Changes in Child Placement After Child Abuse Pediatrics Consultation for Suspected Physical Abuse

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Background: The association between child abuse pediatric (CAP) assessments and child welfare outcomes is unknown.

Objective: To determine the association between a CAP determination of the likelihood of physical abuse and change in child placement. We hypothesized that child race would be associated with CAP determination of abuse likelihood and child welfare outcomes.

Participants and setting: Children under age ten years with in-person CAP consultation and referral to child protective services for suspected physical abuse at a U.S. pediatric referral center participating in CAPNET, a CAP research network, from 02/2021 to 01/2023.

Methods: We created a series of generalized estimating equations clustered by site, adding covariate blocks representing child characteristics, clinical case factors, and social risk indicators to understand the probability of placement change after CAP consultation.

Results: Of 3732 eligible children, 950 (25.5 %) experienced a placement change around a CAP consultation for physical abuse. Adjusting for site, placement change was 28.7 % (25.7-31.8 %) more likely for children with a CAP determination of a high v. lower likelihood of abuse and 6.7 % (3.1-10.4 %) more likely for children of Black/Indigenous v. other race ($p < 0.001$). These differences persisted with attenuation in fully adjusted models. There was no significant association between CAP determination and child race.

Conclusions: CAP assessment of physical abuse likelihood is strongly associated with the probability of change in child placement. While not associated with CAP assessment of abuse likelihood, Black or Indigenous race is associated with increased probability of placement change even after adjusting for child, case, and social risk factors.

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