

## Comparison of Child Maltreatment Data Brief

### PURPOSE

The purpose of this policy brief is to review a recent publication in the Journal of Public Health Management and Practice (JPHMP) titled, Child Maltreatment: A Comparison of Wisconsin Children Identified in the Health Care and Child Protective Services (CPS) Records, 2018-2019. This article compares children served by one or both of these agencies. Understanding differences can help inform opportunities for prevention and intervention.

### OVERVIEW

Authors state that accurate surveillance of child abuse and neglect (CAN) is central to correctly determining the scope of this important public health issue and the populations facing disproportionate burden. The primary data sources used to measure child abuse and neglect (CAN) are health records from hospital inpatient and

emergency department visits and CPS reports. CPS agencies and hospitals and their emergency departments receive data through different encounters. CPS receives reports on suspected child maltreatment from reporters, both mandated and non-mandated, while hospital discharge records are dependent on the family or child having access to and seeking health care. Consequently, these agencies tend to serve differing populations of children, including differences by demographics and/or the type of maltreatment they experience.

## STUDY OBJECTIVES

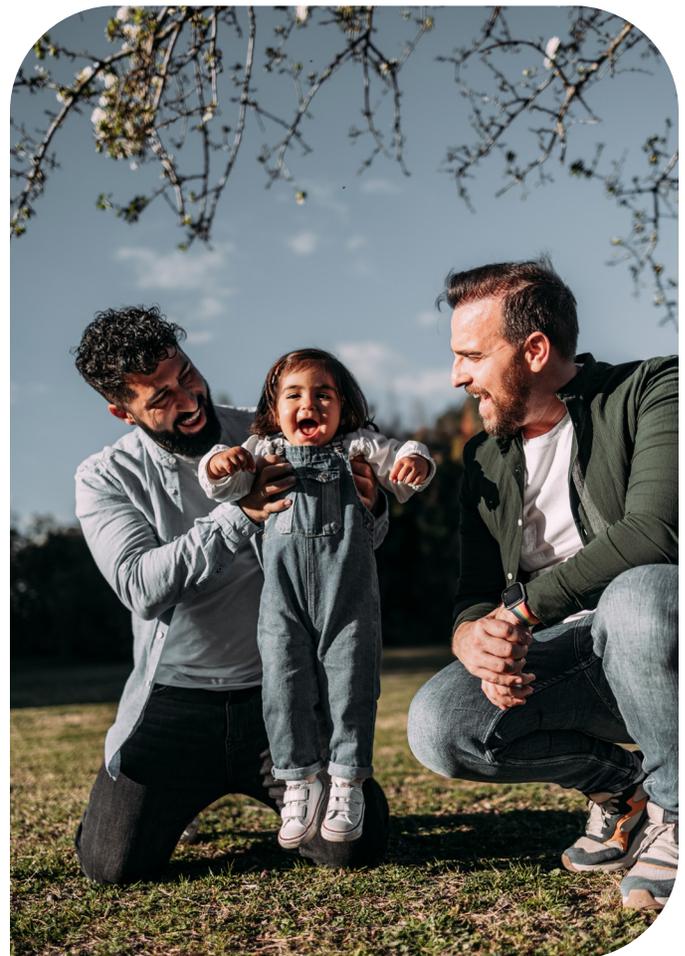
- The study compared the characteristics of children identified as victims of maltreatment by the health care system (through review of emergency department and hospital inpatient visits), by CPS, and by both agencies.
- For children identified by both health care and CPS, a secondary analysis compared the characteristics of children with a CPS finding that confirmed maltreatment (substantiated) to those with a CPS finding where maltreatment could not be confirmed (unsubstantiated).

The goal of this study was to gain understanding of the different populations in contact with these two systems and where they overlap as well as the specific types of maltreatment (sexual abuse, physical abuse, psychological abuse, and/or neglect) experienced by these populations. Hopefully, this will help to inform and target future efforts related to identifying and addressing child maltreatment.

## STUDY METHODS

This study linked children identified by health care records (nonfatal hospitalizations and emergency room visits), to those with investigated CPS reports<sup>1</sup>. Data from January 2018 through December 2019 were analyzed. Three groups were identified and used for comparison: a matched group, a health care only group and a CPS only group. Age group, race, ethnicity, county of residence, and maltreatment type were also reviewed to shed light on some of the differences between groups.

<sup>1</sup> The county receives reports of child abuse and neglect through an “Access” worker. The agency decides if the information in the report is potential child abuse or neglect according to Wisconsin law. The Wisconsin Children’s Code defines the areas and indicators of child abuse and neglect. If the report meets these definitions for potential child abuse, the CPS worker starts an “Initial Assessment.”



The three groups were classified as:

- Group 1: “Matched”: Children with a maltreatment code in a health record (either suspected or confirmed child maltreatment) and an investigated CPS report.
- Group 2: “Healthcare Only”: Children with a maltreatment code in a health record without a CPS investigated report.
- Group 3: “CPS Only”: Children with an investigated CPS report and no health care record with a maltreatment code.

## DISCUSSION

The comparison between these three groups provided some very interesting insights into the demographics of children identified

by one or both agencies, the type of maltreatment identified, and differences in CPS substantiation between children identified in both systems and those identified only by CPS (See Table 1).

Black children were overrepresented in both the health care and the CPS systems, while White children were underrepresented in both systems. These findings may be indicative of bias within both health care and CPS systems, differences related to use of health services by different populations of children, racial bias among health providers and reporters to CPS, and/or institutional/agency racism. Such bias can negatively impact both Black and White children by leading to trauma and stress for those children and families who may be

Table 1.

<b>Group 1. Matched group findings: Children with a maltreatment code in their health record and an investigated CPS report</b>	<b>Group 2. Health Care Only findings: Children with a health record noting maltreatment and no match with an investigated CPS report</b>
<ul style="list-style-type: none"> <li>• Matched group children were significantly younger than those in other groups.</li> <li>• Matched group children were significantly more likely to live in urban counties.</li> <li>• Matched group children were 2.5 times more likely to have had a substantiated report than children in the CPS only group: 45% of the children in Matched group had substantiated CPS cases compared to 18% of children in CPS Only group.</li> </ul>	<ul style="list-style-type: none"> <li>• Nearly half of children in Group 2 were 10-17 years old.</li> <li>• Significantly more of the children in the Health Only group were female compared to the other two groups.</li> <li>• Half of the Health Care Only group was coded for sexual abuse in health records. Of those who were identified with sexual abuse, 87% were girls and 56% of these girls were between the ages of 10 and 17.</li> <li>• The largest proportional difference between the Matched Group and Health Care Only Group was for psychological abuse: 12.4% among Health Care Only children compared with less than 1.8% among the Matched group.</li> </ul>
<b>Group 3. CPS Only findings: Children with an investigated CPS report and no match with a health record noting maltreatment</b>	<b>Comparison of sub-groups with a substantiated CPS report within Matched and CPS Only groups:</b>
<ul style="list-style-type: none"> <li>• Children in the CPS Only group were more likely to live in rural counties.</li> <li>• Among the CPS Only group, the largest category of substantiated maltreatment was neglect at 72%, sexual abuse was 22%, physical abuse was 19%, and psychological abuse was 2%. (Note: children can have more than one substantiated maltreatment type.)</li> </ul>	<ul style="list-style-type: none"> <li>• Of those children in the Matched group with a substantiated CPS report, 60.1% were identified by CPS record as having experienced physical abuse, whereas less than 20% of substantiated children in the CPS Only group were confirmed with physical abuse.</li> <li>• Of those children in the Matched group with a substantiated CPS report, less than half were substantiated for neglect whereas nearly three-fourths of the CPS Only children with a substantiated report were identified with neglect.</li> </ul>
<b>Findings across all three groups:</b>	
<ul style="list-style-type: none"> <li>• Black children were overrepresented in all three groups relative to their percentage of the population in Wisconsin (11%) They were most disproportionately represented in the Matched group at 39.5% versus 21.8% for the Healthcare Only group and 32.6% for the CPS Only group.</li> <li>• Conversely, White children were underrepresented in all three groups relative to their 83% population representation: 51.1% of Matched group, 68.7% of Health Care Only group, and 57.5% of CPS Only group.</li> </ul>	

misidentified and risk of substantial harm for children who may be unidentified.

Each agency (health care versus CPS) detected specific types of maltreatment differently than the other. The health care system was more effective at identifying physical abuse and sexual abuse. The CPS system was significantly more effective at identifying neglect. However, when maltreatment of a child was detected by both systems, a CPS report was significantly more likely to be substantiated.

The findings demonstrate that each system has an important role to play in detecting child maltreatment. A robust statewide primary prevention system could be helpful to both agencies and to the families they serve. Such a system could provide outreach and education to agency staff on prevention and intervention services available to children and families and serve as a referral to resources that address family stressors and strengthen protective factors.

## References:

Imm P, Pac J. Child Maltreatment: A Comparison of Wisconsin Children Identified in Health Care and Child Protective Services (CPS) Records, 2018-2019. *J Public Health Manag Pract.* 2023 Sep-Oct 01;29(5):E181-E189. doi: 10.1097/PHH.0000000000001743. Epub 2023 Apr 21. PMID: 37097183.



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