the caregiver did not act in the manner of a "normally prudent adult".

Children with a history of involvement with CPS may be at more risk for

subsequent abuse and neglect, due to previous confirmed incidents or suspicions

of abuse resulting in uncertain findings (Scannapieco & DePanfilis, 1994).

Children dying from abuse have also been found to have high rates of previous

CPS involvement. Thirty-one percent of the families of the 243 Oklahoma

children dying from abuse/neglect in the period from 1987-1995 had a previous

CPS referral (Bonner et al., 1997).

Case Factors

Failing to protect a child from the potential risk of harm from any type of

abuse or neglect is grounds for a confirmed ruling of FTP; however, given the

attention paid in the literature to the role of the non-perpetrating mother in sexual

abuse cases, it would appear that CPS workers view the issue of protection by the

non-perpetrating mother as most salient in this type of abuse. In an early study,

Dietz and Craft (1980) found that social workers believed mothers were as

responsible for sexual abuse as the male perpetrator. A more recent study

(Breckenridge & Baldry, 1997) has found similar results, with 71% of a sample of

social workers believing that mothers have a level of awareness of the sexual

abuse of their children.

CPS workers often consider the mother's reaction to the disclosure and what stopped the abuse as indications of the mother's protective capacity (Pellegrin & Wagner, 1990). However, the research is somewhat unclear as to the reliability of this indicator in assessing maternal support in incest cases.

Elbow and Mayfield (1991) examined the records of 24 cases of CPS confirmed father-daughter incest. Eighty-three percent of the mothers involved believed their children and 29% took protective action in the form of initiating a referral. Four mothers reported directly to CPS or law enforcement, and three told a mandated reporter. The remaining 17 cases were reported by someone other than the mother, and the authors noted that four of those cases did not include the chain of reporting sources, so the mothers' involvement is not known. The authors noted that this was a small sample and limited to the CPS records of one county.

Pellegrin and Wagner (1990) examined variables associated with children's removal from their homes. They examined CPS case files for a 24-month period, yielding 58 cases of confirmed sexual abuse. Seventy-four percent of the mothers had total belief or largely believed in their child's allegations and 67% demonstrated average or higher levels of compliance with their treatment plan. Factors affecting removal included, in order of importance, compliance with

treatment, belief in the allegations, the severity of the abuse, mother's

employment status, and frequency of the abuse.

Faller (1988) examined factors related to the concept of maternal

collusion, defined as maternal statements or behaviors that facilitated incest in the

family, along with a conscious or unconscious desire for the abuse to occur. One

hundred and seventy-one cases of intrafamilial abuse were examined and rated on

author-developed Likert scales measuring maternal protectiveness, mother's

affective relationship to the victim, and mother's dependency upon the

perpetrator. High levels of protectiveness included not allowing the perpetrator

unsupervised access to the victim and believing the victim. Moderate levels

included such behaviors as allowing some access to the victim by the perpetrator,

telling the victim not to tell anyone else about the abuse, and wavering belief in

the victim. These variables were examined in three groups of relationships: (a)

mothers married to and living with the victim's biological fathers, (b) mothers and

stepfathers or live-in boyfriends, and (c) mothers and non-custodial fathers.

Results indicated that mothers no longer involved with the perpetrator (whether

biological or step) were more protective, and cases where the mother still lived

with the biological father perpetrator were least protective. This pattern held true

with the mother's affective relationship with the child and her dependency on the

perpetrator (i.e., those no longer with the perpetrator had warmer relationships

with the victim and were less dependent on the perpetrator).

Kinard (1996) compared a group of non-perpetrating and offending

mothers of physically or sexually abused or neglected children on measures of

social support, self-worth, and depressive symptoms. Assessments were

completed at two points, with the first interview occurring approximately four

months after the CPS report on abuse was filed, and a follow-up one year later.

Results indicated no difference between the groups at first assessment. At second

assessment, no difference was noted on social support or self-worth, but

nonoffending mothers reported greater incidences of depressive symptoms. The

authors concluded that this finding is similar to that of Kaplan, Pelcovitz,

Salzinger, and Ganeles (1988), who found higher rates of depression in women

experiencing domestic violence and nonoffending mothers of physically abused

children. They suggested that inadequate social support, low self-worth, and

depressive symptomatology were integral to the mothers' ability to provide

protection for their children.

The predominance of information on failure to protect that is published

and available for professionals is in the field of sexual abuse. This may create a

bias toward findings of FTP in sexual abuse cases, but FTP can occur in other

forms of abuse. Including sexual abuse, there are four general classifications of

abuse: physical, sexual, emotional and neglect. Numerous definitions for each

category abound, dependant upon the state, discipline (medicine, law, psychology,

etc.) and audience (professionals, the general public). For the purposes of this

study, the most relevant definitions are those developed by Oklahoma's CPS (OK

CPS, 1997), which are nearly identical in wording to those outlined by the

National Center on Child Abuse and Neglect (DePanfilis & Salus, 1992). These

definitions, as outlined in the CPS Policy Manual, include an overall definition,

and numerous examples of each type. Portions of the general definitions will be

presented here only. The general definition of physical abuse includes:

> . . . physical injury (for example, bruises and fractures) resulting from
> punching, beating, kicking, biting, burning or otherwise harming a child.
> Although the injury is not an accident, the person responsible for the child
> (PRFC) may not have intended to hurt the child. The injury may have
> resulted from over discipline or physical punishment that is inappropriate
> to the child's age or condition. . . " (OK CPS, 1997, p. 5)

Whereas the definition of physical abuse is guided by the presence of

physical findings, sexual abuse often does not leave any physical evidence. The

CPS definition therefore includes descriptions of behaviors evidenced by children

(such as sexual aggression, preoccupation with masturbation, etc.) that are

oftentimes indicative of sexual abuse. As excerpted from the OK CPS manual

(1997), sexual abuse is defined as:

. . . rape, incest, lewd or indecent acts or proposals and sexual
exploitation.. . .In general terms, sexual abuse is any sexual activity,
including sexual propositioning between the PRFC and the child or any
acts committed or permitted by the PRFC for the purpose of sexually
stimulating the child, himself or others. . ." (p. 7)

Emotional abuse, or mental injury, is perhaps the most difficult type of

abuse to define. According to the Oklahoma CPS manual, mental injury

". . . means an injury to the child's intellectual or psychological capacity as
evidenced by observable and substantial impairment in the child's ability
to function within his/her normal range of performance and behavior with
due regard to the child's culture. . ." (OK CPS, 1997, p. 3).

Neglect takes many forms, including medical neglect, educational neglect,

environmental neglect and abandonment. Examples of different acts that

constitute neglect are included in the CPS manual under the general definition that

states "Neglect means failure by the PRFC to act in a prudent or responsible

manner to provide for the health and general welfare of the child that has caused,

or over time would cause, serious harm to the child. . ." (OK CPS, 1997, p. 4).

Limitations Of Previous Studies

In the early literature, information regarding non-perpetrating parents was

based on the theoretical postulates surrounding the collusive mother in incest

cases: more recent studies have begun to empirically investigate the behavior of

mothers surrounding disclosures of sexual abuse (Breckenridge & Baldry, 1997;

Deblinger et al., 1993; Faust et al., 1995). While such investigations have

provided an empirical grounding to the knowledge base on nonoffending mothers, some bias in result reporting exists (e.g., Elbow et al., 1991), and may be related to theoretical biases on the part of researchers on both sides of the issue (Breckenridge & Baldry, 1997).

Methodological problems have also plagued previous studies. Primarily these limitations have stemmed from small sample sizes and use of self-selected subjects (Elbow, 1991; Kinard, 1996; Lovett, 1995; Stauffer & Deblinger, 1996; Wilson, 1995). Many studies have recruited participants from counseling centers, indicating the non-perpetrating parent has made some efforts to support their child (Deblinger, et al., 1993; Stauffer & Deblinger, 1996; Wilson, 1995). As the authors of one such study noted, this may result in the exclusion of the most non-protective mothers from empirical study (Stauffer & Deblinger, 1996).

Another sampling issue inherent in virtually all the research on non-perpetrating parents is the exclusion of male caregivers. As the majority of studies have focused on non-perpetrating parents in sexual abuse cases, where the majority of perpetrators are male, our knowledge of non-perpetrating parents is based on female caregivers. This point also brings up the limitation of type of abuse studied. Neglect, physical and emotional abuse cases have not received the

examination that sexual abuse cases have. The profile of the non-perpetrating parent in these types of abuse is virtually unknown.

Other authors have noted methodological difficulties surrounding the collection of information in these studies (Faller, 1988; Faust et al., 1995). The retrospective collection of variables via structured interviews presents both the problem of the reliability and validity of the information recalled from participants, as well as instrumentation issues surrounding the soundness of the interview measures themselves.

Finally, the literature has examined non-perpetrating parents in general, rather than parents that DHS rules have failed to protect their child. Issues of support versus non-support have been examined, but were based on retrospective classifications from outside sources (e.g., Lovett, 1995; Pellegrin & Wagner, 1990). An examination of non-perpetrating parents that DHS has ruled have failed to protect their child, regardless of gender, or type of abuse, has not been completed

<div align="center">Conclusion</div>

Clearly, we have begun to achieve an understanding of some variables that are related to the failure of a mother to protect a child in instances of abuse, primarily sexual, but by no means do we have a complete understanding of the

issue. The areas of physical abuse and neglect have not been examined, and may add important information to that which we currently possess regarding mothers and parents that fail to protect their children. Additionally, previous research has relied on subject pools that may not have included the most non-supportive, non-protective mothers and parents.

The current study attempted to address some of the limitations in the previous research by examining a large data base of suspected abuse and neglect cases presenting at a large urban children's hospital. Cases were examined on the basis of Child Protective Services (CPS) rulings of failure to protect (FTP), rather than subjective classifications of supportive or non-supportive behaviors. The sample included all cases ruled FTP, with both female and male caregivers included in the analysis, as well as cases of neglect, and physical and emotional abuse. From the data base, cases of child abuse and neglect in which failure to protect was confirmed and cases in which FTP was ruled-out were analyzed utilizing logistic regression, and a predictor model incorporating the following variables was tested. Independent variables included in the analysis were family history variables of domestic violence, alcohol or substance abuse and prior CPS involvement for the patient and parents. The child's age, and whether or not the case was a sexual abuse case, were also included. The final variable included in

the analysis was derived from the difference between the initial disclosure source

(the first person the child told about the abuse) and the referral source (first person

to notify either Child Welfare or law enforcement about the abuse) when the

initial disclosure source was a parent. Sibling history of CPS involvement and

maternal age were initially designed to be included in the analysis, but due to

limitations in the collection of data were not included. These limitations will be

further addressed in the Discussion section.

<div align="center">Method</div>

<u>Sample</u>

The sample consisted of parents and children (aged birth to 18 years, 5

months) presenting to Children's Hospital of Oklahoma (CHO) for examination

of injuries suspected from physical, sexual, and emotional abuse and/or neglect or

for other health referrals which resulted in subsequent suspicion of abuse and

neglect. Presentation to CHO occurred from July 1997 to July 1998. Eight

hundred and twelve cases comprised the original sample. Of these 812, it could

not be determined in 7 cases whether FTP was ruled upon, and these cases were

excluded from further analyses, leaving 604 cases in which FTP was not

confirmed, and 201 cases in which FTP was confirmed. For the logistic regression

analysis, only cases in which all variables were present were included in the

analysis, with 720 comprising the total sample for the first analysis including all

variables, and 795 for the final analysis including only significant predictor

variables.

Instruments

The data base for this study is comprised from information gathered at

Children's Hospital of Oklahoma (CHO) and compiled on The Physical/Sexual

Abuse and Neglect Report (PSANR), a scannable data sheet designed by the

Director of General Pediatrics and other professionals in that department at CHO

and the Director of the Center on Child Abuse and Neglect, all at the University of

Oklahoma Health Sciences Center. Categories of data collected include

information on (a) the abusive incident, (b) characteristics of the child , (c)

characteristics of the perpetrators, (d) family factors, and (e) legal findings.

Information included on the form is compiled through the following

process. When a child presenting to CHO is suspected of being a victim of abuse

or neglect, injuries are documented by the observing employee, CHO's

Department of Social Services is notified and the child and caregivers (if present)

are interviewed. Police and Child Welfare (CW) interviews are also conducted if

warranted. Available information from the interviews of each agency and the

physical examination, as well as past information from the child's CHO medical

chart (if available) are compiled into a narrative report. These reports are presented and reviewed in the next 7-14 days at the Child Protection Committee (CPC) meeting. The CPC is a multi-disciplinary team of CHO professionals that attempts to ensure that appropriate care and follow-up are provided to CHO patients suspected of abuse and neglect. The committee discusses the compiled information on each case, CW rulings, and any other concerns and makes its own ruling on the case. All of the information discussed in the meetings is reported in the meeting minutes. From the CPC minutes, the narrative report and the medical chart, information is extracted and the information is documented on a copy of the Physical/Sexual Abuse and Neglect Report, and entered into a computer data base.

In order to objectify the coding of items from the narrative reports, a detailed coding manual of definitions and decision rules was constructed. When issues of clarity arose, the appropriate professionals (physicians, Social Services social workers, DHS social workers) were consulted. A licensed psychologist supervising the project approved all definitional decisions.

After initial coding was completed, interrater reliability on the definitions manual was established utilizing two graduate research assistants trained as raters by the Principal Investigator. Raters coded information from the source documents to the data forms. A kappa coefficient to correct for chance agreement

between raters was calculated on approximately 20% of the total sample of forms

by research assistants in the Department of General Pediatrics. There was a wide

range of variability in the reported kappas for the variables used in this study (-.02

to 1.00), with a median value of .65, indicating that agreement between raters

beyond chance was good (Landis & Koch, 1977). Table 1 lists kappa coefficients

calculated between the three raters (two assistants and the Principal Investigator)

for variables used in this study. Variables in several fields were collapsed into one

variable, and the kappa values for these collapsed variables are represented as the

median of all values in the field, and are noted in Table 1.

Procedures

Approval for a retrospective review of the database was obtained from the

Institutional Review Boards of both the University of Oklahoma Health Sciences

Center and the University of Oklahoma. Selected fields appropriate to the study

were requested from the research coordinator of the Department of General

Pediatrics and statistical analyses were conducted on the data.

Given the categorical nature of the data set, non-parametric statistics were

employed to evaluate descriptive results. Non-parametric statistics are used when

data do not meet the assumptions of parametric statistics, and in the case of

categorical variables, the primary violation is the assumption of a normal

distribution (Runyon & Haber, 1967).

In order to evaluate the predictive value of the hypothesized variables, a

multivariate statistical procedure was necessary. Due to the dichotomous

dependant variable, logistic regression was used to evaluate the predictive model,

as it is a procedure which assumes a binomial error structure. Logistic regression

is similar to multiple regression, but whereas multiple regression yields coefficient

$b$ as the estimated change in the dependant variable with each change in the value

of an independent variable, logistic regression utilizes $b$ as the estimated change

in the log odds of an independent variable. The value exponentiated $b$ returns an

odds ratio, which gives the odds of membership in the target group (the dependant

variable), for each increase in level of a predictor variable (Fleiss, Williams, &

Dubro, 1986). Overall measure of how well a model fits, or correctly classifies

cases, is tested by a chi-square analysis, based on -2 times the log of the likelihood

value (-2LL). A well-fitting model will decrease in -2LL value from the base-line

model, which predicts membership in the target group based on observations of

occurrance only. The analysis also yields a classification table and percent of

cases assigned to each cell. When a categorical independent variable (c) had more

than 2 levels, C-1 dummy variables were coded to represent all levels (Fleiss et

al., 1986). This strategy was used for all variables except "reporting difference"

and "sexual abuse case" which were dichotomous variables and "child age" which

was a continuous variable. Given the use of dummy variables, when one variable

is or is not significant, it has been suggested by some (e.g., Fleiss et al., 1986) that

all dummy levels must remain or be removed from the model, which was the

procedure utilized here. The "Enter" method, rather than a "Stepwise" method,

allowed for manually entering or deleting variables so that all levels of dummy

variables would remain intact, as well as control for potential degrees of freedom

error that can be associated with stepwise methods (Thompson, 1995).

Demographic and descriptor variables, such as perpetrator, CPC and

CPS/DHS outcomes and court findings were analyzed using the chi-square

statistic, again, due to the dichotomous nature of the variables. Data was analyzed

using SPSS (Statistical Package for The Social Sciences, 1995).

<div align="center">Results</div>

Child Demographic Variables

Demographic characteristics of the sample are reported in Table 2 for FTP

and non-FTP cases. Chi-square analyses were performed on all variables, with

Bonferroni experiment-wise correction on alpha levels. Significant differences

between FTP and non-FTP groups are reported. Other variables did not

demonstrate significance at the $p$ < .004 level.

There was a significant difference between males and females in the FTP

group, with a higher percentage of females (67%) than males (33%) occurring, $\chi^2$

(1, $\underline{N}$ = 134) = 22.3333, $p$ < .0001. There was no significant difference between

males and females in the non-FTP group. There were also no significant

differences in racial categories between the FTP and non-FTP groups.

Mean child age in months for the FTP group was 85 ($\underline{SD}$ = 52.51). For the non-

FTP group, mean child age was 75 months ($\underline{SD}$ = 61.62).

Type of Case

Type of abuse case was significantly different between FTP and non-FTP

cases. Physical abuse cases occurred in a higher percentage in the non-FTP group

(56%) than the FTP group (34%), $\chi^2$ (1, $\underline{N}$ = 408) = 14.1379, $p$ < .0002. Neglect

cases also occurred in a higher percentage in the non-FTP group (29%) than the

FTP group (12%), a significant difference between groups, $\chi^2$ (1, $\underline{N}$ = 198) =

16.1006, $p$ < .0001. Sexual abuse cases, however, were found in a higher

percentage of FTP cases (60%) than non-FTP cases (21%), $\chi^2$ (1, $\underline{N}$ = 247) =

73.5158, $p$ < .0001. The variable "sexual abuse case" was also entered into the

regression analysis. Emotional neglect was not different between the two groups.

Perpetrator Demographic Variables

Given the large number of possible perpetrator variables, these are

reported in a separate table (Table 3). Significant chi-square differences, with

Bonferroni adjustment, at the $p < .001$ level are also reported. A significantly

greater percentage of mothers were charged as perpetrators in non-FTP cases

(52.6%) than FTP cases (29.4%), $\chi^2$ (1, $\underline{N}$ = 378) = 17.6785, $p < .0001$. The only

other perpetrator variable to occur significantly more in non-FTP cases (10.6%)

than FTP cases (2.5%) was "perpetrator unknown", $\chi^2$ (1, $\underline{N}$ = 69) = 11.5681, $p <$

.0007). Step-fathers were charged as perpetrators significantly more often in FTP

cases (14.4%) than non-FTP cases (4.1%), $\chi^2$ (1, $\underline{N}$ = 54) = 23.7995, $p < .0001$.

Male siblings were also charged as perpetrators in a higher percentage of FTP

cases (7.5%) than non-FTP cases (1.3%), $\chi^2$ (1, $\underline{N}$ = 23) = 19.8877, $p < .0001$.

Also occurring in higher percentages in FTP cases than non-FTP cases were the

variables of "mother's lover, male", and "familiar person, male". The percentage

of cases with "mother's lover, male" charged as a perpetrator was 17.4 in FTP

cases, and 4.5 in non-FTP cases, a significant difference between groups, $\chi^2$ (1, $\underline{N}$

= 62) = 32.8015, $p < .0001$. The variable "familiar person, male" occurred in

17.4% of FTP cases and 7.0% of non-FTP cases, $\chi^2$ (1, $\underline{N}$ = 77) = 17.2483, $p <$

.0001. Multiple perpetrators were also significantly more likely to be charged in

FTP cases (59.2%) versus non-FTP cases (23.5%), $\chi^2$ (1, $\underline{N} = 261) = 59.2631, \underline{p} <$

.0001. Figure 1 reports the breakdown of individuals receiving a DHS ruling of

FTP. Only for mothers was FTP along with another act (e.g., "physical abuse")

ruled . Other individuals ruled as failing to protect children in their care included

two grandmothers and one grandmother/grandfather pair.

Case Outcome Variables

Table 4 reports CPC and CPS/DHS findings on the original abuse incident

(which is independant of an FTP ruling) and court findings and significant

Bonferroni-adjusted chi-square differences between FTP and non-FTP groups at

the $\underline{p} < .003$ level. A significantly greater percentage of CPS/DHS "uncertain"

cases were reported in the non-FTP group (9.3%) than the FTP group (2.5%), $\chi^2$

(1, $\underline{N} = 61) = 9.1595, \underline{p} < .0025$. For CPC rulings, "unlikely" rulings yielded

similar results. A greater percentage of "unlikely" rulings occurred in the non-

FTP group (6.0%) than in the FTP group (.5%), $\chi^2$ (1, $\underline{N} = 37) = 9.7916, \underline{p} <$

.0018. The CPC ruling of "probable" was found in a significantly higher

percentage of FTP cases (29.9%) than non-FTP cases (10.1%), $\chi^2$ (1, $\underline{N} = 121$), =

39.1421, $\underline{p} < .0001$. Both criminal and juvenile court involvement were also found

in higher percentages in FTP cases. Criminal court involvement was found in 88%

of FTP cases and 16.1% of non-FTP cases, $\chi^2$ (1, $\underline{N} = 185) = 50.4306, \underline{p} < .0001$.

Juvenile petitions were significantly more likely to be filed in FTP cases (47.3%)

than non-FTP cases (32%), $\chi^2$ (1,  $\underline{N}$ = 288) = 9.8808, $\underline{p}$ < .0017.

<u>Logistic Regression Analysis</u>

Logistic regression analysis was conducted on the variables of "parent

Child Protective Services history", "patient Child Protective Services history",

"family history, drug use", "family history, alcohol use", "family history,

violence", "child age", "reporting difference", and "sexual abuse case", to

distinguish FTP from non-FTP cases. Results for model 1 are reported in Table 5,

and in Table 6 for model 2. Both models are compared to the baseline model,

which contains no independent variables.

Diagnostic performance of the models are reported in Table 7 and Table 8.

Defintions and calculations for the following terms can vary between authors. For

this study, calculations were conducted per the guidelines established by Kessel

and Zimmerman (1993). Calculations included: the overall Hit Rate (percentage

of cases correctly predicted as FTP and non-FTP, out of the total N); Kappa

(percentage of agreement between the model and a standard that is beyond what

would accounted for by chance alone); Sensitivity (correctly predicted FTP cases,

out of all observed FTP cases, or, the "true positives"); Specificity (correctly

predicted non-FTP cases, out of all observed non-FTP cases, or, the "true

negatives"); Positive Predictive Value (the percentage of correctly predicted FTP

cases, out of all cases predicted as FTP by the model); Negative Predictive Value

(the percentage of correctly predicted non-FTP cases, out of all cases predicted as

non-FTP by the model). False Positive Rate (percentage of cases predicted to be

FTP that were observed as non-FTP, out of all observed non-FTP cases); False

Negative Rate (percentage of cases predicted by the model that were non-FTP that

were observed as FTP, out of all observed FTP cases).

The fit of the model was also evaluated using a measure of concordance,

Somer's D. This evaluates all pairs of observations of FTP and non-FTP cases. If

the estimated probability of a case being classified as FTP is greater than that of

being classified as non-FTP, the result is concordance, or a D of 1. If the

estimated probability of a case being classified as FTP is less than that of being

classified as non-FTP, the result is discordance, or a D of 0.

The "full model" logistic regression analysis.

For the first model, all variables were entered. The -2LL was 680.921 with

chi-square analysis of model improvement over the baseline model significant, $\chi^2$

(13, $\underline{N}$ = 720) = 133.206, $\underline{p}$ < .0001. Overall level of correct classification (Hit

Rate) for this model was 78.89%. Kappa value was .33. Concordance rate for this

model is .468. Classification table and related values for this model are reported in Table 7.

### The "significant predictors model" logistic regression analysis.

For the second analysis, the nonsignificant variables were removed ("child age", "previous parent CPS involvement", "previous patient CPS involvement", "family history of drug use" and "family history of alcohol use"). This resulted in a model containing the variables of "reporting difference", "sexual abuse case" and the dummy-coded family violence history variables of "unknown" and "yes". This model yielded a -2LL of 754.358 and significant chi-square, $\chi^2$ (4, $\underline{N}$ = 795) = 133.103, $\underline{p}$ < .0001. Overall level of agreement (Hit Rate) was 79.25%. Kappa value for this model was .36. Concordance rate was .460. Classification results are presented in Table 8.

### Discussion

The logistic regression analysis indicated that several variables were significant in contributing to a model that distinguished between FTP and non-FTP cases. The overall models will be examined first, then the variables examined in the framework of the models, with respect to both the previous literature and the expectations of their significance in this study. Finally, several demographic variables (perpetrator, FTP perpetrator) and outcome variables (case findings,

court findings) will be discussed. Limitations of this study will be discussed, with

suggestions for further research using not only this data base, but in examining

FTP in general. Finally, contributions of the study to the field will be reviewed.

Logistic Regression Analysis

The results of the logistic regression analyses yielded models with overall

agreement of 78.89% and 79.25%, and kappa values indicating only a fair

agreement between the model's predictive abilities and a standard beyond that

expected by chance (Landis & Koch, 1977). Both models were adept at correctly

identifying and predicting the non-FTP cases, as evidenced by Specificity and

Negative Predictive Values over 90% and 80%, respectively. False Positive Rates

were low in both models, indicating that only 6% to 7% of cases predicted by the

model to be FTP, which were actually non-FTP cases, occurred out of all the true

non-FTP cases.

Sensitivity was less accurate than Specificity, with both models correctly

classifying less than 40% of all true FTP cases. Positive Predictive Value was

more accurate, as approximately 65% of cases classified as FTP by the models

were actual FTP cases. False Negative Rates were, however, also in this range,

indicating that the models incorrectly classified approximately 65% of all the true

FTP cases as non-FTP cases.

Concordance rates evaluating the fit of the model via the classification tables indicated that the estimated probability of a case being classified as FTP as greater than that of being classified as non-FTP occurred in approximately one-half of all possible pairs of observations. In other words, for any given pair of FTP and non-FTP cases, the probability that a case was correctly classified as FTP is approximately .5. Perfect concordance would have yielded a value of 1, and complete discordance yielded a value of 0.

Differences between the models were slight, but the second model including the significant predictors was slightly more sensitive and included fewer False Negatives. Although there was statistical significance between the models based on the variables included, clinically speaking, it would likely be more prudent to utilize all the predictor variables when evaluating cases for at-risk status.

These figures indicate that the models are adept at accurately predicting which cases are not predictive of FTP, but not at accurately predicting which cases are predictive of FTP. These results indicate that the overall predictive quality of the model, with regards to accurately determining if cases were FTP or not, based on the selected variables, is not sufficient to serve as the sole predictive tool of a clinician in assessing for FTP. While the False Positive Rates were low, False

Negative Rates of this magnitude pose some concern, as detection and intervention in cases of FTP at the earliest point may help prevent further injuries to the child.

It is, however, important to note that rather than attempt to develop a model which unequivocally <u>assigns</u> cases to be ruled FTP or non-FTP, the purpose of this study was to identify variables that were predictive of such rulings in order to aid clinicians in determining <u>at-risk</u> cases. The "significant predictors model" accurately identified nearly 40% of cases as FTP. Utilization of these predictor variables can aid CPS workers in intervening in potential FTP cases to prevent further abuse to the child, or their sibling(s). These predictor variables may already be used implicity by workers to determine FTP. By using these variables as more overt "red flag indicators" of the potential for failure to protect, based on their significance in the results of this study, a more uniform approach to determining FTP may be taken. CPS workers and other professionals involved in interviewing parents and caretakers can direct questions to areas related to failure to protect that may otherwise be missed, if FTP were not suspected. For example, if an interviewer notes the presence of one or more of these predictor variables, questions posed to the non-perpetrating parent may address areas such as his/her belief in the victim, or how quickly the child was removed from contact with the

abuser, and if the mother is a victim of domestic violence herself. It may also cue interviewers to separate caregivers prior to obtaining any information about the abusive incident, in order to prevent them from supporting one another's version of the incident. Interventions specifically designed to address FTP issues, such as increasing the non-perpetrating parent's support and belief of the victim through counseling, or providing support and assistance to the non-perpetrating parent in physically separating from the abuser can be recommended to, or provided for, the non-perpetrating parent.

The variables involved in this study are only some of the factors involved which contribute to a caseworker's ruling on FTP. The Positive Predictive Values and Specificity of the models indicate that these variables are indeed significant markers for the potential of FTP, but the models' Sensitivity rates suggest that there may be additional variables or factors that could further contribute to a predictive model. There are obviously a host of variables that contribute to a case, many of which were not collected in the data, and several which may simply be unable to be collected. The level of heinousness of the abusive act, length of time between the act and the report as well as variables related to the CPS worker (experience, attitudes) all contribute to such a ruling. Belief in the victim, whether or not the non-perpetrating parent physically removed themselves and the child

from the presence of the perpetrator, and if so, how long after discovering the abuse did this occur, and does the non-perpetrating parent have a history of involvement with perpetrating partners, are also potentially predictive variables.

While the predictive fit of the regression model is lacking in determining a picture of the exact variables that determine FTP versus non-FTP cases, several variables did demonstrate significance in contributing to the predictor model. By sensitizing professionals to the potential predictive quality of these variables, perhaps more cases in which a parent has failed to protect a child from abuse can be detected, and services offered to these families to address protection of the child.

Variables Within The Regression Models

The model including the variables of "reporting difference", "sexual abuse case", and "family history of violence" provided the best overall fit and these variables were the only statistically significant variables in the analyses. Both the variables of sexual abuse case and reporting difference were significant predictors of FTP in the regression model. These results are consistent with the original theoretical model, and the previous literature which has concentrated on examination of sexual abuse cases (e.g., Deblinger et al., 1994; Gomez-Schwartz et al., 1990). Reporting difference has also been reported in previous studies as an

indication of lack of support for the victim (e.g., Leifer et al., 1993; Pellegrin & Wagner, 1990). Also noted in the literature has been an association with domestic violence (e.g., Deblinger et al., 1993; Stauffer & Deblinger, 1996). However, other variables that were expected to be important predictors in the model did not yield significant contributions.

The first model included all variables (child age, parent and patient prior CPS involvement, family drug, alcohol and violence history, reporting difference and sexual abuse case). This model was more specific than the second model in identifying non-FTP cases, but less sensitive in identifying FTP cases. Initially, it was expected that child age would contribute to the predictive model because younger children would more likely be involved in FTP cases (Scannapieco & DePanfilis, 1994), however the mean of the non-FTP group was younger than the FTP group.

The first model also included variables of patient and parent prior CPS involvement. Neither variable was significant in the model, despite some support in the literature (Scannapieco & DePanfilis, 1994). Post-hoc analysis indicated that a significant difference existed between the groups on "parent involvement-NO", with a higher percentage occurring in FTP cases than non-FTP cases. However, there were slightly more unaccounted for cases in the non-FTP group

than the FTP group (12.7% "unknown", 9.6% "missing"). While neither of these categories was statistically different from the FTP group (10.4%, 7.0%), combined they equal 22.3% of all non-FTP cases in which it cannot be determined whether the parent had prior CPS involvement or not. Also not a significant contributor was prior involvement of the child with CPS.

Family history variables of drug and alcohol use were not significant contributors, but had been predicted as such, based on the literature (e.g., Butler et al., 1994; Leifer et al., 1993). These results may be due to the large number of "unknown" cases in the data. For the FTP group, only 11.4% of the cases were classified as "yes" for family alcohol use, compared to 17.2% of non-FTP cases. While both groups had similar numbers of "unknown" cases, which translate to "no information available", it may be that of those "unknowns", more FTP cases would fall into the "yes" category if the information could be obtained. This may have been the case in previous research that found significant differences on this variable. The same may be true for family drug use, and prior involvement of the parent and patient with CPS. With such large numbers of "unknowns" much speculation as to the true picture of the data can be engaged. However, the current analysis appears to be based on the most complete data set studied to date, thus, it may well prove to be that family drug and alcohol history is not predictive of FTP.

Two variables had initially been proposed to be included in the analysis, but due to errors in form design (which will be addressed further), were excluded from analysis. These errors resulted in the variable "Prior history of sibling CPS involvement" being removed from the analysis due to missing data in over 20% of the cases in FTP and non-FTP groups. "Maternal age" was also initially expected to be included in the model, but also due to a significant limitation in the data collection form, was not included in the analysis. If included, this may be another variable that would strengthen the model's Sensitivity.

Demographic Variables

Demographic information describing the sample was also examined with the chi-square statistic, based on FTP or non-FTP group. Several variables indicated statistical significance between the two groups. There was a significant gender difference between the groups, with more females comprising the FTP group than males. This may be due to the greater percentage of sexual abuse cases in the FTP group, of which females are more likely to be victims than males (Sedlak & Broadhurst, 1996). It may also be due to some bias on the part of CPS investigators in viewing female children as more vulnerable than males, and therefore in need of more protection.

Type of case was also significantly different between the groups, with a

greater percentage of sexual abuse cases occurring in the FTP group, as expected

based on the literature (e.g., Breckenridge & Baldry, 1997; Dietz & Craft, 1980)

and more physical abuse and neglect cases in the non-FTP group. This finding

may be related to the younger age of non-FTP case children. In addition, it is often

apparent in physical abuse cases that abuse has occurred, due to the presence of

injuries, or in neglect cases, also due to physical appearance or the appearance of

the environment. Sexual abuse, however, rarely has such physical evidence and its

covert nature may lend itself to fostering failure to protect. In other words, it may

be more difficult to deny the existence of physical abuse and neglect than sexual

abuse, and non-perpetrating parents may intervene sooner, due to the overt signs

of abuse.

Perpetrator Variables

　　　　There were significantly more mothers than other individuals reported as

perpetrators in non-FTP cases. Again, type of case may impact this finding, as

mothers are often primary caretakers and neglect cases, (which comprised 29% of

non-FTP cases), involve the mother or primary caretaker. FTP cases were more

likely to involve male figures as perpetrators, such as "step-father", "male

sibling", "mother's lover-male", and "familiar person-male". Given the

predominance of male figures as perpetrators in FTP cases, it is not surprising that

FTP was most frequently ruled on mothers. This finding would seem to support

the "mother-blame" theory reported in much of the literature on sexual abuse

(e.g., Anderson & Shafer, 1979; Cormier et al., 1962).

Case Outcome Variables

Examination of CPS/DHS and CPC findings, as well as court findings,

yield interesting results. CPS/DHS findings were not always complete

(approximately 20% of the cases were missing from both categories). This may

indicate that no ruling had taken place at the time the CPC made their own ruling,

or that the case was held-over for review repeatedly, and, through error, findings

were never communicated to the CHO research team to record on the PSANR.

More "uncertain" rulings occurred in non-FTP cases, indicating that FTP was

more likely to be levied in cases where the CPS worker determined that the child

involved had actually been subjected to abuse.

The CPC rulings were more complete, with less than 7% of cases missing

from the total sample. The CPC has an additional level of validity in its rulings

categories. "Probable" is often ruled in sexual abuse cases when a preponderance

of evidence exists that abuse occurred, but no physical evidence exists. Since

physical evidence does not often occur in sexual abuse cases (Hymel & Jenny,

1996), this ruling is often applied to such cases. A greater percentage of

"probable" rulings was found in FTP cases in this study. Again, this may be due to the imbalance in type of abuse case. As with CPS/DHS rulings, more non-FTP cases were accounted for in the "unlikely" category. These findings suggest that workers are conservative in application of FTP charges and are unlikely to do so unless a determination that abuse has occurred can be made. Court findings follow this point as well, with a greater percentage of both criminal and juvenile court involvement occurring in FTP cases. It appears that FTP is most likely ruled in cases with enough evidence that both CPS and court workers are assured that an act of abuse has occurred, and that the evidence of that act is strong enough to intervene at the most stringent level. Again, this brings up the point of what aspects of the case are not captured by the form that lend themselves to building a strong case against the perpetrator and the non-perpetrating parent.

Limitations

Limitations of this study center primarily around the Physical/Sexual Abuse and Neglect Report form itself. While the form has undergone several revisions with input from professionals from numerous disciplines, this is the first study to utilize data collected from the form. As occurs with any such first-use of an instrument, inadequacies that were never foreseen arise. Variables on the form are inconsistently designed, with some variables offering the "unknown" option

(e.g., "family violence") and others requiring the item to be left blank if unknown

(e.g., "perpetrator history"). This obviously presents a problem in determining if

incomplete fields are missing data due to error or are "unknowns". This problem

directly affected this study with several variables, including "court involvement".

Another critical deficiency in the form is the lack of variables that would

provide clearer information. For example, there is no "failure to protect" variable.

This information was coded utilizing a combination of coding options for other

variables (FTP = "safety neglect with/without injury" coded "yes" and

"perpetrator admission" left blank for the individual charged with FTP). Clearly,

any time more than one field is required to provide a piece of information, the

chance for error increases. There is no field on the form to list if the case is one in

a series (i.e., siblings) which would involve the same set of perpetrators/parents.

The N of this study is then inflated somewhat, because information on the same

individuals is being coded more than once. In addition, there is no field to indicate

if this child has siblings, however there is a field for "prior CPS involvement of:

sibling". This directly affected the current study in that this variable was excluded

from the regression analysis because, in cases where there is no sibling, this field

is left blank, resulting in missing data in over 200 cases.

Another limitation on the form is the differing options available in some

fields, but not others. For example, "referred by" has the options of "parent" and

"step-parent" only, whereas "initial disclosure to whom" has more detailed

options of "mother", "father", etc. In this study, these variables were used to

compile the "difference in reporting source" variable utilized in the regression

analysis. This variable demonstrated significance between the groups, however

with more detailed options available in the "referred by" field, even more detailed

information could be obtained, and examination of which parent, or step-parent

actually reported the abuse could be made. With the data at hand, all parent

options were lumped together in the "disclosure" field. Given that this still

resulted in significance, it is intriguing to wonder how much more detailed

information could have been obtained had the form been more flexible.

Limitations other than those surrounding the form include the original

collection of information. Much information was not included on the form

because it did not exist in the source documents. Many times parents are not the

individuals presenting the child to CHO, and therefore valuable family history

information cannot be obtained. Sometimes this information is obtained in

subsequent interviews, but often the case is reviewed at the CPC meeting without

a full family history presented. Information may eventually be obtained, but is not

included in the data which comprise the CPC data base.

Two other critical areas of information are not included in this data base. Information about the personnel involved is not collected. Level of experience of CPS workers making determinations on FTP is not noted and number of previous cases in which those workers ruled on FTP is not gathered. Their personal attitudes toward FTP rulings is not noted. Finally, there is no indication of qualitative aspects of the case that may significantly contribute to the determination of FTP. Heinousness of abusive acts, time between disclosure and report of the abuse, overall level of care provided to the child, any psychiatric disorders or sources of disability occurring in the parent, other variables noted previously, as well as doubtless many other variables are not addressed by the data.

Suggestions for Future Research

Future research utilizing this data base can address some of the limitations experienced in this study. By returning to source documents, additional and clarifying information (e.g., which cases are siblings) may be obtained to strengthen the predictive model developed in this study and contribute to the knowledge base. Confirmatory research using these variables to predict FTP in another data base of similar cases in which CPS rulings has been made can be conducted both on the same general population (CHO patients, collected at a

different time period) and a sample of cases from another institution or

geographical area. Future research can also be designed to include information

found in this study to have predictive and significant value (such as

disclosure/referral discrepancy), as well as to address limitations in this study

(such as obtaining maternal age on all participants) to strengthen the predictive

model.

Conclusion

In summary, this study attempted to expand the knowledge base in the area

of child abuse and neglect with respect to the topic of failure to protect children by

non-perpetrating parents. Little systematic research had been done on this

population previously. This study utilized a large computer data base, with the

Child Protective Services confirmed ruling of failure to protect as its objective

criteria. Previous research has utilized more subjective classifications and smaller

data bases.

Descriptive information from this study indicated that perpetrators were

significantly more likely to be male in FTP cases, and FTP was ruled significantly

more on mothers than fathers or other caregivers. FTP was also more likely to be

ruled in cases in which abuse had been determined to have occurred, based on

CPS and CPS rulings on the original abusive acts. More court involvement also

occurred in FTP cases. Again, this may be due to a preponderance of evidence

which strengthened a legal case.

The predictor model of FTP, using logistic regression analysis, included

the variables of "reporting difference", "family history of violence", and "sexual

abuse case". The presence of these variables significantly increased the odds that a

case was ruled as FTP rather than non-FTP. However, not all cases were correctly

classified as FTP based solely on these variables, and the results suggest that other

variables may be present, which were not identified by the predictive model used

in this study. Therefore, rather than using these variables as definitive decision

criteria to determine when to rule FTP in cases of abuse and neglect, they have

value as indicators of at-risk status. CPS workers and other professionals may use

the presence of these variables as "red flag" indicators for the potential for failure

to protect when interviewing parents/caregivers and investigating cases. Interview

questions can then be posed that directly address failure to protect issues.

Interventions, including support and counseling for the non-perpetrating parent,

can be implemented early in the investigation, to present possible further abuse.

Limitations of this study center around the data report form, the

Physical/Sexual Abuse and Neglect Report. Primarily these involve the inability

to code important information on the form that may be included in relevant source

documents. This leads to suggestions for future research, which can collect this

information and supplement the model developed here with other significant

predictor variables. In addition, these variables can be used in confirmatory

research to further validate their predictive ability.

Although there were limitations to this study, much valuable information

was gathered to describe this population of non-perpetrating parents. The

information can be used to guide CPS workers in determining if failure to protect

may have occurred, and help clinicians address areas of needed support in these

families. In addition, this information can help direct further research in this area

to increase our understanding of the factors that are involved in how and why

failure to protect is ruled, and how to intervene in order to best protect children

from further abuse and neglect.

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Appendix A

UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE


FAILURE TO PROTECT:

AN ANALYSIS OF VARIABLES IN A SAMPLE OF

HOSPITAL-REFERRED CHILD ABUSE AND NEGLECT CASES


A Dissertation Proposal

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy


By

JANET MICHELLE THOMPSON
Norman, Oklahoma
1998

# Abstract

Out of a sample of approximately 1000 children seen at a large urban children's hospital for suspected abuse and neglect, cases that have been confirmed failure to protect (FTP) on the part of the non-offending parent will be examined. Differences between cases ruled confirmed on FTP (expected n = 200) and cases where FTP was ruled-out (expected n = 600) will be examined. A predictor model including variables of family histories of domestic violence, alcohol and substance abuse and prior Child Protective Services involvement; maternal and child age; whether or not the case was one involving sexual abuse; and different referral versus reporting sources will be analyzed by logistic regression. Variables identified that differentiate FTP from non-FTP cases will be examined. Limitations of the study and implications will be discussed.

Failure To Protect: An Analysis of Variables in a Sample of

Hospital-Referred Child Abuse and Neglect Cases

## Introduction

The problem of child abuse has become a widespread social issue with far

reaching consequences. National figures indicate that over 3 million cases of

child maltreatment were investigated in 1996, nearly 1 million of which were

confirmed (Sedlak & Broadhurst, 1996). In Oklahoma alone there were 39,831

reported cases and 11,700 confirmed cases of child abuse and neglect in the fiscal

year 1995 (OK DHS, 1996). The potential negative effects on children

experiencing abuse are many, and include cognitive delays, and behavioral and

emotional disorders. With the vast numbers of children experiencing abuse and

neglect, research has been directed in many areas to affect prevention and

treatment. Victim, abuser and abuse related characteristics, personality variables,

family dynamics, and predisposing factors have all been examined. Research on

other individuals involved in abusive situations has not been as extensive. It is the

purpose of this study to expand upon the current knowledge base of abuse and

neglect by examining characteristics of "non-perpetrating" parents in an abuse

situation, specifically, those parents charged with "failure to protect" (FTP) by

Child Protective Services (CPS).

"Failure to protect" is a charge levied by CPS against the "PRFC" (person responsible for child).  As stated in the Child Protective Services of Oklahoma Policy Manual (OK CPS, 1997), failure to protect is confirmed after the Child Welfare (CW) worker:

> . . . considers the PRFC's (person responsible for a child's health or welfare) knowledge of potential risk of harm to a child, the PRFC's overall attitude about the child's need for safety and whether a normally prudent adult could have predicted risk of harm to the child in the situation. In general, to confirm failure to protect, the following factors should be present: (A) the PRFC had knowledge or could have predicted that the child would be in a high risk situation or with an individual who had a history of abusive/neglectful or violent behavior; and/or (B) The PRFC failed to show regard for the child's need for safety. (p. 31).

As this definition implies, there are other individuals involved in abusive situations other than the perpetrator that can be held accountable for the injuries inflicted to the victim. The role of the other individual can be occupied by any adult charged with the care of a child, but often focuses on one or both parents. Rather than employ the term "failure to protect", which connotes a charge on the part of Child Protective Services, previous studies have used many different terms to label parents that have not committed the actual abusive act, but may or may not have had some part in allowing the abuse to occur, or failed to intervene in some manner. These terms include "non-offending parent", "non-supportive parent" and "non-perpetrating parent".

Another term frequently associated with the study of non-perpetrating parents is that of support. Parents have been characterized as supportive, or non-supportive based on their reactions to the discovery of their child's abuse. This is another term that has numerous meanings across authors, and can apply in varying degrees across situations. Levels of support may range from simply believing the child's account to attending therapy with the child, to removing themselves and the child from the household and the perpetrating parent. Parents that fail to protect a child from becoming a victim of abuse may or may not exhibit supportive behaviors upon discovery of the abuse. For example, if the mother of a female child sexually abused by her mother's boyfriend (who has a history of previous allegations of sexual abuse against his own child) does not actively take steps to stop the abuse if she suspects it may be occurring, she may be viewed by authorities as failing to protect her child. However, upon the child's disclosure, if the mother believes the child, this could be viewed as a measure of support.

For the purposes of this study, given the varied applications of the term "support" in the literature, this term will not be applied unless it has been specifically defined by the authors of a study. Rather than "support" the term "non-perpetrating" will be used to identify parents that were not actively abusive to a child, but may or may not have failed to protect the child from abuse. This

would encompass parents charged with FTP and those not charged, or truly non-offending parents. When previous studies are reviewed that have utilized the term "non-offending", the integrity of the original authors' definitions will be used, with the caveat that parents included in such studies may or may not have truly been "non-offending", utilizing the boundaries in this study.

Much theoretical and empirical work concerning offending parents has been conducted, but comparatively little information regarding non-perpetrating parents exits, despite the critical role of the non-perpetrating parent. The support of the non-perpetrating parent in sexual abuse cases has been documented as a critical factor in determining the adjustment of the child (e.g., Everson, Hunter, Runyon, Edelsohn & Coulter, 1989; Runyon & Everson, 1992). When parents are non-supportive, behavioral disturbances in children have been noted (Pellegrin & Wagner, 1990). Friedrich (1990) has noted that the level of support of the non-perpetrating parent is more predictive than abuse characteristics (relationship between child and abuser, use of force, level of invasiveness of contact, etc.) in examining the short-term behavioral reactions of the child to the abuse. The presence of a supportive parent has also been found to mediate the level of the child's distress from abuse (Lovett, 1995). When parents are non-supportive, this adds another factor to address in any intervention plan for the child.

The role of the non-perpetrating parent has been most extensively studied in the area of child sexual abuse. Psychodynamic theories to explain the non-perpetrating parent's role constitute the bulk of the literature and primarily have examined the role of the mother. Some early studies have described non-perpetrating mothers in cases of intrafamilial abuse as not only unsupportive, but partially to blame for the abuse (e.g., Anderson & Shafer, 1979; Cormier, Kennedy & Sangowicz, 1962; Kaufman, Peck, & Tagiuri, 1954).

Numerous factors to explain the behavior of the non-supportive, non-perpetrating parent in child sexual abuse have been explored. Poor or low levels of maternal ego development, collusion with the father, lack of sexual availability to their husbands, and absence from the home have all been given as explanations for intrafamilial sexual abuse (Finkelhor, 1979; Friedrich, 1990; Wilson, 1995). Feminist theory has brought about challenges to these beliefs, and has painted many non-perpetrating mothers of child abuse victims as co-victims, often of domestic violence (Birns & Meyer, 1993; Cammaert, 1988; Herman, 1985).

As a reaction to the purely theoretical hypotheses regarding the role of non-perpetrating mothers, empirical exploration of this population has examined mothers' general personalities and characteristics of families in which sexual abuse occurred. Recent studies of non-perpetrating mothers of sexually abused

children have presented demographic information regarding these mothers which

have identified variables occurring in this group. These include being a victim of

domestic or sexual violence as an adult, being a younger mother and having a

drug or alcohol problem (Butler, Radia, & Magnatta, 1994; Deblinger, Hathaway,

Lippman, & Steer, 1993; Faust, Runyon, & Kenny, 1995; Leifer, Shaipiro, &

Kassem, 1993). Issues such as maternal drug use and lack of maternal social

support have been found to impact not only the level of support mothers were able

to provide to their sexually abused children, but have been associated with greater

numbers of abuse incidents to the child and number of perpetrators that abused the

child  (Leifer et al., 1993). This body of literature reveals several characteristics

that consistently appear in cases of parents of abused children. However, this

previous research did not concentrate on caretakers that failed to protect, but

looked at all non-perpetrating parents. In addition, many studies utilized self-

selected samples, therefore the most non-supportive, non-perpetrating parents may

have been excluded from analyses simply because they chose not to participate. A

systematic study of non-supportive, non-perpetrating mothers on these variables

has not been attempted (de Young, 1994; Vander Mey & Neff, 1984).

The examination of such variables represents an important contribution.

As previous authors have noted, without descriptive information regarding non-

perpetrating parents, CW workers resort to their own beliefs and attitudes, which

often are based on unfounded theories such as the collusive mother (Breckenridge

& Baldry, 1997; Dietz & Craft, 1980).

The current study will attempt to address the lack of descriptive

information on parents that fail to protect their children from abuse that is needed

to study the differences between protective and non-protective parents. A

predictor model utilizing variables identified from previous research will be

applied to a sample of child abuse and neglect cases from the database of the

Child Protection Committee (CPC) of a large urban children's hospital. Based on

the variables identified in the literature examining non-perpetrating parents, it is

expected that FTP cases can be predicted by greater reported incidences of family

histories of domestic violence, alcohol or substance abuse and prior CPS

involvement for the family and the child. Also based on the literature on non-

perpetrating parents, younger mean maternal age is expected to be a predictor of

FTP cases, as well as younger mean age of children, based on greater expectancies

of parental responsibility for younger children. Consistent with CPS worker

guidelines, it is expected that difference between initial disclosure source and

referral source will be predictive of FTP cases. Finally, based on the emphasis in

the literature on examining the non-perpetrating role of the mother in sexual abuse

cases, it is expected that cases involving sexual abuse will be predictive of FTP

confirmations.

Relevant Literature

There are a number of variables related to non-perpetrating parents that

have either been measured directly or noted in more general explorations of

family history variables. Variables identified in these studies have included

history of alcohol or substance abuse, domestic violence, maternal depression,

social support, history of sexual abuse, and maternal age (Deblinger et al., 1993;

Deblinger, Stauffer, & Landsberg, 1994; Faust et al., 1995; Kinard, 1996; Leifer et

al., 1993; Pellegrin & Wagner, 1990; Wilson, 1995). Other variables that may be

impactful in the equation of evaluating the level of protection provided by a non-

perpetrating parent include the age of the child, past involvement of CPS on the

part of the child or family, and role of the parent in the disclosure-referral chain

(Elbow & Mayfield, 1991; Scannapieco & DePanfilis, 1994). The previous

research on these variables will be examined by parental factors (age, history of

CPS involvement, history of sexual abuse, alcohol/substance abuse and

involvement in domestic violence), child factors (age and history of involvement

with CPS), and case factors (indications of support, such as believing the victim,

and discrepancies between disclosure and referral sources, and type of abuse).

Parental Factors

When examining all types of abuse (physical, sexual, emotional, and

neglect), females typically account for a slightly larger percentage of perpetrators

than males (Hill, Goldsteen, Goldsteen, Valdmanis, & Ferrer, 1994; OK CPS,

1997). This has been attributed to the high numbers of neglect cases, which

account for nearly half of all confirmed cases (Daro, 1995; OK CPS, 1997; Sedlak

& Broadhurst, 1996) and in which the perpetrator is most frequently the female

caregiver. While females are most frequently identified as perpetrators of neglect,

males are most frequently identified as perpetrators in sexual abuse cases

(Finkelhor & Russell, 1984; Sedlak & Broadhurst, 1996). Despite the

predominance of females identified as perpetrators, research on non-perpetrating

parents has been conducted on mothers, due to the emphasis on the role of the

non-perpetrating parent in sexual abuse cases. A number of variables have

surfaced through this research, including maternal age, history of domestic

violence, sexual abuse, substance abuse, depression and lack of social support

(e.g., Butler et al., 1994; Deblinger et al., 1993; Deblinger et al., 1994; Leifer et

al., 1993).

Deblinger and colleagues (1993) examined 183 non-perpetrating mothers

of sexually abused children on several psychosocial characteristics. Their findings

indicated that out of 17 psychosocial characteristics, the only variable

distinguishing non-perpetrating mothers between three groups (those with

children abused by partners, those with children abused by other relatives, and

those with children abused by nonrelatives) was a history of domestic violence.

Mothers with children abused by their partners were significantly more likely to

have experienced domestic violence than mothers in the other groups.

The authors acknowledge that this sample may not have represented

mothers that were less protective. This is due to the final sample not representing

cases where children were placed out of the home immediately after referral to

Child Protective Services for reasons of non-protection.

Stauffer and Deblinger (1996) examined a group of 19 nonoffending

mothers of sexually abused children and their response to a cognitive behavioral

group therapy program. Eighty-four percent believed their child's allegations,

58% had experienced domestic abuse, 37% reported adult sexual assault, and 42%

reported a history of child sexual abuse. Age ranged from 23 to 65 years, with a

mean of 34 years. Children ranged in age from 2 to 6 years, with a mean of 4

years.

Again, this small sample consisted of non-perpetrating mothers that self-

selected to participate in the group. The findings then represent characteristics that

may be different from non-perpetrating mothers that chose not to participate, and

conceivably would be assumed to include FTP mothers. Demographic

characteristics, including maternal age, were not delineated by belief or non-belief

of the children.

In examining similar non-perpetrating mothers of sexually abused children

with regards to ego development, Wilson (1995) found that, in a sample of 21

mothers, 42.9% reported a history of physical abuse and 66.7% reported a history

of sexual abuse as a child. Nearly 43% of the mothers reported that their children

had disclosed the abuse to them. Forty-three percent also reported that they

stopped the abuse, while 33.3% reported court action as stopping the abuse. It was

not reported what stopped the abuse in the remaining cases. These findings

indicate that mothers with a higher level of ego development tended to have a

more positive response toward their child's disclosure, evidenced by believing and

protecting them. Ego development did not affect whether the mother stopped the

abuse or waited for court intervention.

Having a history of abuse as a child has been reported in clinical literature

and identified in some, but not all, studies as a factor in whether the mother

believes a child's disclosure and supports the child; therefore, the impact of this

variable is still in question (Deblinger et al., 1994; Leifer et al., 1993).

Gomez-Schwartz and colleagues (1990) found that mothers with a history of child sexual abuse did not respond to their children's disclosures of abuse differently than mothers without a history. Deblinger and colleagues (1994) examined the impact of a mother's history of child sexual abuse on their response to allegations of sexual abuse of their own children. They hypothesized that mothers with a history of sexual abuse would have more difficulty in psychosocial functioning than mothers without a history, but that this history would not affect their responses toward their children's disclosures of sexual abuse.

This study represents another self-selected sample, in which 67 non-perpetrating mothers could not participate, as they did not currently have custody, and 30 refused to participate, leaving 183 that agreed to participate. Of this sample, 45.4% reported a history of childhood sexual abuse. Mean age was 30.5 years. No differences were found between mothers with and without a history of childhood sexual abuse on the variables of substance abuse, history of adult sexual assault or domestic violence. There was also no difference in their response to the allegations, either in believing their children or acting as advocates for their children. Mothers with a history of child sexual abuse did report less social support and more symptoms of distress on a standardized symptom checklist.

Leifer et al. (1993) examined the relationship between non-perpetrating mothers' histories of sexual abuse, substance abuse and social isolation and their level of support and protection toward their children. This sample included subject self-selection, removing from the analysis 35 potential subjects for several reasons, including parental non-cooperation, therefore, the sample may have excluded the most non-supportive, non-perpetrating mothers. The mothers of a group of 68 sexually abused girls, aged 5-16 years, comprised the sample. Mean age of mothers was 34 years. Fifty-three percent of mothers had a history of sexual abuse, 38% had a history of drug abuse, 58% took action to protect their children, 71% believed their child, and 15% blamed their child. Protective actions were defined as taking the child to the hospital or calling the police. They found relationships between variables, with maternal drug use more likely in mothers with a history of childhood sexual abuse and poor relationships with their own parents, but not with those experiencing losses during childhood. Daughters of mothers with a history of drug abuse were more likely to have a history of past abuse by a different perpetrator and experienced more incidents of abuse.

The variables of believing in the child, taking action to protect the child and not blaming the child were combined into a composite variable reflecting mothers' support of their daughters. The authors reported that only 49% of the

mothers in the sample received positive ratings on the support variables. Maternal

drug use was related to a lack of mother-daughter support, as was mothers'

reporting of inadequate social support. Quality of mothers' social support was not

related to any of the history variables. History of sexual abuse, childhood loss, and

quality of parental relationship were not related to their support of their children.

Unsupportive mothers and mothers with little social support had children with

histories of more abuse incidents and past abuse by another perpetrator. These

children were also more likely to have been abused by a perpetrator in the home.

Children of substance abusing mothers were more likely to be removed from the

home, as were children whose mothers were unsupportive. In 74% of the

unsupportive cases, children were removed, but only 25% of the supportive cases

had children removed to foster care. Children of unsupportive mothers exhibited

more abuse-specific symptoms.

Mothers who had poor relationships with their parents were more likely to

have their children placed in foster care, as were children of substance abusing

mothers and mothers reporting inadequate social support. In a regression analysis

to identify predictors of foster placement, their results indicated that maternal

support was the best single discriminator, followed by maternal drug use. None of

the other variables had significant contributions.

While the previous literature focused on sexual abuse cases, Butler and

colleagues (1994) examined a group of 82 non-perpetrating mothers referred from

a family court clinic, in which the children had been victims of sexual or physical

abuse or neglect and were currently in foster care. Mothers were classified as

compliant or non-compliant based on attendance at assessment appointments.

Thirty-seven percent of the sample fell into the non-compliant group. Mean age of

non-compliant mothers was 27 years, significantly less than the mean age of 30

years of compliant mothers. They also found that non-compliant mothers had

significantly higher rates of alcohol and drug abuse, episodes of domestic violence

and criminal behavior. Compliance with treatment appears to add another

dimension to the already clouded definitional picture of what types of behaviors

involve protection.

Child Factors

In addition to parental factors, the literature indicates some characteristics

of children that make them more likely to experience abuse. Younger children

typically have higher rates of victimization, as they are less able to protect

themselves and therefore require more parental protection (Scannapieco &

DePanfilis, 1994). According to the Oklahoma Dept. Of Human Services (OK

DHS, 1996) 39.5% of the confirmed abuse and neglect cases in the fiscal year

1995 occurred to children aged 6 years and younger. Nearly 36% occurred in the

age range from 7 to 11 years. This appears to be a typical pattern, as DHS

statistics from 1988 to 1992 indicate that over half of the 43,470 confirmed cases

from that period occurred to children aged 4 years or less (Hill et al., 1994). Abuse

and neglect-related fatalities in Oklahoma are also more prevalent in younger

children. In a review of child fatalities from 1987 to 1995, Bonner, Crow and

Testa (1997) found that infants less than 1 year of age comprised 40% of fatalities,

and 77% of the deaths in that period occurred to children under the age of 4 years.

Clearly, younger children are more at risk for abuse, neglect, and death from

adults, and therefore in need of more protective action from their

parents/caregivers. When this protective responsibility is not fulfilled, it follows

that the caregiver did not act in the manner of a "normally prudent adult".

Children with a history of involvement with CPS may be at more risk for

subsequent abuse and neglect, due to previous confirmed incidents or suspicions

of abuse resulting in uncertain findings (Scannapieco & DePanfilis, 1994).

Children dying from abuse have also been found to have high rates of previous

CPS involvement. Thirty-one percent of the families of the 243 Oklahoma

children dying from abuse/neglect in the period from 1987-1995 had a previous

CPS referral (Bonner et al., 1997).

Type of Abuse

        While child abuse encompasses many different acts of omission and

comission, there are four general classifications: physical abuse, sexual abuse,

emotional abuse and neglect. Numerous definitions for each category abound,

dependant upon the state, discipline (medicine, law, psychology, etc.) and

audience (professionals, the general public). For the purposes of this study, the

most relevant definitions are those developed by Oklahoma's CPS (OK CPS,

1997), which are nearly identical in wording to those outlined by the National

Center on Child Abuse and Neglect (DePanfilis & Salus, 1992). These definitions,

as outlined in the CPS Policy Manual, include an overall definition, and numerous

examples of each type. Portions of the general definitions will be presented here

only. The general definition of physical abuse includes:

> "... physical injury (for example, bruises and fractures) resulting from
> punching, beating, kicking, biting, burning or otherwise harming a child.
> Although the injury is not an accident, the person responsible for the child
> (PRFC) may not have intended to hurt the child. The injury may have
> resulted from over discipline or physical punishment that is inappropriate
> to the child's age or condition. . . " (OK CPS, 1997, p. 5)

        Whereas the definition of physical abuse is guided by the presence of

physical findings, sexual abuse often does not leave any physical evidence. The

CPS definition therefore includes descriptions of behaviors evidenced by children

(such as sexual aggression, preoccupation with masturbation, etc.) that are

oftentimes indicative of sexual abuse. As excerpted from the OK CPS manual

(1997), sexual abuse is defined as:

> ". . . rape, incest, lewd or indecent acts or proposals and sexual
> exploitation.. . .In general terms, sexual abuse is any sexual activity,
> including sexual propositioning between the PRFC and the child or any
> acts committed or permitted by the PRFC for the purpose of sexually
> stimulating the child, himself or others. . ." (p. 7)

Emotional abuse, or mental injury, is perhaps the most difficult type of

abuse to define. According to Oklahoma CPS manual, mental injury

> ". . . means an injury to the child's intellectual or psychological capacity as
> evidenced by observable and substantial impairment in the child's ability
> to function within his/her normal range of performance and behavior with
> due regard to the child's culture. . ." (OK CPS, 1997, p. 3).

Neglect takes many forms, including medical neglect, educational neglect,

environmental neglect and abandonment. Examples of different acts that

constitute neglect are included in the CPS manual under the general definition that

states "Neglect means failure by the PRFC to act in a prudent or responsible

manner to provide for the health and general welfare of the child that has caused,

or over time would cause, serious harm to the child. . ." (OK CPS, 1997, p. 4).

Failing to protect a child from the potential risk of harm from any type of

abuse or neglect is grounds for a confirmed ruling of FTP; however, given the

attention paid in the literature to the role of the non-perpetrating mother in sexual

abuse cases, it would appear that CPS workers view the issue of protection by the

non-perpetrating mother as most salient in this type of abuse. In an early study,

Dietz and Craft (1980) found that social workers believed mothers were as

responsible for sexual abuse as the male perpetrator. A more recent study

(Breckenridge & Baldry, 1997) has found similar results, with 71% of a sample of

social workers believing that mothers have a level of awareness of the sexual

abuse of their children. The literature does address this issue in other forms of

abuse (Vinson & McArthur, 1988), but the predominance of placing blame on

mothers in failure to protect cases occurs in the area of sexual abuse. This may

create a bias toward findings of FTP in such cases.

Indications of Support

CPS workers often consider the mother's reaction to the disclosure and

what stopped the abuse as indications of the mother's protective capacity

(Pellegrin & Wagner, 1990). However, the research is somewhat unclear as to the

reliability of this indicator in assessing maternal support in incest cases.

Elbow and Mayfield (1991) examined the records of 24 cases of CPS

confirmed father-daughter incest. Eighty-three percent of the mothers involved

believed their children and 29% took protective action in the form of initiating a

referral. Four mothers reported directly to CPS or law enforcement, and three told

a mandated reporter. The remaining 17 cases were reported by someone other than

the mother, and the authors noted that four of those cases did not include the chain

of reporting sources, so the mothers involvement is not known. The authors noted

that this was a small sample and limited to the CPS records of one county.

Pellegrin and Wagner (1990) examined variables associated with

children's removal from their homes. They examined CPS case files for a 24-

month period, yielding 58 cases of confirmed sexual abuse. Seventy-four percent

of the mother's had total belief or largely believed in their child's allegations and

67% demonstrated average or higher levels of compliance with their treatment

plan. Factors affecting removal included, in order of importance, compliance with

treatment, belief in the allegations, the severity of the abuse, mother's

employment status, and frequency of the abuse.

Faller (1988) examined factors related to the concept of maternal

collusion, defined as maternal statements or behaviors that facilitated incest in the

family, along with a conscious or unconscious desire for the abuse to occur. One

hundred and seventy-one cases of intrafamilial abuse were examined and rated on

author-developed Likert scales measuring maternal protectiveness, mother's

affective relationship to the victim, and mother's dependency upon the

perpetrator. High levels of protectiveness included not allowing the perpetrator

unsupervised access to the victim and believing the victim. Moderate levels

included such behaviors as allowing some access to the victim by the perpetrator,

telling the victim not to tell anyone else about the abuse, and wavering belief in

the victim. These variables were examined in three groups of relationships: (a)

mothers married to and living with the victim's biological fathers, (b) mothers and

stepfathers or live-in boyfriends, and (c) mothers and non-custodial fathers.

Results indicated that mothers no longer involved with the perpetrator (whether

biological or step) were more protective, and cases where the mother still lived

with the biological father perpetrator were least protective. This pattern held true

with the mother's affective relationship with the child and her dependency on the

perpetrator (i.e., those no longer with the perpetrator had warmer relationships

with the victim and were less dependent on the perpetrator).

Other Variables

Kinard (1996) compared a group of non-perpetrating and offending

mothers of physically or sexually abused or neglected children on measures of

social support, self-worth, and depressive symptoms. Assessments were

completed at two points, with the first interview occurring approximately four

months after the CPS report on abuse was filed, and a follow-up one year later.

Results indicated no difference between the groups at first assessment. At second

assessment, no difference was noted on social support or self-worth, but

nonoffending mothers reported greater incidences of depressive symptoms. The

authors concluded that this finding is similar to that of Kaplan, Pelcovitz,

Salzinger, & Ganeles (1988), who found higher rates of depression in women

experiencing domestic violence and nonoffending mothers of physically abused

children. They suggested that inadequate social support, low self-worth, and

depressive symptomatology were integral to the mothers' ability to provide

protection for their children.

Limitations Of Previous Studies

        In the early literature, information regarding non-perpetrating parents was

based on the theoretical postulates surrounding the collusive mother in incest

cases: more recent studies have begun to empirically investigate the behavior of

mothers surrounding disclosures of sexual abuse (Breckenridge & Baldry, 1997;

Deblinger et al., 1993; Faust et al., 1995). While such investigations have

provided an empirical grounding to the knowledge base on nonoffending mothers,

some bias in result reporting exists (e.g., Elbow et al., 1991), and may be related

to theoretical biases on the part of researchers on both sides of the issue

(Breckenridge & Baldry, 1997).

        Methodological problems have also plagued previous studies. Primarily

these limitations have stemmed from small sample sizes and use of self-selected

subjects (Elbow, 1991; Kinard, 1996; Lovett, 1995; Stauffer & Deblinger, 1996;

Wilson, 1995). Many studies have recruited participants from counseling centers,

indicating the non-perpetrating parent has made some efforts to support their child

(Deblinger et al., 1993; Stauffer & Deblinger, 1996; Wilson, 1995). As the

authors of one such study noted, this may result in the exclusion of the most non-

protective mothers from empirical study (Stauffer & Deblinger, 1996).

Another sampling issue inherent in virtually all the research on non-

perpetrating parents is the exclusion of male caregivers. As the majority of studies

have focused on non-perpetrating parents in sexual abuse cases, where the

majority of perpetrators are male, our knowledge of non-perpetrating parents is

based on female caregivers. This also brings up the limitation of type of abuse

studied. Neglect, physical and emotional abuse cases have not received the same

level of scrutinization as sexual abuse cases. The profile of the non-perpetrating

parent in these types of abuse is virtually unknown.

Other authors have also noted methodological difficulties surrounding the

collection of information (Faller, 1988; Faust et al., 1995). The retrospective

collection of variables via structured interviews presents both the problem of the

reliability and validity of the information recalled from participants, as well as

instrumentation issues surrounding the soundness of the interview measures themselves.

Finally, the literature has examined non-perpetrating parents in general, rather than parents charged with failure to protect. Issues of support versus non-support have been examined, but were based on retrospective classifications from outside sources (e.g., Lovett, 1995; Pellegrin & Wagner, 1990). An examination of non-perpetrating parents charged with failure to protect, regardless of gender, or type of abuse, has not been completed.

Conclusion

Clearly, we have begun to achieve an understanding of some variables that are related to the failure of a mother to protect a child in instances of abuse, primarily sexual, but by no means do we have a complete understanding of the issue. The areas of physical abuse and neglect have not been examined, and may add important information to that which we currently possess regarding mothers and parents that fail to protect their children. Additionally, previous research has relied on subject pools that may not have included the most non-supportive, non-protective mothers and parents.

The current study will attempt to address some of the limitations in the previous research by examining a large data base of suspected abuse and neglect

cases presenting at a large urban children's hospital. This will counter the

difficulty of a small, self-selected sample that has plagued many previous studies.

These cases will be examined on the basis of Child Protective Services (CPS)

rulings of failure to protect (FTP), rather than subjective classifications of

supportive or non-supportive behaviors. The sample will include all cases ruled

FTP, with both female and male caregivers included in the analysis, as well as

cases of neglect, physical and emotional abuse. The current study will continue to

examine the variables that have been associated with non-perpetrating parents in

the previous literature while addressing the limitations that have also been noted.

From the data base. cases of child abuse and neglect in which failure to protect

was confirmed and cases in which FTP was ruled-out will be analyzed utilizing

logistic regression, and a predictor model incorporating the following variables

will be tested. Independent variables included in the analysis will include family

history variables of domestic violence, alcohol or substance abuse and prior CPS

involvement for the patient, siblings, and parents. The mother's age, the child's

age, and whether or not the case was a sexual abuse case will also be included.

The final variable to be included in the analysis will be derived from the

difference between the initial disclosure source (the first person the child told

about the abuse) and the referral source (first person to notify either Child Welfare

or law enforcement about the abuse) when the initial disclosure source was a

parent.

## Method

<u>Sample</u>

The sample will consist of parents and children presenting to Children's

Hospital of Oklahoma (CHO) for examination of injuries suspected from physical,

sexual, and emotional abuse and/or neglect or for other health referrals which

resulted in subsequent suspicion of abuse and neglect. Approximately 1000 cases

for a 12 month period will be examined. Of these, approximately 200 are expected

to be cases in which FTP was confirmed by the Oklahoma Dept. Of Child

Protective Services. The remaining cases are expected to be cases in which a non-

offending parent was not confirmed as failing to protect a child.

<u>Instruments</u>

The data base for this study is comprised from information gathered at

Children's Hospital of Oklahoma (CHO) and compiled on The Physical/Sexual

Abuse and Neglect Report (PSANR), a scannable data sheet designed by the

Director of General Pediatrics and other professionals in that department at CHO

and the Director of the Center on Child Abuse and Neglect, all at the University of

Oklahoma Health Sciences Center. Categories of data collected include

information on (a) the abusive incident, (b) characteristics of the child, (c)

characteristics of the perpetrators, (d) family factors, and (e) legal findings.

Information included on the form is compiled through the following

process. When a child presenting to CHO is suspected of being a victim of abuse

or neglect, injuries are documented by the observing employee, CHO's

Department of Social Services is notified and the child and caregivers (if present)

are interviewed. Police and Child Welfare (CW) interviews are also conducted if

warranted. Available information from the interviews of each agency and the

physical examination, as well as past information from the child's CHO medical

chart (if available) are compiled into a narrative report. These reports are

presented and reviewed in the next 7-14 days at the Child Protection Committee

(CPC) meeting. The CPC is a multi-disciplinary team of CHO professionals that

attempts to ensure appropriate care and follow-up are provided to CHO patients

suspected of abuse and neglect. The committee discusses the compiled

information on each case, CW rulings and any other concerns and makes its own

ruling on the case. All of the information discussed in the meetings is reported in

the meeting minutes. From the CPC minutes, the narrative report and the medical

chart, information is extracted and the information is documented on a copy of the

Physical/Sexual Abuse and Neglect Report, and entered into a computer data base.

In order to objectify the coding of items from the narrative reports, a detailed coding manual of definitions and decision rules was constructed. When issues of clarity arose, the appropriate professionals (physicians, Social Services social workers, DHS social workers) were consulted. A licensed psychologist supervising the project approved all definitional decisions.

Procedures

Approval for a retrospective review of the database was obtained from the Institutional Review Boards of both the University of Oklahoma Health Sciences Center and the University of Oklahoma. Selected fields appropriate to the study will be requested from the research co-ordinator of the Department of General Pediatrics.

After initial coding has been completed, three independent raters (graduate student research assistants, Raters A and B) will be trained by the Principal Investigator (Rater C) in the use of the manual. Raters will code groups of cases, interpreting information derived from the source documents and coding this, utilizing the definitions manual, onto the data form. Raters A and B will code the same group of 50 forms (Group 1). Both raters B and C will code another group of 50 forms (Group 2). Raters C and A will code 50 forms comprising Group 3.

This will result in a total of 150 forms, randomly selected from the total N, to comprise the interrater reliability sample.

Analysis of Results

To determine interrater reliability of coding information based on the definitions manual, a kappa coefficient to correct for chance agreement will be computed. Acceptable rate of agreement will be .61 or higher (Landis & Koch, 1977).

Descriptive statistics will be calculated on variables of child gender and race, parent gender, CPS/DHS and CPC findings, and juvenile and criminal court findings. Given the categorical nature of the data set, non-parametric statistics will be employed to evaluate descriptive results. Non-parametric statistics are used when data do not meet the assumptions of parametric statistics, and in the case of categorical variables, especially dichotomous variables, the primary violation is the assumption of a normal distribution (Runyon & Haber, 1967).

In order to evaluate the predictive value of the hypothesized variables, a multivariate statistical procedure will be necessary. Due to the dichotomous dependant variable, logistic regression will be used to evaluate the predictive model, as it is a procedure which assumes a binomial error structure. Logistic regression is similar to multiple regression, but whereas multiple regression yields

coefficient $b$ as the estimated change in the dependant variable with each change

in the value of an independent variable, logistic regression utilizes $b$ as the

estimated change in the log odds of an independent variable. The value

exponentiated $b$ returns an odds ratio, which gives the odds of membership in the

target group (the dependant variable), for each increase in level of a predictor

variable (Fleiss, Williams, & Dubro, 1986). Overall measure of how well a model

fits, or correctly classifies cases, is tested by a chi-square analysis, based on -2

times the log of the likelihood value (-2LL). A well-fitting model will decrease in

-2LL value from the base-line model, which predicts membership in the target

group based on observations of occurrance only.

<div align="center">Discussion</div>

Discussion will examine the predictor models and any relationships and

patterns between variables that distinguish FTP from non-FTP cases. Variables

identified in confirmed FTP cases will be examined with respect to the previous

literature for any similarities or discrepancies. The role of the mental health

professional in addressing these variables in treatment will be discussed.

Implications for CPS workers will be presented. Limitations of the current study

will be discussed, including usefulness of the Physical/Sexual Abuse and Neglect

Report and the definitions manual, and restrictions on variables to be analyzed

due to the data collection procedures. Directions for future research will be

explored.

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Table 1

Kappa Coefficients for Study Variables

|  | Kappa coefficient |
| --- | --- |
| Gender | .99 |
| Race | .92 |
| Perpetrator Variables[a] | |
|     Mother's age | .89 |
|     Mother admission | .17 |
|     Father's age | .85 |
|     Father admission | .45 |
|     Step-parent gender | 1.00 |
|     Step-parent admission | 1.00 |
|     Grandfather admission | 1.00 |
|     Sibling admission | 1.00 |
|     Aunt/uncle gender | 1.00 |
|     Aunt/uncle age | .80 |
|     Cousin age | 1.00 |
|     Father's lover admission | .00 |
|     Mother's lover age | .50 |

Table 1  Continued

|  | Kappa coefficient |
| --- | --- |
| Mother's lover gender | .50 |
| Babysitter admission | 1.00 |
| Familiar person age | 1.00 |
| Familiar person admission | .50 |
| Other person admission | .00 |
| Perpetrator Unknown | .56 |
| Multiple Perpetrators | .74 |
| Family history of alcohol use | .72 |
| Family history of violence | .86 |
| Family history of substance use | .77 |
| Patient history of CPS contact | .70 |
| Parent history of CPS contact | .71 |
| CPS/DHS findings | .83 |
| CPC findings | .90 |
| Disclosure source[b] | .66 |
| Physical abuse case[b] | .81 |
| Emotional abuse case[b] | .00 |

Table 1   Continued

| | Kappa coefficient |
| --- | --- |
| Sexual abuse case[b] | .79 |
| Neglect case[b] | .64 |

Note. Reported variables do not represent all variables utilized in the study. Due

to the infrequent occurrence of many variables, they did not appear in cases

randomly selected for interrater reliability coding.

[a]Perpetrator variables (when reported) of "gender", "admit", and "age" were used

as reliability checks to determine if an individual was a perpetrator of abuse or

charged with FTP. [b] Variables reported are collapsed from multiple variables and

kappa values are median of those variables.

Table 2

Demographic Variables by FTP Classification

| Variable | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^2$ | p value |
|---|---|---|---|---|---|---|
| Gender | | | | | | |
| Male | 67 | 33 | 288 | 48 | | |
| Female | 134 | 67 | 316 | 52 | 22.3333 | .0001 |
| Race | | | | | | |
| Asian | 1 | 0 | 3 | 0 | | |
| Black | 52 | 26 | 149 | 25 | | |
| Hispanic, | | | | | | |
| non-White | 5 | 2 | 24 | 4 | | |
| Hispanic, | | | | | | |
| White | 0 | 0 | 1 | 0 | | |
| Native | | | | | | |
| American | 7 | 3 | 44 | 7 | | |
| White | 129 | 64 | 343 | 57 | | |
| Other | 7 | 3 | 38 | 6 | | |
| Type of Abuse | | | | | | |
| Physical | 69 | 34 | 339 | 56 | 14.1379 | .0002 |
| Sexual | 120 | 60 | 127 | 21 | 73.5185 | .0001 |

Table 2 Continued

| Variable | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^2$* | p value |
|----------|-------|------------|-----------|------------|-----------|---------|
| Neglect | 25 | 12 | 173 | 29 | 16.1006 | .0001 |
| Emotional | 13 | 6 | 44 | 7 | | |

*degrees of freedom = 1

Table 3

Perpetrator's Relationship to Patient by FTP Classification

| Perpetrator | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^2$* | p value |
|---|---|---|---|---|---|---|
| Mother | 59 | 29.4 | 318 | 52.6 | 17.6785 | .0001 |
| Father | 54 | 26.9 | 157 | 26.0 | | |
| Step-mother | 1 | 0.5 | 4 | 0.7 | | |
| Step-father | 29 | 14.4 | 25 | 4.1 | 23.7995 | .0001 |
| Grandmother | 0 | 0 | 11 | 1.8 | | |
| Grandfather | 5 | 2.5 | 6 | 1.0 | | |
| Step-Grandfather | 2 | 1.0 | 2 | 0.3 | | |
| Female Sibling | 1 | 0.5 | 3 | 0.5 | | |
| Male Sibling | 15 | 7.5 | 8 | 1.3 | 19.8877 | .0001 |
| Aunt | 2 | 1.0 | 9 | 1.5 | | |
| Uncle | 6 | 3.0 | 21 | 3.5 | | |
| Female Cousin | 0 | 0 | 1 | 0.2 | | |
| Male Cousin | 7 | 3.5 | 16 | 2.6 | | |
| Other Female Relative | 0 | 0 | 1 | 0.2 | | |

Table 3 Continued

| Perpetrator | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^2$* p value |
|---|---|---|---|---|---|
| Other Male | | | | | |
| Relative | 1 | 0.5 | 6 | 1.0 | |
| Father's Female | | | | | |
| Lover | 0 | 0 | 2 | 0.3 | |
| Father's Male | | | | | |
| Friend | 3 | 1.5 | 4 | 0.7 | |
| Mother's Male | | | | | |
| Lover | 35 | 17.4 | 27 | 4.5 | 32.8015 .0001 |
| Mother's Female | | | | | |
| Friend | 0 | 0 | 4 | 0.7 | |
| Mother's Male | | | | | |
| Friend. | 4 | 2.0 | 3 | 0.5 | |
| Female | | | | | |
| Babysitter | 1 | 0.5 | 6 | 1.0 | |
| Male Babysitter | 0 | 0 | 1 | 0.2 | |
| Female Daycare | | | | | |
| Worker | 0 | 0 | 2 | 0.3 | |

Table 3 continued

| Perpetrator | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^2$* | p value |
|---|---|---|---|---|---|---|
| Female Teacher | 0 | 0 | 1 | 0.2 | | |
| Male School Personnel | 1 | 0.5 | 0 | 0 | | |
| Male Stranger | 3 | 1.5 | 13 | 2.2 | | |
| Female Familiar Person | 0 | 0 | 4 | 0.7 | | |
| Male Familiar Person | 35 | 17.4 | 42 | 7.0 | 17.2483 | .0001 |
| Other Female | 0 | 0 | 5 | 0.8 | | |
| Other Male | 2 | 1.0 | 8 | 1.3 | | |
| Unknown | 5 | 2.5 | 64 | 10.6 | 11.5681 | .0007 |
| Multiple Perpetrators | 119 | 59.2 | 142 | 23.5 | 59.2631 | .0001 |

*df = 1

Table 4

CPS/DHS, CPC and Court Findings

| Variable | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^{2}$* | p value |
|---|---|---|---|---|---|---|
| CPS/DHS Findings | | | | | | |
| Valid | 147 | 73.1 | 368 | 60.9 | | |
| Invalid | 5 | 2.5 | 45 | 7.5 | | |
| Uncertain | 5 | 2.5 | 56 | 9.3 | 9.1595 | .0025 |
| No evidence | | | | | | |
| of abuse | 0 | 0 | 1 | 0.2 | | |
| Missing data | 44 | 21.9 | 134 | 22.2 | | |
| CPC Findings | | | | | | |
| Certain | 122 | 60.7 | 404 | 66.9 | | |
| Probable | 60 | 20.9 | 61 | 10.1 | 39.1421 | .0001 |
| Possible | 7 | 3.5 | 20 | 3.3 | | |
| Unlikely | 1 | 0.5 | 36 | 6.0 | 9.7916 | .0018 |
| Unable | | | | | | |
| To Determine | 8 | 4.0 | 55 | 9.1 | | |

Table 4 Continued

| Variable | FTP n | % of 201 N | non-FTP N | % of 604 N | $\chi^{2}$* | p value |
|---|---|---|---|---|---|---|
| Missing | 3 | 1.5 | 28 | 4.6 | | |
| Court Involvement | | | | | | |
| Civil | 18 | 9.0 | 29 | 4.8 | | |
| Criminal | 88 | 43.8 | 97 | 16.1 | 50.4306 | .0001 |
| Juvenile Petition | 95 | 47.3 | 193 | 32 | 9.8808 | .0017 |
| Juvenile Show Cause | 110 | 54.7 | 279 | 46.2 | | |
| Juvenile Adjudicated | 16 | 8.0 | 29 | 4.8 | | |

Table 5

Logistic Regression Analysis Summary, Model 1

| Variables in Model | Exp (B) | B | SE | p value |
|---|---|---|---|---|
| Model 1 n=720 | | | | |
| Parent CPS | | | | |
| History "Unknown" | 1.0655 | .06335 | .5958 | .9151 |
| Parent CPS | | | | |
| History "Yes" | .9586 | -.0422 | .3575 | .9059 |
| Patient CPS | | | | |
| History "Unknown" | .4600 | -.7765 | .6170 | .2082 |
| Patient CPS | | | | |
| History "Yes" | .8182 | -.2006 | .3427 | .5583 |
| Family Drug | | | | |
| History "Unknown" | .9095 | -.0949 | 1.4410 | .9475 |
| Family Drug | | | | |
| History "Yes" | .9310 | -.0715 | 1.4291 | .9601 |
| Family Alcohol | | | | |
| History "Unknown" | 1.6293 | .4882 | 1.3902 | .7255 |

Table 5 Continued

| Variables in Model | Exp (B) | B | SE | p value |
|---|---|---|---|---|
| Family Alcohol | | | | |
| History "Yes" | 1.0014 | .0014 | 1.3905 | 1.000 |
| Family Violence | | | | |
| History "Unknown" | 1.4377 | .3631 | .8082 | .6511 |
| Family Violence | | | | |
| History "Yes" | 4.4757 | 1.4987 | .8243 | .0690 |
| Child Age | 1.0025 | .0025 | .0016 | .1280 |
| Reporting Difference | 2.1992 | .7881 | .2109 | .0002 |
| Sexual Abuse Case | 5.2476 | 1.6578 | .2073 | .0001 |

| | |
|---|---|
| Initial log likelihood function | 814.1275 |
| -2 log likelihood | 680.921 |
| Chi-square | 133.206 (df = 13) $p < .0001$ |

Table 6

Logistic Regression Analysis Summary, Model 2

| Variables in Model | Exp (B) | B | SE | p value |
|---|---|---|---|---|
| Model 2 n=795 | | | | |
| Family Violence | | | | |
| History "Unknown" | 1.8942 | .6388 | .7111 | .3690 |
| Family Violence | | | | |
| History "Yes" | 5.5526 | 1.7143 | .0194 | .0194 |
| Reporting Difference | 2.2390 | .8060 | .1958 | .0001 |
| Sexual Abuse Case | 5.1834 | 1.6455 | .1900 | .0001 |
| Initial log likelihood function | | 892.46118 | | |
| -2 log likelihood | | 754.358 | | |
| Chi-square | | 138.103 (df = 4) $p < .0001$ | | |

Table 7

Logistic Regression Classification, Model 1

| | Observed | | |
|---|---|---|---|
| | Failure to Protect | Not Failure to Protect | Totals |
| Predicted | | | |
| Failure to Protect | 62 | 32 | 194 |
| Not Failure to Protect | 120 | 506 | 626 |
| Totals | 182 | 538 | 720 |

| | |
|---|---|
| Sensitivity | 34.07% |
| Specificity | 94.05% |
| Positive Predictive Value | 65.96% |
| Negative Predictive Value | 80.83% |
| False Positive Rate | 6% |
| False Negative Rate | 65.93% |
| Overall Hit Rate | 78.89 |
| Kappa | .33 |
| Somer's D | .468 |

Table 8

Logistic Regression Classification, Model 2

| | Observed | | |
|---|---|---|---|
| | Failure to Protect | Not Failure to Protect | Totals |
| Predicted | | | |
| Failure to Protect | 75 | 42 | 117 |
| Not Failure to Protect | 123 | 555 | 678 |
| Totals | 198 | 597 | 798 |
| Sensitivity | 37.88% | | |
| Specificity | 92.96% | | |
| Positive Predictive Value | 64.10% | | |
| Negative Predictive Value | 81.86% | | |
| False Positive Rate | 7% | | |
| False Negative Rate | 62% | | |
| Overall Hit Rate | 79.25 | | |
| Kappa | .36 | | |
| Somer's D | .460 | | |

Figure Caption

Figure 1. Valid DHS rulings of FTP by relationship to patient: Mother FTP ($n$ =

123), Mother Perpetrator and FTP ($n$ = 50), Father FTP ($n$ = 12), Mother and

Father FTP ($n$ = 13), Other FTP ($n$ = 3).

## Valid DHS Rulings of FTP by Relationship to Patient