How have rates of infant investigations due to reports from medical professionals changed over time?

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What can we learn from this study?

This article examines national trends and racial disparities in child abuse and neglect investigations of infants due to reports from medical professionals.

Study details:

- **Population:** 2,835,139 infants who were subjects of child welfare investigations
- Data sources: National Child Abuse and Neglect Data System (for child welfare investigation data), National Cancer Institute's Surveillance,
 Epidemiology, and End Results program data (for population data)
- **Methodology:** Descriptive estimates of child welfare investigation rates by year, state, and race/ethnicity
- Dates: 2010 to 2019

What are the critical findings?

Reports from medical professionals account for a significant proportion of investigations. Of the 2.8 million infants investigated for child maltreatment between 2010 and 2019, 26% (N=731,705) were investigated after a report from a medical professional.

- Rates of investigations due to reports from medical professionals increased faster than rates due to reports from other mandated reporters. The number of investigations involving infants due to reports by medical professionals nearly doubled between 2010 and 2019, from 51,868 to 102,636.
- Racial inequities in investigations due to reports from medical professionals persist. Between 2010 and 2019, the rate of investigations for American Indian/Alaska Native infants due to reports from medical professionals rose 203%, from 15.9 to 32.4 per 1,000 infants. For Black infants, the rate of investigations rose 231%, from 23.5 to 54.2 per 1,000 infants. The rate of investigations for white infants also rose (by 220%, from 11.2 to 24.6 per 1,000), but their investigation rate remains much lower.
- The percentage of investigations due to medical professionals' reports of infant and prenatal substance exposure (IPSE) varies widely by state and racial/ethnic group. In some states 1 in 1,000 infants were the subjects of investigation for IPSE, while in another it was 72 in 1,000. For American Indian/Alaska Native infants, the number was as high as 150 in 1,000 in one state.

Why is this important for our work?

Racial and ethnic inequities in reporting by medical professionals carry over to inequities in child welfare involvement. Fear of being reported to child welfare can keep pregnant women from receiving needed prenatal care. Keeping infants safe and healthy requires <u>upstream prevention</u>, including <u>early identification and support of families in need of substance use disorder treatment</u>.

his summary synthesizes the findings from a single research report. To learn more, see: How do investigation, removal and placement cause trauma for children? and How can helplines serve as a better pathway for families to access support?

For additional information, access the <u>article</u> or contact KMResources@casey.org.