

RESEARCH BRIEF

Children with Autism Spectrum Disorder in Child Protection: Disparities, Allegations and Services

PURPOSE OF THE STUDY

The purpose of this study was to explore child protection involvement for children with ASD, as compared to children with other disabilities and children without disabilities, including involvement rates, re-reports, allegation type, and services recommended. This study also sought to highlight the demographic differences and disparities of children with ASD who were involved in child protection.

BACKGROUND & PURPOSE

Researchers have been drawing attention to the issue of maltreatment of children with disabilities for decades (Crosse, Kaye & Ratnofsky, 1992; Sullivan & Knutson, 2000). The best estimate of maltreatment prevalence suggests that children with disabilities had a 31% rate of maltreatment, compared to a 9% rate for children without any record of disability (Sullivan & Knutson, 2000). Yet, little is known about maltreatment rates for specific diagnoses, including Autism Spectrum Disorder (ASD). Some emerging research specific to children with ASD and their involvement in child protection shows this group experiences similar involvement rates as their peers with other disabilities, however specific types of maltreatment experienced may vary by disability diagnosis and by specific symptoms presented (Chan & Lam, 2016; Hall-Lande et al., 2015).



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With minimal research conducted specifically about children with ASD and their involvement in child protection, involvement rates, types of maltreatment, and services recommended remain unknown. Moreover, we know little about the demographic information about children with ASD who are involved in child protection in comparison to children without ASD who are involved in child protection.

Thus, the purpose of this study was to explore child protection involvement for children with ASD, as compared to children with other disabilities and children with no disabilities. This study also sought to highlight the demographic characteristics and disparities of children with ASD who were involved in child protection.

The following questions were explored in this study:

1. Does the child protection involvement of children with ASD differ from that of children with other disabilities and children without disabilities with respect to rates of involvement, the number of accepted cases (i.e., re-reports), allegation types, and recommended services?
2. Does the rate of CPS involvement among children with ASD vary by race/ethnicity, family income, and urban/rural residency?

METHODS

Education and child protection data for all second and third graders during the 2015-2016 academic year were integrated. Three groups were compared: children with ASD, children with other disabilities, and children without disabilities. Comparisons of CPS involvement among children with ASD were also made by race/ethnicity, family income, and urban/rural residency.

FINDINGS

Children with ASD had higher rates of child protection involvement than children without disabilities but lower rates than children with other disabilities. Children with ASD were more likely to experience physical abuse and medical neglect and were more likely to have at least one service recommended than children with other disabilities and children without disabilities. Disparities were evident among children with ASD who were involved in child protection in race/ethnicity, income, and living area.

Through Minn-LInK, statewide educational records from the Minnesota Department of Education of all second and third grade students in the 2015-2016 academic year were linked to child protection records from the Minnesota Department of Human Services. Educational records were used to identify children who had an Autism Spectrum Disorder (ASD) diagnosis; comparison groups were identified from the same student population to include children with disabilities other than ASD, and to include children with no record of disability diagnosis. By looking retrospectively at multiple years of data, this study was able to explore involvement in the child protection system (CPS) since birth.

Descriptive statistics were used to understand the characteristics and experiences of children across groups. Chi-square analyses, a ranked one-way ANOVA, and the Kruskal-Wallis H Test were conducted to compare various child protection outcomes across groups, including involvement rates, number of accepted CPS cases, allegation type, and primary services recommended. Comparisons of CPS involvement among children with ASD were also made by race/ethnicity, family income, and urban/rural residency.

CPS INVOLVEMENT RATES

CPS involvement rates significantly differed across groups (χ^2 [2, $N=137,797$] = 2180.47, $p < 0.001$); 18% of children with ASD were involved in child protection as compared to 24% of children with other disabilities and 11% of children without disabilities. This is an essential finding of this study, as previous studies have not been able to differentiate involvement rates of children with ASD from those of children with other disabilities (Hall-Lande et al., 2015) or those of children without disabilities (Spencer et al., 2005; Sullivan & Knutson, 2000).

The number of accepted CPS cases in which a child was involved (i.e., re-reporting) also significantly differed across groups. The number of cases in which children with ASD were involved ranged from one to 11, with a mean of 1.82 cases. Children with other disabilities were involved in one to 18 cases, with a mean of 2.09 cases. Children without disabilities were involved in one to 14 cases, with a mean of 1.68 cases (see Table 1). In addition to having higher rates of CPS involvement overall, children with ASD were involved in significantly more accepted CPS cases than children without disabilities (χ^2 [2, $N=137,797$] = 274.97, $p < 0.001$). Yet, their CPS involvement was not as great as children with other disabilities.

Table 1

CPS Involvement rates and number of accepted cases by disability

	Total Sample	ASD	Other Disabilities	No Disabilities
Number (n)	17,637	501	4,388	12,748
CPS involvement rate (%)	12.80%	18.03%	24.03%	10.92%
Number of CPS cases (mean)	1.79	1.82	2.09	1.68

ALLEGATION TYPES AND RECOMMENDED SERVICES

Children with ASD had the highest rate of physical abuse allegations (31%), compared to 26% of children with other disabilities and 21% of children without disabilities (χ^2 [8, $N=137,797$] = 50.17, $p < 0.001$). Children with ASD also had the highest rate of medical neglect allegations (2%); children with other disabilities had a rate of about 1.5% and children with other disabilities were under 1% (χ^2 [8, $N=137,797$] = 41.84, $p < 0.001$). While general neglect was the most common allegation with 69% of the total sample, children with ASD had the lowest rate of neglect at 61%, and children without disabilities had the highest rates of neglect at 71% (χ^2 [8, $N=137,797$] = 15.86, $p < 0.001$). Other types of allegations (sexual abuse and mental/emotional abuse) are not reported in this brief due to low numbers in the ASD population (see Table 2).

Table 2

Allegation type and recommended services for children with ASD who were involved in child protection

	Total Sample	ASD	Other Disabilities	No Disabilities
Allegation type				
Neglect	69.26%	61.28%	65.88%	70.74%
Physical Abuse	22.53%	31.14%	25.84%	21.05%
Medical Neglect	0.84%	2.20%	1.46%	0.57%
Recommended Services				
None	23.59%	19.16%	20.17%	24.95%
Counseling/Mental Health	29.65%	29.54%	33.11%	28.46%
Chemical Dependency	9.83%	6.79%	8.14%	10.53%
Parenting Education	9.05%	10.38%	10.35%	8.56%
Health and Disability-Related	0.49%	1.80%	0.68%	0.37%

The most commonly recommended services for families were counseling and mental health services (approximately 30%), with children with disabilities other than ASD having the highest need for these services. Families of children with ASD had the highest rates of parenting education, as well as health and disability-related services. Families of children with ASD also had the lowest rates of chemical dependency services. Almost a quarter of the families in this study were indicated to not need any services; however few families of children with ASD were noted as not needing services, indicating that these families were assessed to be in need of services at higher rates than families of children with other disabilities and families of children with no disabilities. Not all services available are reported in this study, due to low numbers in some service categories (see Table 2).

DISPARITIES IN RACE/ETHNICITY, INCOME, AND LIVING AREA

Findings revealed racial/ethnic and income disparities for children with ASD who were involved in child protection as compared to children with ASD who were not involved in CPS (see Figure 1). Almost half (48%) of American Indian/Alaskan Native children with ASD ($\chi^2 (5, N=137,797) = 44.18, p<0.001$) and 30% of African American children ($\chi^2 (5, N=137,797) = 29.77, p<0.001$) with ASD had CPS involvement. This is significantly greater than the average rate of involvement for children with ASD (18%). These racial and ethnic disparities are consistent with the disparities that persist in the general child protection population (Children’s Bureau, 2017).

Using free and reduced-fee school-lunch eligibility data, children were divided into three income groups: not low income (not eligible, above 185% of the Federal poverty level

[FPL]), low income (eligible for reduced-fee lunch, between 130 and 185% FPL), and very low income (eligible for free lunch, at or below 130% FPL; Moore, Conway, Kyler & Gothro, 2016). This study found that children with ASD from very low-income families had the highest rate of child protection involvement (34%; $\chi^2 (2, N=137,797) = 181.15, p<0.001$). Children from low income families also had involvement rates above the mean for the sample (20%, not statistically significant). Children who were not from low income families had a significantly lower CPS involvement rate (7%; $\chi^2 (2, N=137,797) = 134.83, p<0.001$; Figure 2).

Children with ASD from different living areas also varied in their CPS involvement. Using information from the U.S. Census Bureau regarding population density, all children residing in areas with population density over 50,000 were considered urban, areas with a population density between 2,500 and 50,000 were considered mid-size, and areas with population density under 2,500 were considered rural (U.S. Census Bureau, 2015). This study found that children with ASD from rural areas had the highest rates of child protection involvement (25%; $\chi^2 (2, N=137,797) = 14.17, p<0.001$), while children with ASD from urban areas had the lowest rates (16%; $\chi^2 (2, N=137,797) = 4.29, p=0.038$; Figure 2).

Figure 1: Child protection involvement of children with ASD by race/ethnicity

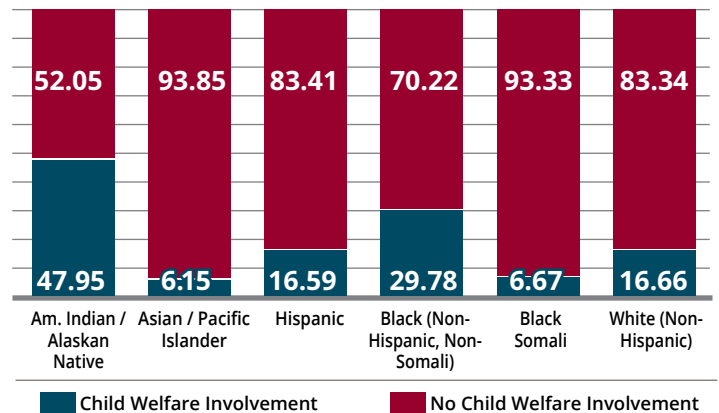
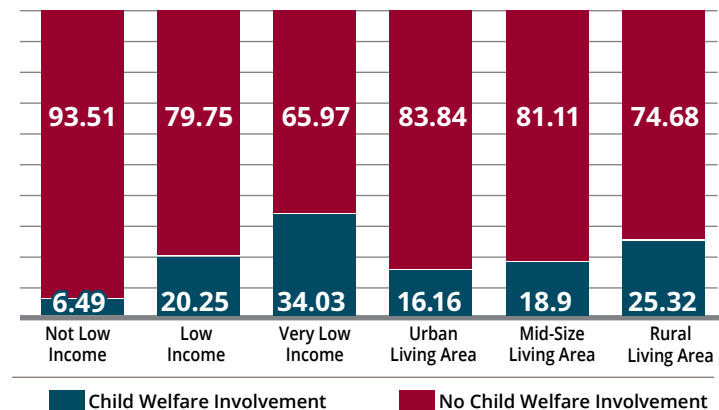


Figure 2: Child protection involvement of children with ASD by family income and living area



Conclusion

The key purpose of this study was to explore the child protection involvement of children with ASD. Study findings are important for practitioners and policy makers, as little is known about children with ASD who are involved in child protection.

Study findings revealed that children with ASD had higher rates of involvement in child protection than children without disabilities, but not as high as children with other disabilities. Children with ASD had the highest rates of physical abuse and medical neglect allegations, and the lowest rates of general neglect. Families of children with ASD were recommended for services at higher rates overall, most commonly for parenting education and health and disability related services.

This study found demographic differences between children with ASD who were involved in child protection as compared to those who weren't involved. Notably, American Indian/Alaskan Native and African American children with ASD had the highest rates of child protection involvement, as did children with ASD from very low-income families and children with ASD who resided in rural areas.

These findings present several implications for policy and practice. Racial and economic disparities persist in families involved in child protection, including families of children with ASD. While these disparities plague the child protection population in general, knowledge of unique findings for specific sub-populations can guide policy and practice decisions at multiple levels of child protection involvement. In addition to awareness that children with ASD have unique child protection involvement, knowledge that children with ASD may be at higher risk specifically for physical abuse and medical neglect suggests a need for preventive efforts for these types of maltreatment, targeted towards families of children with ASD. Furthermore, increased efforts to provide parenting education and access to health and disability-related services specifically for families of children with ASD may prevent initial and subsequent child protection involvement.

LIMITATIONS

As the data only included a primary disability diagnosis, there could be children with ASD who were not identified as such if their primary disability was listed as another diagnosis (i.e., intellectual disability). Moreover, the comparison group of children with other disabilities includes children with a wide range of diagnoses and severity. Therefore, caution should be taken in comparison of children with ASD with this heterogeneous group. Finally, this study's sample included only second and third graders; patterns of CPS involvement among older children remains unknown.

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