



THE WELL-BEING OF ILLINOIS INFANTS AND TODDLERS IN SUBSTANTIATED CHILD MALTREATMENT CASES

RESEARCH BRIEF | SANDRA J. LYONS, THEODORE P. CROSS & JESSE J. HELTON | June 2012

Maltreated children are at greater risk than other children for adverse outcomes in physical health, brain development, cognitive and language skills, and social-emotional functioning (Harden, 2004; Horowitz, et al., 1994; Stahmer, et al., 2005). Maltreatment directly affects children, but is also associated with risk factors like parental substance abuse, parental mental illness and poverty that can each have negative effects on child development.

Children from birth to age 3 are particularly vulnerable because of the rapid physical and social development that occurs between infancy and toddlerhood. Maltreated infants suffer from greater developmental disabilities than those who are maltreated later in childhood (Erickson et al., 1989). Economic deprivation is also known to have a larger negative impact on children during their early years (Brooks-Gunn & Duncan, 1997). This research brief reports findings from the Illinois Survey of Child and Adolescent Well-Being (ISCAW) concerning the well-being of infants and toddlers in substantiated maltreatment cases in Illinois.

Research Methods

The Illinois Survey of Child and Adolescent Well-Being (ISCAW) is a statewide study of the well-being of children in substantiated Illinois Department of Children and Family Services (DCFS) maltreatment investigations between March 2008 and January 2009. Because of ISCAW's random sampling methodology, the study provides valid estimates of outcomes for Illinois within a specified margin of error. Children birth to age 3 made up nearly one-third (32%) of the ISCAW sample. The data reported in this brief

were collected four months following the completion of the maltreatment investigation. Primary caregivers (biological, kin, and foster caregivers) and caseworkers were interviewed about the children's development and well-being. ISCAW also included standardized developmental screening tools completed by caregivers that were used to estimate the percentage of children in substantiated child welfare cases who are at risk of developmental delay.

Following the close of their substantiated investigation, 32% of children birth to age 3 remained at home without formal child welfare services, 43% received intact family services, 17% were placed in kinship care, and 8% were placed in traditional foster care. A little over half of the children (55%) were male, and almost half (48%) were African American, 32% were White Non-Hispanic, 19% were Hispanic, and 1% were an "other" ethnicity. One-third of children were living in counties with a population density less than 110 people per square mile. The percentages of the sample from Cook County, the Northern Region, and the Central Region were about the same (27% to 34%), with a smaller percentage from the Southern Region (10%).

Results

Poverty. Among families investigated for child maltreatment in Illinois, poverty is typical. More than half (54%) of children birth to age 3 in the ISCAW sample were living in households in which the income reported by caregivers was below the federal poverty line. This poverty rate is three times higher than the overall child poverty rate in Illinois (17%) in 2008 (Annie E. Casey Foundation, 2012).



Risk Factors in the Home Environment. In addition to economic deprivation, infants and toddlers face a number of other risks in their home environments. As reported by their caseworkers, many children in this age range had parents who had a history of domestic violence (28%), alcohol (12%) or other substance abuse (26%) problem, serious mental illness (24%), or arrest (20%). Caregivers themselves reported having difficulties including below average social support (18%), poor physical health (10%), and poor mental health (12%).

Physical Development. Several indicators in the ISCAW caregiver interview spoke to children's health. Most caregivers reported that the infant or toddler in their care was in good health (97%), was up-to-date with immunizations (95%), had a medical home (97%), and had had a well-child visit in the previous 12 months (94%). A large majority of caregivers reported that their child had insurance coverage (98%). Almost one-third of caregivers of children ages 2 to 3 said that their child had had a dental check-up (31%). On the other hand, physical health is an issue for many of these children. Thirty percent of caregivers indicated that their child had a special health care need requiring ongoing care, including conditions like asthma, mental retardation, vision problems, and language impairment. A large proportion of children under age three (39%) had had an emergency department visit in the last year.

Language Development. The Preschool Language Scale-3 (PLS-3) was used to measure language development. The PLS-3 has two subscales, the Auditory Comprehension subscale, which measures receptive communication skills, and the Expressive Communication subscale, which measures expressive communication skills. A Total Language Standard Score is also scored based on the subscales. The average scores on all three scores for children birth to age 3 in the ISCAW sample were substantially lower than among children this age in the general U.S. population, placing these children at the 15th to 21st percentile on average on these measures.

Cognitive Development. The Bayley Infant Neurodevelopmental Screener (BINS) (Aylward, 1995) was used to identify infants between 3 and 24 months old with developmental delays or neurological impairments who need further diagnostic testing and possibly early intervention services. Overall, 64 percent of children aged 0 to 2 had scores indicating that they were at high risk of developmental delay. These children showed limitations in one or more of these areas: neurological functioning, sensation and perception, fine and gross motor skills, verbal skills, memory/learning and thinking/reasoning. This rate is comparable to that of a sample of children specifically identified for clinical intervention and is substantially higher than the percentage of children who score in the high risk range in the general population (14%).

The cognitive domain of the Battelle Developmental Inventory (BDI) (Newborg, 2005) was also used to assess cognitive development. The BDI measures attention, memory, reasoning, early academic skills, perceptual and conceptual skills. Seventeen percent of children scored within the clinical range on the BDI total score, indicating a need for intervention. This is more than eight times the rate among children in the general population.

Developmental Needs

Adaptive Living Skills. Children's daily-living skills were measured with the Vineland Adaptive Behavior Scale (VABS) Screener (Sparrow, Carter, & Cicchetti, 1993)—Daily Living Skills domain. Adaptive living skills in this age group include basic eating and drinking, hygiene, toilet training, and basic safety. Though the majority of children (74%) ranked in the adequate to high range on this scale, over a quarter of children in this age range were in either the moderate low range (22%) or the very low range (4%).
Developmental Need. Following the NSCAW II Baseline Report (Ringelsen et al., 2011), developmental need was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or



being two standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. An analysis of developmental need is useful because it is a conservative method of showing how many children have developmental challenges across measures. The measures discussed in this brief were used in the calculation of developmental need, with the exception of the Bayley Infant Neurodevelopmental Screener because it lacks some of the measurement qualities of other instruments. In the ISCAW sample, 21% of children birth to age 3 showed evidence of developmental need when defined using this measure.

Conclusions

ISCAW data show that many Illinois infants and toddlers in substantiated maltreatment cases are at risk for development delays. Most children did not have substantial developmental challenges, but disproportionate percentages had serious family risks, special health care needs, compromised language and/or cognitive development, and impaired living skills. This is not surprising given both the maltreatment and the family and community challenges that they have experienced. Awareness of their developmental need is critical, as research has suggested that experiences in the early years are particularly influential for children's later development. Since these children are not yet in school, child welfare may be one of the few systems that has contact with them. This presents an opportunity for the child welfare system to facilitate early intervention with infants, toddlers, and their families when children are very young, with the opportunity for lasting benefits throughout their life.

Policies and programs such as the DCFS' Integrated Assessment and Early Childhood Placement Family Services Program that provide developmental screenings for children aged birth to 3 and consultations and referrals for early childhood related issues for children up to age 5

are critical to meeting the developmental needs of young children involved with DCFS (see, e.g., Illinois Department of Children and Family Services, n.d.; Smithgall et al., 2009). The earlier the needs of these children and families can be addressed, the greater the chances of ensuring their well-being as they get older.

Recommended Citation

Lyons, S.J., Cross, T.P., & Helton, J.J. (2012). *The Well-Being of Illinois Infants and Toddlers in Substantiated Child Maltreatment Cases*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Related Report

Cross, T.P. & Helton, J.J. (2012). *The Well-Being of Illinois Children in Substantiated Investigations: Baseline Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Acknowledgements

This document includes data from the National Survey of Child and Adolescent Well-Being, which was developed under contract with the Administration on Children, Youth, and Families, U.S. Department of Health and Human Services (ACYF/DHHS). The data have been provided by the National Data Archive on Child Abuse and Neglect. The information and opinions expressed herein reflect solely the position of the author(s). Nothing herein should be construed to indicate the support or endorsement of its content by ACYF/DHHS. Funding for the Illinois Survey of Child and Adolescent Well-Being (ISCAW) was provided by the Illinois Department of Children and Family Services and Casey Family Programs. The authors would like to thank Tamara Fuller and Becky Ponder for their work in preparing and editing this brief.



References

- Annie E. Casey Foundation. (2012). Kids Count Data Center. Retrieved from <http://datacenter.kidscount.org/data/bystate/stateprofile>
- Aylward, G. P. (1995). *Bayley Infant Neurodevelopmental Screener*, San Antonio, TX: Psychological Corporation.
- Brooks-Gunn, J., and Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children*, 7(2), 55-71.
- Erickson, M. F., Egeland, B., & Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment* (pp. 647-684). New York, NY: Cambridge University Press.
- Harden, B. J., (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31-47.
- Horowitz, S. M., Simms, M. F., & Farrington, R. (1994). Impact of developmental problems on young children's exits from foster care. *Developmental and Behavioral Pediatrics*, 15(2), 105-110.
- Illinois Department of Children and Family Services. (n.d.). *Department of Children and Family Services/Erikson Institute Early Childhood Project*. Retrieved from http://www.casey.org/resources/Events/earlylearning/IL/pdf/ILDCFS_Handout.pdf
- Newborg, J. (2005). *Battelle Developmental Inventory*, Second Edition: Examiner's Manual. Itasca, IL: Riverside.
- Ringeisen, H., Casanueva, C., Smith, K., & Dolan, M. (2011). *NSCAW II Baseline Report: Children's Services*. OPRE Report #2011-27f, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Smithgall, C., Jarpe-Ratner, E., Yang, D. H., DeCoursey, J., Brooks, L., & Goerge, R. (2009). *Family Assessment in Child Welfare: The Illinois DCFS Integrated Assessment Program in Policy and Practice*. Chicago: Chapin Hall at the University of Chicago.
- Sparrow, S. S., Carter, A. S., & Cicchetti, D. (1993). *Vineland Screener: Overview of reliability, validity, administration and scoring* New Haven, CT: Yale University Child Study Center.
- Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., & Zhang, J. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics*, 116(4), 891-900.