What happened to this child? Identifying factors that influence the identification and categorization of child maltreatment in the United States

Erika Tullberg
*CUNY School of Public Health*, etullberg@gmail.com

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WHAT HAPPENED TO THIS CHILD?
IDENTIFYING FACTORS THAT INFLUENCE THE IDENTIFICATION AND CATEGORIZATION
OF CHILD MALTREATMENT IN THE UNITED STATES

A DISSERTATION

by

ERIKA TULLBERG

Concentration: COMMUNITY HEALTH AND HEALTH POLICY

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fulfillment of the requirements for the degree of Doctor of Philosophy in Public Health

Graduate School of Public Health and Health Policy
City University of New York
New York, New York

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Dissertation Committee:

DIANA ROMERO, PHD, MA
MEREDITH MANZE, PHD, MPH
ALEXIS POZEN, PHD
ABSTRACT

What Happened to This Child?
Identifying Factors that Influence the Identification and Categorization of Child Maltreatment in the United States

By

Erika Tullberg

Advisor: Diana Romero

Background

Research has shown that adverse childhood experiences are strongly linked with health outcomes over the life course, and that child maltreatment – generally defined as physical abuse, sexual abuse, emotional maltreatment and neglect – can have an immediate, negative impact on child health and development and a longer-term impact on adolescent and adult health, including the leading causes of morbidity and mortality in the U.S. With such significant consequences, the accurate identification of child maltreatment is critical.

Child welfare caseworkers are charged with protecting the safety and fostering the well-being of children who have been identified as maltreated or at risk of maltreatment. Despite the high-stakes nature of child welfare decisions, there is substantial research showing that they have low reliability and are influenced by numerous worker, agency, and community-level factors. There is a conspicuous gap in the literature, however, regarding whether the first question child welfare workers confront – what happened to this child? – is answered either consistently or correctly. The variation in types of substantiated child maltreatment across the
U.S. suggests that this question is answered differently state to state and could result in certain types of maltreatment being under- or over-identified by child welfare systems.

This mixed-methods study sought to better understand the factors that contribute to variation in child maltreatment, by type and across states. This was accomplished through two specific aims that were informed by Baumann’s Decision-Making Ecology (DME) framework, which identifies how case (i.e., child/family), decision-maker (i.e., caseworker), organizational and external factors influence child welfare decision-making and are in turn influenced by child welfare outcomes:

1) Determining the relative impact of factors at the family level, child welfare system level, and state level on types of substantiated maltreatment across all 50 states through secondary analysis of national child welfare data.

2) Exploring factors at the family level, caseworker level, organizational level and community level that may influence the identification of child maltreatment through key informant interviews of child welfare system stakeholders.

**Methods**

The first aim involved cross-sectional analyses of data from the National Child Abuse and Neglect Data System (NCANDS) from federal fiscal year 2016. The outcome variable was substantiated maltreatment, which had four values: 1) substantiated physical abuse, 2) substantiated sexual abuse, 3) substantiated emotional maltreatment, and 4) substantiated neglect. (Other types of maltreatment, which varied across states, were excluded from the analyses.) The predictor variables included child/family, child welfare system and state-level
variables. Univariate, bivariate and multivariate analyses were conducted; multinomial logistic regression (MLR) models were used for the multivariate analyses, which allowed for the simultaneous comparison of the associations between the categorical outcome variable (substantiated maltreatment) and the predictor variables.

The second aim involved key informant interviews (KIIs) with child welfare administrators, child protective caseworkers, family court judges, parent attorneys, and parents with past child welfare system involvement in two jurisdictions in two states (four locations in total). Interview guides covered the following domains: Identifying maltreatment; substantiating maltreatment; parents’ role in identifying maltreatment; the legal system’s role in maltreatment decision-making; and the broader context of child welfare decision-making. Interviews were recorded, transcribed, coded and thematically analyzed; themes were then organized into several domains.

Results

In Aim 1, univariate analysis of child maltreatment types showed a large amount of variation across states. Out of all instances of substantiated maltreatment, the proportion determined to be neglect ranged from 2%-92%, the proportion determined to be physical abuse ranged from 3%-53%, the proportion determined to be sexual abuse ranged from 2%-50%, and the proportion determined to be emotional maltreatment ranged from 0%-41% across all states.

The largest associations from the MLR models involved domestic violence, substance abuse and emotional maltreatment. Specifically, controlling for all other factors, children with
a caretaker identified as a domestic violence victim were 5.9 times more likely to be
determined to be emotionally abused than neglected, 5.5 times more likely to be determined
to be emotionally abused than physically abused, and 19.1 times more likely to be determined
to be emotionally abused than sexually abused compared with children who did not have a
caretaker identified as a domestic violence victim. Controlling for all other factors, children
with a caretaker with a substance abuse problem were 2.55 times more likely to be determined
to be emotionally abused than sexually abused compared with children who did not have a
caretaker with an alcohol/drug abuse problem.

In Aim 2, analysis identified several themes that corresponded with domains of the
DME: family factors such as income and history with the child welfare system; caseworker
factors such as managing their dual (social worker-investigator) role; agency factors such as
how state maltreatment definitions are operationalized at the local level; and external factors
such as how caseworkers anticipate the family court process during the investigation.
Additionally, several themes were identified that relate to the relationship between parents
and child protective caseworkers, and how that relationship impacts maltreatment
identification specifically and child protective investigations generally.

Analysis of the KIIs also captured variation in how different types of child maltreatment
are understood, identified and managed by child protective staff and agencies. Distinctions
were made between types of maltreatment that can be ‘seen’ and types that require further
assessment and/or evidence to substantiate. KII participants also identified discrepancies
between how certain types of maltreatment are defined in state law compared with how they
are operationalized by agencies and/or understood by the general public. Emotional
maltreatment and domestic violence were identified as events that raise particular challenges for child protective staff.

Discussion

Decision-making in the child welfare system is a complex process that, as previous research has demonstrated and this study confirms, is influenced by multiple factors. While this study supports the overall premise behind the DME framework, it also revealed that as it stands the DME framework does not fully capture the dynamic way different levels of the ecology intersect with each other (specifically through the relationship between parents and caseworkers) and how such interplay can influence the decision-making process on its own.

Another finding from this study relates to the association between family poverty and child maltreatment, particularly neglect. While the MLR analyses found that children from poor families are more likely to have been identified as experiencing neglect than other types of maltreatment compared with children from higher income families, the KII findings raise questions about the factors that drive these differences and whether the differences overstate the variation between poor and higher-income children’s experiences. Additionally, the KIIIs and additional review of states’ statues revealed that many states’ definitions of neglect are extremely broad and encompass actions (such as extreme corporal punishment and sexual touching) that many would consider to be other types of maltreatment.

The KIIIs revealed that domestic violence may be the family risk factor that is managed with the most variation across child welfare agencies, and at times among staff within the same agency, with different individuals categorizing exposure to domestic violence as neglect,
physical abuse and/or emotional maltreatment. While the largest associations found in the MLR analyses involved emotional maltreatment, EM is by far the least identified and substantiated type of maltreatment in all but a handful of states, and in the KII's emotional maltreatment was described as being at times challenging to identify and almost always difficult to prove. This is concerning given the research demonstrating the high prevalence of emotional maltreatment across the population, links between EM and a range of physical and mental health problems across the life course, and a lack of focus on EM in evidence-based parenting programs, likely because child welfare data do not indicate a need for such a focus.

The KII's identified two agency-level factors that appear to influence the maltreatment decision-making process and resulting maltreatment data. The first is the presence of Alternative Response (AR) protocols, which by removing families with lower levels of risk from the investigation process affect maltreatment data used by researchers, policy makers and administrators. The second agency-level factor that was identified was the maltreatment screening process. Data suggest that hotline staffs’ decision-making may be influenced by the same kinds of agency-level factors that influence child protective caseworkers’ decision-making, and that those factors can result in variation in the categorization of maltreatment across jurisdictions that are operating under the same law. Data also suggest that the categorization done by hotline staff plays a critical role in driving the remainder of the maltreatment-related decision-making.

Based on this study’s findings, recommendation for child welfare administrators include ensuring that accurate and complete data are entered into administrative systems; clarifying what actions constitute child maltreatment for both families and the broader community;
identifying and addressing decision-making and parent engagement processes that are coercive or lack transparency; examining variation in decision-making across staff, including hotline staff; and tracking and reporting maltreatment determinations across subpopulations to ensure consistency and equity in decision-making. Recommendations for policy makers include improving data mapping and data entry practices; identifying and addressing vagueness, variation and misalignment of maltreatment definitions; and addressing specific concerns related to neglect, emotional maltreatment and domestic violence. Recommendations for researchers include accounting for the variation in child maltreatment definitions in child welfare research; further exploring how neglect, emotional maltreatment and domestic violence are managed by child welfare agencies; and further exploring the role of hotline staff in the identification and categorization of child maltreatment.

Conclusion

While past child welfare studies have largely assumed that the first decision that is made by child welfare staff is correct, this dissertation research demonstrates that child maltreatment decision-making is a complex, emotional and often subjective process that is influenced by multiple factors at the family, caseworker, agency and community levels, both separately and in combination. As a result, available child welfare data do not accurately or completely capture maltreatment experienced by children that become known to the system.

The reliability of data matters both on the individual level, where it affects the type and effectiveness of support provided to both children and parents, and on the aggregate level, where it drives policy, funding, and future research and program development. Child welfare
systems should be more curious about what story their data tell – about their state’s legal definitions, about their own practices, and about the families they serve – and be more transparent with their data and practices. Maltreatment-related definitions and data should be shared with and explained to the public, so that families, community members and political leaders better understand children’s and parents’ experiences and can partner with child welfare agencies to ensure that interventions are applied fairly, appropriately and effectively.
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I have no conflicts of interest to disclose.
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Background

Research has shown that childhood experiences are strongly linked with health over the life course. Child maltreatment – which is generally defined as physical abuse, sexual abuse, emotional abuse and neglect\(^1\) – can have an immediate, negative impact on child health and development and a longer-term impact on adolescent and adult health-related behavior, physical health and mental health, including the leading causes of morbidity and mortality in the U.S.\(^2\)\(^-\)\(^7\) Based on research in this area, and the likelihood that “if all the direct and indirect costs could be determined... child maltreatment would become the single most costly public health problem in the United States,”\(^8\) child maltreatment has been identified as a priority of the Surgeon General,\(^9\) Centers for Disease Control and Prevention\(^1\(^0\)\) and the World Health Organization.\(^1\(^1\)\)

Given this evidence, a public health approach dictates going ‘upstream’ to intervene when maltreatment is identified (or even earlier, when risk has been identified but before maltreatment has occurred). In the U.S., most child-serving professionals are mandated to report suspected child maltreatment to state authorities, who are then charged with investigating what happened and determining whether safety concerns warrant court intervention, which can include mandated services, ongoing supervision and/or foster care placement. (Appendix A shows the typical flow of a child protection investigation.) The accuracy of these decisions is critical, as the consequences for leaving children in an unsafe environment, or alternately unnecessarily removing them from their parents’ care, are high. It is also important for administrators to have accurate data on children’s experiences, so that appropriate services are available, including interventions that would help to prevent
maltreatment in the first place or address it in its early stages, before it escalates. Researchers also depend on accurate child maltreatment data to evaluate the effectiveness of interventions and more broadly track population-level changes over time.

This chapter will review the literature on the impact of child maltreatment and other childhood adversities on health over the short- and long-term; explore factors that have been shown to be linked to child maltreatment; and describe different ways child maltreatment is identified and measured, both in childhood and retrospectively in adulthood.

1.1. The impact of child maltreatment on health

There is a substantial literature documenting the negative impact that child maltreatment and other adversities experienced in childhood have on health over the life course. This section will review research on the relationship between different types of childhood adversities and adolescent and adult physical and mental health, and note mechanisms between maltreatment and health that have been explored.

1.1.1. Adolescent physical and mental health

Child maltreatment has been shown to have an immediate and negative impact on child health and development, leading to problems with attachment, emotional adjustment and regulation, impulse control, low IQ, school performance and injuries. Given this, it is not surprising that the literature also shows a relationship between child maltreatment and adolescent health. This relationship has been examined using data from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative survey of over 15,000 young adults in grades 7-12 who have been followed since 1994. Questions
regarding participants’ experiences of maltreatment prior to sixth grade were added to the third wave of the Add Health data collection, when participants were between 18 and 26 years old. Hussey and colleagues\textsuperscript{13} examined the relationship between retrospectively reported supervision neglect (i.e., being left alone without appropriate adult supervision), physical neglect (i.e., not having basic needs (food, clothing) met), caregiver physical abuse and caregiver sexual abuse previously experienced, and the health status participants reported during the initial round of data collection (when they were in grades 7-12). Adjusting for demographics, parental socioeconomic status (SES) and immigrant generation (child was an immigrant, parents were immigrants or parents were U.S.-born), they found that maltreatment was linked with a series of adolescent health risks (including being overweight, depression, smoking, alcohol and drug use, and violence) and that the highest risks were associated with sexual abuse. The researchers also found varying associations between socio-demographic risk factors and different kinds of maltreatment, indicating distinct etiologies across maltreatment types. Shin and Miller\textsuperscript{14} used a subset of Add Health data (N=8,471) to examine associations between child maltreatment and obesity, and found that physical abuse and neglect were related to higher BMI, even after controlling for demographic and psychosocial characteristics such as race/ethnicity, parent education and employment, and family income.

In another nationally representative sample of 3,015 adolescent girls in grades 5-12, Diaz and colleagues\textsuperscript{15} found associations between physical and sexual abuse and depressive symptoms, life stress, smoking, alcohol and drug use, and fair to poor health status. This study found the strongest associations among girls who had experienced both physical and sexual
abuse, indicating a dose-response relationship between types of maltreatment and the risk of poor health behaviors/outcomes.

One of the largest studies conducted in the U.S. pertaining to the impact of childhood adversities on subsequent health is the Adverse Childhood Experiences (ACE) Study, a retrospective cohort study of over 17,000 adults belonging to Kaiser Permanente’s Health Maintenance Organization. The ACE Study, which had two waves of data collection (conducted in 1995-1996, and 1997), asked participants to report on their experiences of different kinds of maltreatment (psychological, physical and sexual abuse) as well as indicators of household dysfunction (parental substance abuse or mental illness, domestic violence, parental separation/divorce and family member incarceration) prior to age 18. The ACE questionnaire asked whether each type of adversity happened (in some cases whether it happened sometimes, often or very often) before the respondent was 18, but does not otherwise capture each adversity’s frequency or severity. Data from the ACE Study have shown increased rates of early smoking initiation, early alcohol use and adolescent pregnancy among people who experienced ACEs, with a similar dose-response relationship between the number of ACEs and these health-related behaviors.

Finkelhor and colleagues examined the effect of maltreatment on adolescent health using an adapted version of the ACE Study questionnaire that included peer social isolation, peer victimization, community violence exposure, and socio-economic status. During telephone interviews with 2,030 youth, they found that several factors had strong associations with self-reported distress, including emotional, physical and sexual abuse, peer victimization, and peer social isolation. Moreover, exposure to community violence had strong associations
with self-reported distress, and emotional neglect, family mental illness, and low socioeconomic status were strongly associated with poor health. As with Hussey’s research, these findings suggest that there may be different pathways connecting childhood adversities to later health outcomes.

1.1.2. Adult physical health and quality of life

There is a substantial literature documenting links between negative experiences in childhood, and poor health in adulthood. The above-mentioned ACE Study found that people who had experienced four or more types of adversity in childhood had increased rates of alcoholism, drug use, sexually transmitted infections (STIs), smoking and obesity in adulthood compared with those who experienced fewer or no adversities. People with six or more ACEs died nearly 20 years earlier than those who had not experienced any childhood adversities. The ACE Study has also demonstrated a dose-response relationship between the number of ACEs and the incidence of ischemic heart disease, cancer, chronic lung disease, liver disease, and bone fractures.

Corso and colleagues studied data from 6,168 ACE Study participants that were part of the second wave of data collection, specifically examining the relationship between childhood maltreatment and self-reported quality of life in adulthood, using the Medical Outcomes Study Short Form Health Survey (SF-36). They found that people who experienced maltreatment in childhood reported significantly lower quality of life scores than those who had not experienced maltreatment, losing an average of 11 quality-adjusted life days per year.

More recently, the Centers for Disease Control (CDC) has made an optional ACE module available to states as part of the Behavioral Risk Factor Surveillance System (BRFSS), a random-
digit-dialed telephone survey that collects data about U.S. adults’ health status, related behaviors, and use of health services. This updated set of questions expands on the original ACE questionnaire, accounting for the frequency of family violence, psychological abuse, physical abuse and sexual abuse. Tables 1.1 and 1.2, below, show the prevalence of ACEs overall, by gender, and by select categories among survey respondents in Washington DC and 10 states (HI, ME, NE, NV, OH, PA, UT, VT, VA, and WA).

Table 1.1: ACE score prevalence for participants completing the 2010 BRFSS ACE module

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Women (%) (N=32,539)</th>
<th>Men (%) (N=21,245)</th>
<th>Total (%) (N=53,784)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>40.0</td>
<td>41.4</td>
<td>40.7</td>
</tr>
<tr>
<td>1</td>
<td>22.4</td>
<td>24.9</td>
<td>23.6</td>
</tr>
<tr>
<td>2</td>
<td>13.4</td>
<td>13.2</td>
<td>13.3</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>8.1</td>
<td>8.1</td>
</tr>
<tr>
<td>4 or more</td>
<td>16.2</td>
<td>12.4</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Source: Centers of Disease Control and Prevention

Table 1.2: Prevalence of ACEs by category for participants completing the 2010 BRFSS ACE module

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women (%) (N=32,539)</th>
<th>Men (%) (N=21,245)</th>
<th>Total (%) (N=53,784)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Abuse</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>34.1</td>
<td>35.9</td>
<td>35</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>15.8</td>
<td>15.9</td>
<td>15.9</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>15.2</td>
<td>6.4</td>
<td>10.9</td>
</tr>
<tr>
<td><em>Household Challenges</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>15.6</td>
<td>14.2</td>
<td>14.9</td>
</tr>
<tr>
<td>Household substance abuse</td>
<td>27.2</td>
<td>22.9</td>
<td>25.1</td>
</tr>
<tr>
<td>Household mental illness</td>
<td>19.3</td>
<td>13.3</td>
<td>16.3</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td>23.1</td>
<td>22.5</td>
<td>22.8</td>
</tr>
<tr>
<td>Incarcerated family member</td>
<td>5.2</td>
<td>6.2</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Source: Centers of Disease Control and Prevention

As was the case with the original ACE Study, of those BRFSS respondents who had experienced at least one childhood adversity, the majority had experienced multiple categories of adversity.

* Not mutually exclusive
Also of note, the prevalence of most ACEs among the BRFSS respondents were within a few percentage points of those in the original ACE Study, despite the fact that the former is a population-based survey and the latter only included those who had health insurance through Kaiser Permanente. Also similar to the original ACE Study, an analysis of BRFSS data from these 10 states and the District of Columbia found clear dose-response relationships between the number of ACEs and the incidence of asthma, coronary heart disease, diabetes, mental distress, disability, myocardial infarction, and self-reported fair/poor health.\textsuperscript{20}

Other researchers have conducted retrospective studies of childhood maltreatment and adult health outcomes that teased out the specific impact of maltreatment in the presence of family stress and dysfunction, which also increases risk of poor adult health. Through a survey that examined experiences of physical, sexual and emotional abuse among a community sample in New Zealand, Mullen and colleagues\textsuperscript{21} found significant associations between most of the family variables they captured (including parental separation/divorce, violence between parents, parental mental health and physical health) and all abuse types. (The authors did not specify whether the survey captured the timing of the abuse compared to the above events.) When controlling for family dysfunction, sexual and emotional abuse remained significantly associated with most of the health outcomes, including teen pregnancy, eating disorders, heavy drinking (as well as mental health outcomes such as depression, suicide attempts, and inpatient psychiatric hospitalization). Looking specifically at the impact of physical abuse, Springer and colleagues\textsuperscript{22} found similar relationships between childhood abuse and medical problems in adulthood among 2,051 participants in the Wisconsin Longitudinal Survey, a retrospective cohort study, with abuse victims having increased odds of health problems ranging from 29\%. 

\textsuperscript{20}Mullen, S. L., & colleagues. (2012). The role of childhood maltreatment in the development of physical and mental health outcomes among young adults: A latent variable approach. *Journal of Consulting and Clinical Psychology*, 80(2), 204-215.

(for musculoskeletal problems) to 167% (for liver problems), after adjusting for family
characteristics.

1.1.3. Adult mental health

Another related focus of study has been the relationship between child maltreatment
and mental illness in adulthood. Using binary and multinomial logistic regression models with
data from the National Comorbidity Survey (N=5,877), Afifi and colleagues\textsuperscript{23} found associations
both between childhood physical punishment (i.e., being slapped or spanked) and adult
psychiatric disorders, and between abuse and adult psychiatric disorders. In nearly every
instance, the odds of such disorders were higher among both groups compared with those who
experienced no physical punishment or abuse, and were higher for those who had experienced
abuse compared with punishment. Similarly, the ACE Study found higher rates of depression
and suicide attempts among people with four or more ACEs compared with those who
experienced fewer or no adversities.\textsuperscript{2} In a study of post-traumatic stress disorder
(PTSD) (N=234), Roth and colleagues\textsuperscript{24} found that women who had experienced sexual abuse
had a higher risk of developing complex PTSD over their lifetime compared with women who
had not experienced sexual abuse (OR=4.4, 95% CI 1.9-11), with the greatest risk among
women who experienced both sexual and physical abuse (OR=14.5, 95% CI 4.9-48.7).

This aligns with other research specifically focused on childhood sexual abuse. Most
sexual abuse research has focused on women, and has found strong associations with
depression, eating disorders, suicide attempts and other psychiatric conditions\textsuperscript{25,26}, sexual
health problems including earlier pregnancy and HIV risk behaviors\textsuperscript{8,25,27}, and alcohol and drug
dependence.\textsuperscript{25,26} More recent research focused on men who experienced sexual abuse in
childhood found that sexual abuse usually co-occurred with other types of child maltreatment and, as with women, resulted in higher risk of psychiatric conditions and suicide attempts in adulthood.28

1.1.4. Mechanisms

One of the questions the CDC and others have explored is why childhood maltreatment is linked to poor health many years – and sometimes decades – later. In a review of the literature, Kendall-Tackett laid out four potential mechanisms: behavioral (e.g., substance use, diet, smoking), social (e.g., revictimization), cognitive (e.g., inaccurate perception of danger, negative beliefs about self) and emotional (e.g., depression, post-traumatic stress disorder).29 Several of these pathways can be linked to traumatic stress, which can impair one’s ability to detect danger in the environment and lead to maladaptive coping mechanisms.30

Studies that have looked at the biological mechanisms linking childhood maltreatment and poor health over the life course have found that children who have experienced extreme deprivation in early childhood because of institutionalization,31 physical and sexual abuse32,33 have been shown to have smaller brain size and related intellectual and social impairments. Individuals with maltreatment histories have also been shown to have an increased stress response and higher cortisol levels, which have a negative impact on brain regions that are central to emotional regulation, impulse control and executive functioning, as well as physical health over the long term.8,34 For example, in a case-control study involving women with histories of childhood abuse and/or major depressive disorder in adulthood (N=66), Heim found that women with child abuse histories had significantly higher pituitary-adrenal and autonomic reactivity to psychosocial stressors introduced in the laboratory setting.34
In a case-control study comparing depressed versus non-depressed adults in the U.K. (N=180), Vincent and colleagues\textsuperscript{35} found while adult depression was not associated with telomere length, a history of physical neglect in childhood was significantly associated with shortened telomere length, which is an indication of accelerated cellular aging. This research aligns with the public health literature focusing on allostatic load\textsuperscript{36} and weathering,\textsuperscript{37} which posit that experiencing persistent levels of stress – including discrimination and other social stressors – result in accelerated biological aging and contribute to higher levels of morbidity and mortality among African-Americans compared with whites. More research in this area is needed, but these findings suggest that there are a number of interrelated mechanisms that need to be understood more fully.

1.2. Factors associated with child maltreatment

There are a number of factors that have been shown to be linked with child maltreatment; this section will review the available literature on the factors included in my quantitative models.

1.2.1. Child age

The largest group of children reported to child welfare authorities are young; in FFY 2016, children 0-1 had the highest victimization rate, at 24.8 of 1,000 children in the same age group in the overall U.S. population. (The next highest victimization rate, 11.9 of 1,000 children, occurred among children 1-2 years of age.) Young children are also at most risk from child maltreatment, with 70% of all child fatalities in FFY 2016 occurring to children younger than 3 years old.\textsuperscript{1}
Young children are highly vulnerable to maltreatment because of their near-total dependence on their caregivers, and are at highest risk of being harmed by a frustrated or overwhelmed parent. Maltreatment among babies and toddlers is a particular concern in the field because of the impact of abuse and neglect on child development and social and emotional well-being. However, maltreatment of pre-verbal children can be difficult to identify and substantiate, as they are unable to recount their own experiences to child welfare and legal professionals.

Adolescents are at lower risk of experiencing neglect but are at greater risk for sexual abuse. Factors that have been associated with adolescents’ maltreatment include family background and structure (e.g., parent education, poverty, having had a teenage mother), experiencing multiple caretakers, and exposure to family violence.

1.2.2. Family income and poverty

There is broad agreement within the literature about a link between poverty and maltreatment, despite the different opinions about the extent to which bias within data sources – both related to the high representation, some say over-representation, of poor families in state child welfare systems and the reluctance of both parents and children to self-report maltreatment in other surveys – makes the specific relationship and mechanism hard to ascertain.

Much child maltreatment research references national data from the National Child Abuse and Neglect Data System (NCANDS), which collects child abuse and neglect data from each state’s public child welfare system on an annual basis. Children and families who are involved in child protective investigations and thus included in the NCANDS are more likely to
be poor and members of racial/ethnic minority groups (particularly blacks/African-Americans* and Native Americans) compared to the overall U.S. population.³

Since 1974 the U.S. Department of Health and Human Services has conducted four rounds of the National Incidence Study of Child Abuse and Neglect, a cross-sectional study that combines NCANDS data with information gathered from other community sources (e.g., schools, hospitals, day care providers, etc.) in a nationally representative sample of counties, thus more broadly capturing information about children who may have experienced abuse or neglect caused by a parent or other caretaker in the study year and more accurately estimating the incidence of child maltreatment across the country.⁴⁰ In the fourth and most recent round of the National Incidence Study of Child Abuse and Neglect, which was conducted in 2005-2006 and is known as the NIS-4, clear differences in child maltreatment found based on parents’ economic status. For example, children with no parent in the labor force had maltreatment rates two to three times higher than children with working parents. Likewise, children in households with incomes below $15,000 a year were three times as likely to be abused, and nearly seven times as likely to be neglected, than children from families with incomes above $15,000 a year.

Several other studies have shown similar associations between family economic status and child maltreatment, using both administrative child welfare data and other data sources. Over the course of 17 years (from 1975-1993) Brown and colleagues⁴¹ collected data from 644 upstate New York families† (both parents and children) related to maltreatment and various risk

* Because most child welfare data combine all children of African descent into one “black” category, I will use that term throughout to describe this group.
† These families were a representative sample of a larger group of randomly selected families.
potential risk factors for maltreatment (e.g., mother’s age at child’s birth, low family income, separation between parent and child, parental conflict, etc.). These self-report data were combined with New York State administrative child maltreatment data. Their analysis found that the family’s income and welfare status were most strongly related to child neglect (OR=11.01, 95% CI 5.61-21.58 for welfare recipients, and OR=5.11, 95% CI 2.59-10.07 for low income (i.e., below poverty level) families), and that welfare status was also significantly related to child physical abuse (OR=3.74, 95% CI 1.78-7.85). Other important risk factors included maternal alcohol use, substance use and police involvement, and the child’s early separation from his or her mother. Sexual abuse seemed to follow a different pattern, with maternal and household factors (e.g., maternal sociopathy, maternal youth, maternal dissatisfaction, parental death, living with a step-parent) being more important, and economic status being unrelated.

This study also found that the total number of potential risk factors mattered: families with no identified risk factors had a 3% prevalence of child maltreatment, while families with four or more risk factors had a 24% prevalence of child maltreatment.

Using administrative child welfare data, both Gillham and colleagues and Drake and Pandey found links between different aspects of community economic status and child maltreatment. One of the reasons for looking at community factors, not just individual-level factors, is the idea that, using an ecological framework, community-level stressors – such as lack of supports, social isolation, and violence – may both impact individual behavior and also influence social norms. Gillham looked at community unemployment rates, other family demographics and child abuse and neglect data (5,551 referrals and 1,450 substantiated cases of maltreatment) over two years in Glasgow, Scotland. Their analysis found the strongest
associations with rates of male unemployment (\(r=.82\) for all abuse \(p<.001\), \(r=.52\) for sexual abuse \(p<.05\), and \(r=.80\) for physical abuse \(p<.001\)) and single parent household status (\(r=.79\) for all abuse \(p<.001\), \(r=.47\) for sexual abuse \(p<.05\), and \(r=.79\) for physical abuse \(p<.001\)).

Drake and Pandey also focused on the relationship between community-level factors and individual-level maltreatment; their study used census data to identify low, moderate and high poverty zip code areas in Missouri (N=23, containing a total of 49,998 families), and matched them with available child maltreatment data. They found that poverty was mostly starkly associated with neglect, with substantiated rates of 670/1,000 in the low poverty group, 5.43/1,000 in the moderate poverty group and 27.40/1,000 in the high poverty group, or a ratio of 1:9:46. Physical abuse was also associated with poverty, but the ratios were not as stark: 1:6:19. Sexual abuse reports were the least common overall, and also the least associated with poverty, with an approximate ratio of 1:2:4. Interestingly, sexual abuse was the least common form of substantiated maltreatment among the high and moderate poverty groups, but the most common (over half) of the substantiated maltreatment among the low poverty group.

Berger\(^{45}\) used data from the National Longitudinal Survey of Youth, a population-based data set that followed children starting at birth over a 12-year period, to examine the relationship between income, family structure, and related public policies on child maltreatment risk. Focusing on 17,871 children from the NLSY who were 9 years old and younger, Berger found that low-income families living states with more generous welfare benefits and unemployment rates had fewer risk factors for maltreatment, such as irregular
medical care, corporal punishment and pro-social home environments, demonstrating the potential buffering impact public policy can have on maltreatment risk.

Although the data are not completely consistent, the literature suggests that neglect has the strongest association with economic status, followed by physical abuse and then sexual abuse. This aligns with the characteristics of each maltreatment type, with neglect being linked with a parent’s ability to provide adequate resources for his or her child, and physical abuse perhaps being more linked with various individual and community-level stressors, along with parental characteristics such as parenting style and being a young, inexperienced and/or overwhelmed parent. This speaks to the importance of looking at maltreatment types separately, whenever possible, as there may be different factors that increase or decrease the likelihood of different kinds of maltreatment, and therefore require different intervention approaches.

Given that the link between poverty and maltreatment seems to be a ‘settled’ issue in the field, much of the research in this area is well over a decade or more old. However, the recent recession provided a new opportunity for researchers to examine the relationship between economic hardship and child maltreatment. Interestingly, the research so far has had mixed results. Millett, Lanier and Drake looked at the relationship between state-level unemployment rates, food stamp use and labor force participation and child maltreatment seven states, and found no significant associations between these potential risk factors and child treatment in all but one state (California). In fact, in alignment with Berger’s findings, they found that food stamp use was associated with lower maltreatment rates, indicating the potential buffering effect of public benefits.
In contrast, others have found positive associations between indicators of economic strain and child maltreatment. Brooks-Gunn, Schneider and Waldfogel\textsuperscript{47} used data from the Fragile Families and Child Wellbeing Survey (N=2,032) to examine the relationship between the national Consumer Sentiment Index, an indicator of consumer confidence, and self-reported corporal punishment among parents of 9-year-old children. The authors chose to look at corporal punishment (spanking) instead of maltreatment because it is considered to be a risk factor for future physical abuse, and is more likely to be self-reported than more severe forms of abuse. They found that at the height of the recession, when consumer confidence was at its lowest point nationally, there was a 6-fold increase in high-frequency spanking compared with pre-recession levels. When they stratified their data on family income, they learned that nearly all of this increase in punitive behavior was among more advantaged (higher income and education) parents; less advantaged parents’ behavior did not significantly change before over the course of the study.

In a hospital-based study using data from 43 metropolitan area hospitals (N=4,188,216 hospital admissions), Wood and colleagues\textsuperscript{48} found that rates of physical abuse and traumatic brain injury-related admissions among young children were significantly associated with increases in mortgage delinquency and foreclosure rates, while the all-cause injury rate declined. For every one-percentage-point increase in national delinquency and foreclosure rates, there was a 3.09\% increase in the rate of child abuse admissions (p=.005) and a 4.84\% increase in the rate of TBI admissions (p<.001). Physical abuse and TBI-related admissions were not associated with changes in the unemployment rate.
Most recently, using data from 2004 to 2013, Raissian and Bullinger\textsuperscript{49} found that increases in the minimum wage reduces child maltreatment rates, with each $1 increase in a state’s minimum wage resulting in a 9.6% decline in reports of neglect, with the greatest benefit occurring for young children (ages 0-12). Together, these more recent findings generally support the association between family financial stress and maltreatment.

1.2.3. Race and ethnicity

As noted above, children from different racial and ethnic groups have varied representation in public child welfare systems, with black and Native American children having the highest representation compared to their percentage within the total population. This phenomenon is known as racial disproportionality,\textsuperscript{50–52} and it has been a topic of substantial child welfare-related research since the 1970s, particularly with regards to black children. A related concept is disparity, which is the unequal treatment or outcomes of a less advantaged group (usually black children and families) in comparison to a more advantaged group (usually white families).\textsuperscript{50–52} Although there is some disagreement in the field regarding how these terms are used, there is general agreement that racial disparities contribute to racial disproportionality.

But is that the whole story? The causes of racial disproportionality in child welfare have been debated for decades, with the central question being whether such disproportionality reflects different levels of risk and need across different racial and ethnic groups, or whether it is a result of racism, bias and resulting disparities within the system. More recent research has looked to develop more refined frameworks to describe the complex nature of racial disproportionality.\textsuperscript{50–52} One that integrates previous efforts was recently put forward by Boyd,
who identified five groups of explanatory factors: 1) disproportionate need, 2) human decision-making, 3) agency-systemic factors, 4) placement dynamics, and 5) policy impact. The first three of these are described in more detail below.

The first group of explanatory factors explores to what extent racial disproportionality can be explained by higher levels of risk and need among black children. This perspective is perhaps best articulated by Bartholet, who in 2009 wrote a seminal paper called *The Racial Disproportionality Movement in Child Welfare: False Facts and Dangerous Directions*, which argued that the disproportionate number of black children in the child welfare system is a result of their higher levels of maltreatment in comparison to white children, which in turn is caused by the higher incidence of other risk factors of abuse, such as poverty and household composition (e.g., led by a single parent, young children, more children). From this perspective, disproportionality in the child welfare system is not a product of disparate treatment, but rather one of disparate need for intervention among black children.

This perspective has been supported by the most recent iteration of the National Incidence Study of Child Abuse and Neglect. For the first time, the NIS-4 found statistically significant differences in maltreatment across racial and ethnic groups, with higher levels of maltreatment among black families compared with both white and Hispanic families. Similarly, in a study comparing child maltreatment rates among black, Hispanic and white children with

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* Boyd’s last two groups of factors – placement dynamics, which is specific to children in out-of-home (foster) care, and the impact of federal policies on foster care placement and adoption – affect racial disproportionality that exists at other points in the child welfare continuum (i.e., not during the child protective investigation process), and so will not be covered in detail here.

† In this review I will be focusing on disproportionality among black children, as it has been the most studied form of disproportionality in the child welfare system.
other indicators of risk (e.g., infant mortality, low birth weight), Drake and colleagues concluded that differences among racial/ethnic groups was attributable to higher risk factors among black families, in particular, rather than bias among child welfare professionals.

Other research, however, has come to different conclusions. For example, Dettlaff and colleagues analyzed data from 186,182 Texas child welfare cases, specifically examining whether the association between a child’s race and the decision to substantiate maltreatment was affected by family income, the level of risk assessed by the caseworker during the investigation, the region of the state, and/or other variables. Their analyses revealed that race interacts with other variables in complicated ways. For example, when race and income were considered alone, income was a stronger predictor of substantiation than race; however, when the level of assessed risk was added to the model, race became significant, with black children being more likely to have a substantiated case than white children. Based on their findings, they concluded that the threshold to remove children was higher for white children, such that white children had to be at increased risk to be removed compared with black children.

This highlights the role of Boyd’s second group of factors, human decision-making, which primarily refers to bias among the professionals and community members who report suspected maltreatment, and the child welfare staff who investigate maltreatment reports. As described by Dettlaff, this has been the focus of most public child welfare systems’ efforts to reduce racial disparities and disproportionality, primarily through staff trainings focused on undoing racism and implicit bias.

There has been some research that suggests that a family’s race impacts child welfare staff decisions during the investigation process. In a study that examined data from 123,621
Texas child welfare cases, Rivaux and colleagues\textsuperscript{56} found that black children were 20% more likely to have their case acted upon, and 77% more likely to be placed in foster care, than white children when controlling for income, family composition, region, report source and allegation type. Similar to Dettlaff and colleagues’ study described above, they also found that there appeared to be a different threshold for action among black families compared to white families, with white children having to be at higher risk in order for action to be taken. However, their study was not able to account for other factors, such as the availability of community services that could reduce the need for foster care placement.

As described in a review of the disproportionality literature by Fluke and colleagues,\textsuperscript{52} studies that have used vignettes to test reporter- and caseworker-level bias have had mixed results, with some studies showing that study participants were more likely to identify maltreatment among scenarios with black children, and others showing that study participants were more likely to identify maltreatment among scenarios with white children.

In a qualitative study involving 17 focus groups with over 100 Oregon-based child welfare administrators, community partners, and family members, Miller and colleagues\textsuperscript{57} found that cultural responsiveness, or lack thereof, was a factor in how child welfare staff interpreted client behavior, with participants believing that the system’s largely white workforce were more judgmental of and less likely to effectively engage with families of color.

Boyd’s third group of factors are agency and systemic factors, such as staff training and attrition, organizational culture, availability and quality of services, trust and connection with the community, and institutional racism.\textsuperscript{51} As noted by participants in Miller’s focus groups, in communities of color people may be more likely to mistrust government institutions and see
government intervention in a negative light.\textsuperscript{57} Other research has found that services are less likely to be provided to black children involved in the child welfare system compared with white children with similar levels of need,\textsuperscript{58,59} a clear form of racially disparate treatment.

1.2.4. Domestic violence

There is a large literature regarding the association between child maltreatment and domestic violence (DV, also called intimate partner violence (IPV)). Studies in this area can be divided into two groups: those focusing on whether a history of childhood maltreatment increases risk of being in a violent relationship as an adult, and those focusing on whether DV within a family increases the risk that children in that family will also experience maltreatment (i.e., the co-occurrence of DV and child maltreatment).

Regarding the former group, Li and colleagues\textsuperscript{60} recently published a meta-analysis of studies that examined the impact of childhood maltreatment and subsequent DV-related victimization. This study, which included 46 articles, concluded that there is a significant, though modest, association between all types of childhood maltreatment and subsequent violence in adult, intimate relationships (both dating and marital), with mean effect sizes ranging from $r=.12$ for neglect to $r=.19$ for physical abuse ($p<.001$). They also found that effect sizes were larger among unmarried partners (mean $r=.24$, $p<.001$) and male victims of child maltreatment (mean $r=.21$, $p<.001$).

Most of the literature regarding the co-occurrence of child maltreatment and domestic violence has focused on physical abuse. This may be because of its ubiquity; for example, in an analysis of data from the Adverse Childhood Experiences Study, Dong and colleagues\textsuperscript{61} found that of respondents who endorsed domestic violence in their childhood homes, 58% also
experienced physical abuse, compared with 36% who also experienced sexual abuse and 31% who also experienced emotional abuse.

In reviews of the literature regarding the co-occurrence of child physical abuse and domestic violence, both Appel and Holden\textsuperscript{62} and Herrenkohl and colleagues\textsuperscript{63} found significant associations. Appel and Holden’s 1998 review\textsuperscript{62} contained 31 studies in total, 24 of which reported the percentage of co-occurrence. The largest group of reviewed studies (\(N=17\)) contained data collected from women who self-reported DV. In these studies, most captured child physical abuse through two different versions of the Conflict Tactics Scale\textsuperscript{64–66}, average co-occurrence rates were 72% and 51%, with ranges of 40-92% and 33-67% respectively. Among studies containing community samples (\(N=4\)), the overlap of child physical abuse and DV ranged from 5-21%, and among studies containing child abuse victims (\(N=3\)), the overlap of child physical abuse and DV ranged from 26-59%. In 2008, Herrenkohl and colleagues\textsuperscript{63} found additional evidence of co-occurring child physical abuse and domestic violence, with increased risk of abuse ranging from 3 to 15 times within families affected by domestic violence.

In a review of 10 articles that examined the less-studied co-occurrence of child sexual abuse and domestic violence, Bidarra and colleagues\textsuperscript{67} found rates ranging from 12-31%, with higher rates coming from studies that used clinical samples or secondary data. They attributed the magnitude of the range to factors including differing definitions of sexual abuse and the method of data collection (e.g., parent report versus child report, self-administered questionnaire versus in-person interview).

Looking to examine the impact of domestic violence on both current and future child maltreatment, McGuigan and Pratt\textsuperscript{68} collected data from 2,544 at-risk mothers participating in
an Oregon home-visiting child abuse prevention program, from the child’s birth through their fifth birthday. Domestic violence data were collected from family support workers, both through observation and direct questioning, and maltreatment data were collected from the state child protection agency. Among families where DV was identified during the child’s first 6 months, physical abuse was three times as likely to occur by age 5 (OR=3.38, 95% CI=1.49-7.69), psychological abuse and neglect were twice as likely to occur by age 5 (OR=2.2, 95% CI 1.39-3.49 and OR=2.18, 95% CI 1.08-4.39, respectively). In 78% of cases of co-occurrence, the child maltreatment occurred after the initial identification of domestic violence.

There is also a question in the field about whether exposure to DV is in itself a form of child maltreatment. There is substantial evidence that witnessing domestic violence – either in person, hearing the event, or seeing the aftermath – can have multiple negative effects on children, ranging from psychological problems such as fear, anxiety, aggression, and traumatic stress reactions, to cognitive and behavior problems that affect relationships and academic performance.69–71 Perhaps as a response to this body of research, 24 states have additional criminal penalties related to domestic violence that is witnessed by children.72

In almost no states, however, is domestic violence alone considered a type of child maltreatment,73 leaving child protection agencies to capture its effects on children by way of other maltreatment types. For example, in a study involving random reviews of 295 California child protective case records, Henry74 found that agency policy directed child protective staff to consider child exposure to domestic violence to be emotional abuse if its persistence and severity was likely to have a significant emotional impact on the child, physical abuse if the DV resulted or was likely to result in physical injury to the child, and neglect if a caregiver failed to
intervene on a child’s behalf despite knowing the child was or could have been harmed. Most reviewed cases (95%) were labeled as emotional abuse; smaller numbers were labeled as physical abuse (26%) and/or neglect (29%). However, this case record review also revealed inconsistencies around decision-making, with not all caseworkers classifying exposure to domestic violence as one or more type of child maltreatment and/or substantiating it as maltreatment, illustrating the limitations of state guidelines. This study also demonstrates that, absent categorizing exposure to domestic violence as a type of maltreatment, using child welfare data it is impossible to know if such exposure co-occurs with other types of maltreatment, or if such exposure is being captured as another type of maltreatment.

1.2.5. Substance abuse

Parental substance abuse is common among child welfare-involved families. Parental substance use and abuse create several categories of risk for children, both related to how the substances impact parenting behaviors and decisions, and how direct and indirect exposures to substances can harm children through accidental or intentional ingestion, absorption through the skin, burns, etc.

Alcohol and drug use has been shown to lower one’s frustration threshold, which can decrease parents’ ability to safely respond to their children’s needs. In a study involving the parents of 209 boys ages 10-12, Ammerman and colleagues found that fathers and mothers with a lifetime history of substance use disorder had higher scores on the Child Abuse Potential Inventory compared with parents without such histories. Additionally, both non-using fathers and non-using mothers scored high on the CAPI if their partner had a history of substance use, indicating that substance use can have a broad effect on parenting ability within the family.
In a study involving 681,970 adults from the Taiwan National Health Insurance Research Database (years 2002-2013), Chang and colleagues\textsuperscript{79} found that the risk of child abuse was 46% higher among those with psychiatric disorders (OR=1.464, \( p<.0001 \)) than those without psychiatric disorders, and that among the psychiatric subsample substance use disorders were twice as likely to be associated with child physical abuse (OR=2.018, \( p<.0001 \)) compared with anxiety disorders. Similarly, in a retrospective study involving 8,472 Ontario Mental Health Supplement respondents, which included questions about past parental substance abuse and childhood maltreatment, rates of physical and sexual abuse were 2.3 and 2.7 times higher, respectively, among those whose parents had a history of substance abuse compared with parenting with no such history.\textsuperscript{80}

Substance abuse has also been associated with child neglect. As summarized by Wells and Kepple,\textsuperscript{76,81} parents who use substances can be unable to respond to their children’s needs due to their physical and mental impairment; have impaired judgment, emotional processing and decision-making when under the influence or in withdrawal; and be absent from the home due to drug-seeking behavior.

In a case-control study (N=203) that sought to identify the relative impact of substance abuse, depression, social support and negative life events on neglect among poor families, Ondersma\textsuperscript{82} found that substance abuse was the strongest predictor of neglect (OR=18.35), followed by negative life events (OR=1.98). Similarly, in a prospective study that used data from the National Institute for Mental Health’s Epidemiological Catchment Area survey, 7,103 parents who did not endorse child physical abuse or neglect at baseline were followed to determine demographic (e.g., SES, parental age, ethnicity, family size) and psychiatric (e.g.,
depression, substance abuse) risk factors associated with self-reported maltreatment at follow-up. In this study, Chaffin and colleagues\textsuperscript{83} found that, one year later (at follow-up), 15% and 21% of respondents with a substance abuse disorder self-reported abuse and neglect, compared with 6% and 6% of the controls, respectively. In regression analyses, several of the demographic variables were significantly associated with abuse and neglect, but the effect sizes were small; in contrast, substance abuse was a strong predictor of both abuse and neglect, with adjusted odds ratios of 2.9 and 3.2.

Seeking to quantify the relative risk of different substance-related behaviors on different maltreatment types, Kepple\textsuperscript{81} used data from the National Survey of Child and Adolescent Well-being (N=5,501) to examine the relationships between a range of parental substance use (from non-use to having a diagnosed substance use disorder (SUD)) and physical abuse, emotional abuse and neglect. Her analyses showed a step-wise relationship between substance use severity and each maltreatment type, with the largest effects on physical abuse (SUD IRR=6.62 compared with non-use, p<.001). Parents with a prior history of SUD were not significantly different than parents with non-use or light-use, suggesting that SUD-related risk can decrease with sobriety and associated lifestyle changes.

1.2.6. Environmental stressors

Using an environmental framework, researchers have also examined to what extent environmental stressors, particularly neighborhood-level poverty, present risk factors for child maltreatment. Using data from 940 California census tracts, Freisthler and colleagues\textsuperscript{84} examined how various neighborhood characteristics were associated with child maltreatment of black, white and Hispanic children. Among black children, higher rates of neighborhood
poverty and concentration of liquor stores were positively associated with maltreatment rates, and increases in neighborhood population, residential instability, and percentage of black residents were associated with lower rates of maltreatment. Among white children, the percentage of the neighborhood population that was living in poverty, elderly, and Hispanic were all positively associated with maltreatment. Among Hispanic children, the percentage of female-headed families, neighborhood poverty rates and neighborhood unemployment rates were all positively associated with maltreatment.

Maguire-Jack and Font\textsuperscript{85} also found that neighborhood-level disadvantage impacts child maltreatment, but that the impact is specific to low-income families. Data was collected through phone interviews with 3,023 parents from 50 purposively sampled California cities with populations ranging from 50,000 to 500,000. Breaking the respondents into two groups (under and above 200\% of the federal poverty level), the researchers found significant differences in corporal punishment and physical neglect, with higher rates among poorer families. They also found that both living in a high-poverty neighborhood increased the odds of corporal punishment (OR=1.63, p<.05), and that higher levels of neighborhood turnover was associated with higher odds of severe assault (OR=1.51, p<.05), in the low-income group only, indicating that neighborhood factors may have different influences on low and higher-income families.

Gracia and colleagues\textsuperscript{86} used administrative data to examine the association between both child maltreatment and intimate partner violence and neighborhood-level economic status, education level, policing activity, concentration of immigrants and residential instability in Valencia, Spain. A Bayesian Poisson spatial regression on each outcome found higher risk of
both child maltreatment and IPV in neighborhoods with lower levels of economic status and education, and higher levels of policing, immigration levels and residential instability.

Using nine years of administrative data from 31 of 49 zip codes in Davidson County, Tennessee, Morris and colleagues examined the association between different types of child maltreatment and several measures of neighborhood disadvantage, including the percentage of families living in poverty, the unemployment rate, the crime rate and the percentage of vacant homes. They found that higher percentages of families living in poverty, vacant housing, and crime rates were associated with overall child maltreatment and sexual abuse. Higher percentages of families in poverty and crime rates were associated with physical abuse, and higher percentages of families in poverty, unemployment and vacant housing were associated with neglect.

When using public child welfare data to examine the impact of environmental factors on child maltreatment, however, it is important to note the degree to which other factors influence that association. For example, if schools are more likely to report suspected maltreatment of poor children compared with higher-income children, and children are likely to live in neighborhoods that reflect their economic status, any found association between neighborhood and maltreatment could be the result of reporter bias. This highlights the importance of examining additional factors that influence decision-making within the child welfare system.

While this review is limited to those factors included in this study's quantitative models, there are a large number of additional factors that have been found to have an association with child maltreatment. In a meta-analysis of the literature, Stith and colleagues identified the
strongest associations between child maltreatment and parent-specific factors such as parent mental illness, parent anger/reactivity, and parenting-related stress (including perceiving the child as a ‘problem’), and child maltreatment and child-specific factors such as disability (physical and intellectual) and externalizing behaviors. Other research has identified additional risk factors for different types of child maltreatment, including family size, maternal education, early parenthood, presence of a step-father, and parental history of (their own) child maltreatment.

1.3. Child welfare decision-making

Child welfare case workers are charged with protecting the safety and fostering the well-being of children who have been identified as maltreated or at risk of maltreatment. This work involves making decisions at several points along a continuum of involvement in the system: substantiating alleged abuse and/or neglect (i.e., finding evidence that supports an allegation of abuse and/or neglect); assessing risk of future harm; determining the most appropriate services for the child and family, including whether out-of-home placement in foster care is warranted; determining the type of foster care placement (e.g., foster home vs. residential program) that is most appropriate for those who cannot remain at home safely; deciding whether to reunify a child with his or her family; and case closure. In making these decisions, child welfare caseworkers are required to weigh two important societal values: ensuring the protection of children while “maximizing the decision-making freedom of parents.”

Despite the high-stakes nature of these decisions, they have been “consistently characterized by low reliability.” There are multiple factors that contribute to the difficulty of
making these kinds of decisions, including the lack of complete information at the point in time when the decision needs to be made and inconsistent decision-making processes. This section will first focus on additional factors that have been shown to affect the consistency of child welfare caseworkers’ decision-making, even with the availability of tools designed to eliminate variation in decision-making processes, and then review tools that child welfare systems have developed to assist caseworkers’ decision-making.

1.3.1. Ecological framework

In an effort to illustrate the various factors that influence child welfare decision-making, and the relationships between those factors, Baumann and colleagues developed a framework called the Decision-Making Ecology (DME; see Figure 1). The DME is based on the ecological framework, and captures the different influences on child welfare decision-making, including family-level (“case”) factors, child welfare caseworker-level (“decision-maker”), child welfare agency factors, (“organizational factors”) and community (“external”) factors, and the ongoing feedback mechanism that exists between both positive and negative child welfare outcomes, such as child deaths, and the expression of those factors.
The following sections will provide a brief review of research on each of these groups of factors, and how they impact child welfare decision-making.

1.3.1.1. Case factors

For the most part, children become known to the child welfare system because of suspected maltreatment from a caregiver. Given this, one might hope and assume that the primary factors that influence child welfare decision-making would be related to the caretaker’s past actions and ability to safely care for the child in the future. However, research indicates that there are a number of additional family-level factors that have a larger influence on decisions around substantiating maltreatment, placing children in foster care and reunifying them with their families of origin, than the identified risk of maltreatment.

As noted and summarized earlier, one of the most studied of these factors is a given family’s race/ethnicity. Another family factor that has been studied is parental responses to
child welfare involvement, including their preferences around foster care placement. In studies looking at decision-making at different points in the child welfare continuum (investigation, substantiation, removal, service provision)\textsuperscript{92,95,96} researchers have found that parental attitudes – including resistance towards child welfare involvement generally, and the decision to place a child in foster care specifically – do not have a significant impact on child welfare caseworkers’ decision-making. Given the move in child welfare towards including parents in decision-making processes, this lack of an effect has raised concerns that caseworkers rely more on their own concept of a family’s strengths and needs rather than engage the family in a meaningful way in decisions that will affect their children’s future.\textsuperscript{92}

1.3.1.2. Decision-maker factors

This leads to the next cluster of factors that impact child welfare decision-making, those that sit within the caseworker or caseworkers making the decision. Researchers have looked at a large number of these factors, ranging from the caseworker’s age and experience to their personal values to their use of heuristics to categorize families;\textsuperscript{91,98} this review will focus on a subset of factors that have received the most attention in the literature.

One area of focus has been the tendency to interpret new information in a way that confirms one’s existing beliefs, or confirmation bias. Within the child welfare context, when decisions are complex but often need to be made quickly based on incomplete information, confirmation bias may been even stronger than in other settings.\textsuperscript{92} One example of confirmation bias was found in a study done with 202 Northern Ireland child welfare caseworkers (which was one aspect of the larger, four-country study discussed below), in which caseworkers completed risk assessments based on two-part vignettes that included both a
removal decision and a reunification decision. In this study, Spratt and colleagues altered whether the parent was cooperative (or not) regarding the prospect of foster care placement, and whether the child was positive (or not) regarding the prospect of reunification, to see what difference those changes had on caseworkers’ decisions. They also surveyed caseworkers about their underlying attitudes about family preservation and foster care placement. They found that caseworkers only took the parent’s or child’s expressed interests into account when they aligned both with the judgment they made about the child’s removal/reunification and with their existing bias for or against family preservation.

Another area of study has been the impact of stress and trauma exposure on child welfare staff. Secondary trauma is the “emotional duress that results when an individual hears about the firsthand trauma experiences of another.” Research has shown that child welfare staff have high levels of secondary traumatic stress, which mimic reactions experienced by people with primary trauma exposure, and that child welfare caseworkers’ secondary traumatic stress levels exceed those of clinicians working in other settings. One hypothesis explaining this differential is that unlike other first responders, whose contact with trauma victims is generally brief, child welfare caseworkers have ongoing relationships (of varying duration) with both victims and perpetrators. Literature on how child welfare caseworker stress relates to risk assessment has varied findings.

In a study focused on the decision to substantiate alleged maltreatment, 96 Canadian child welfare caseworkers from 12 different offices participated in mock interviews with actors portraying mothers who were the subject of a child welfare report. LeBlanc and colleagues found that risk assessment was influenced by caseworkers’ stress levels, with higher risk
assessment scores being associated with higher levels of caseworker stress response. In contrast, in another analysis involving the same set of mock interviews, Regehr and colleagues\textsuperscript{103} found that caseworkers’ prior trauma exposure was associated with lower risk assessment scores on one risk assessment tool, and that their reported stress and trauma symptoms were negatively associated with assessed risk on another tool. Two common traumatic stress symptoms are hyper-vigilance and avoidance\textsuperscript{107}; the former could explain why high stress levels would increase caseworkers’ perception of risk in the LeBlanc study, and the latter could explain why past trauma exposure and related symptoms were associated with lower perception of risk in the Regehr study.

Another factor shown to impact child welfare decision-making is the perceived level of agency support for the caseworker’s decision. In a survey of 1,125 Texas child protective caseworkers, Dettlaff and colleagues\textsuperscript{108} asked questions that covered the domains included in the aforementioned DME framework. One finding from this study was that caseworkers’ perceived agency support was associated with their overall orientation towards families. Caseworkers who felt that the agency would support their decisions were generally more focused on the impact of their decisions on families, and less worried about negative consequences for themselves in the event they made a decision that led to a poor outcome; likewise, caseworkers who were not confident in their agency’s support were more focused on their own vulnerability and less focused on how their decisions affected families. In another study using the DME framework, in which the same Texas survey results were matched with child welfare administrative data, Graham and colleagues\textsuperscript{98} found that lower perceived agency support was associated with higher removal rates. Together, these findings suggest that when
child welfare staff are more confident that their decisions will be supported by their agency administrators, they are more willing to take the risk of leaving children at home, and when that support is absent child welfare caseworkers are more likely to be risk-averse and err on the side of foster care placement. This could be explained by the negative role that broader community opinion and media coverage have on child welfare systems and the degree to which such negative attention is a significant source of stress for child welfare staff (addressed in more detail below).

Another example of the intersection between the caseworker and the context in which he or she works is the link between caseworkers’ attitudes towards families and their perception of foster care placement. In a study that included 195 Portuguese child welfare professionals working in different areas of the country, Rodrigues and colleagues hypothesized that a caseworker’s placement decision can be predicted by their feelings about residential care (e.g., group homes), the influence that others have on the decision, and their perceived control over the decision. They found that caseworkers who valued family preservation (i.e., keeping children with their families whenever possible) had more negative feelings toward residential care, feeling that in the long run such placements were more harmful than beneficial for children. In another international study that included child welfare caseworkers in Israel (N=210), the Netherlands (N=214), Northern Ireland (N=202) and Spain (N=202), in which participants completed a survey that captured child welfare attitudes and responded to a case vignette, Benbenishty and colleagues also found that caseworker attitudes about the quality of foster care placement impacted the likelihood that they would decide to remove a child from their home. They noted that “in their deliberation about the
relative merits of family preservation and child placement, practitioners take into account also what they know and think of out-of-home alternatives. Practitioners who have less favorable views of foster families and residential care tend to have attitudes against removal of children from home, and vice versa." As these are cross-sectional studies, the directionality of this relationship cannot be determined – we don’t know whether caseworkers who are naturally ‘pro-family’ develop more negative attitudes about the benefits of placement, or whether negative experiences with placement cause caseworkers to err on the side of keeping children at home. Regardless, these findings show that the decision to keep a child at home is not simply based on a child’s safety, but is influenced by both caseworker and system-level factors.

1.3.1.3. Organizational/external factors

The Rodrigues and Benbenishty studies described above are examples of how caseworker-level factors that influence child welfare decision-making can intersect with qualities of the broader agency, social service system, and community at large. The decision to remove a child from his or her family is not made in a vacuum, but is instead influenced by the available alternatives.

One of the most important ‘available alternatives’ is the actual availability of services in the broader community. In the previously described study with Texas child protective staff, Dettlaff and colleagues\textsuperscript{108} found that the availability of community-based services, and caseworkers’ ability to access those services for their clients, increased caseworkers’ confidence in their decision-making regarding risk and removal. In a study that surveyed 229 Illinois social workers around placement decisions, Sieracki and colleagues\textsuperscript{111} found that if intensive, ‘wrap-around’ services were available in the community, respondents were more likely to recommend
a less restrictive foster care setting (e.g., a foster home), and conversely if such services were not available they were more likely to recommend residential care, controlling for the child’s clinical needs. In another study of 5,873 child protective investigations across the U.S., Font and Maguire-Jack\textsuperscript{112} found that when community services could be accessed without maltreatment substantiation, substantiation rates were lower even after controlling for county, family and child characteristics. These findings indicate that substantiation and foster care placement may at times function as gateways to connecting children and families with services rather than being responses to maltreatment.

In examining factors that may influence child welfare decision-making, many researchers include variables that capture the caseworker’s office, region or country. Although one could assume correlations between other caseworker/organizational factors and geographic location, several of the above-described studies have shown that location has a separate and significant relationship with the decision being studied.\textsuperscript{55,92,112–114} This suggests that there may be broader differences between communities that have an independent and important influence on child welfare practice.

1.3.2. Measurement of child maltreatment

While the previous section reviewed the many factors that contribute to child welfare caseworkers’ decision-making processes, this section will focus more specifically on tools that have been developed to measure both current (point-in-time) and past maltreatment. Although the measurement of current child maltreatment is primarily the task of child welfare staff that are legally responsible for ensuring children’s safety, other child-serving professionals (including mandated reporters, such as doctors and teachers) also have to make judgments about the
possible maltreatment of children known to them. However, given the breadth of this topic, this review of current maltreatment measurement will be limited to the child protective context.

1.3.2.1. Point-in-time measurement

Child protective staff are charged with responding to allegations of abuse and neglect, and through the course of their investigations make determinations regarding whether the alleged maltreatment has happened (i.e., is substantiated) and what the appropriate course of action is based on the risk of future maltreatment. Given the documented variation in child welfare decision-making, many jurisdictions have sought to increase consistency through the use of structured tools that allow for the systematic collection of information related to a child’s risk of future maltreatment. Most of these point-in-time tools fall into one of two categories: consensus-based or actuarial.

1.3.2.2. Consensus-based tools

Consensus-based are often developed by professionals with considerable field experience and seek to codify ‘best practices.’ Although such consensus-based tools are generally thought to be preferable to relying on individual caseworkers’ judgment, they have been criticized as being “nothing more than practice wisdom arranged neatly on a form.” Nevertheless, as consensus-based tools are typically easy to employ and provide flexibility, there are numerous such tools that are widely used in the field, including the Illinois Child Abuse and Neglect Tracking System, the Child at Risk Field System, the Ontario Safety

* In most jurisdictions, the decision to remove a child from his or her family must be reviewed and approved of by court personnel.
Assessment, and the Strength and Stressors Tracking Device.\textsuperscript{103,115,116} As an example, the Strengths and Stressors Tracking Device has 55 items that are divided into four domains: environment, social support, family/caregiver, and child well-being. The child welfare caseworker assesses the degree to which each item is impacting the family as a strength or a stressor, and the summed scores provide guidance regarding safety and risk.\textsuperscript{116}

1.3.2.3. \textit{Actuarial tools}

Actuarial tools also draw on the expertise of child welfare professionals, but they differ from consensus-based tools in that they are based on empirical evidence. Gambrill and Shlonsky offer this description of the actuarial tool development process:

“Actuarial models in child welfare are generally developed by taking a sample of children and families involved in the child welfare system, analyzing their paths while in the system, relating those paths to a set of characteristics or events related to each family, and identifying events which are highly associated with an outcome of interest (usually recurrence of abuse/neglect). An event/characteristic becomes ‘predictive’ if it remains highly associated with the outcome when the independent effects of other highly associated variables are considered.”\textsuperscript{91}

One of the most widely used actuarial tools is the National Council on Crime and Delinquency’s Structured Decision-Making (SDM) model,\textsuperscript{117} which has tools for child protection, foster care and placement support, adult protection, juvenile justice and welfare-to-work programs. The child protection SDM module has six tools, including safety assessment and risk assessment, which are used during the investigation process; each SDM tool has an algorithm that provides caseworkers with guidance around safety planning, placement, and the appropriate intensity of supervision and services.

While several researchers have strongly advocated for the superiority of actuarial models compared to other decision-making tools and methods,\textsuperscript{90,91,93,118,119} citing their higher
rates of inter-rater reliability compared with consensus-based tools, their ability to accurately assess risk is still quite low. For example, in one validation study of California’s Family Risk Assessment tool, which uses the SDM model, the tool’s sensitivity was found to be 0.69 and its specificity was found to be 0.64. While those may be acceptable numbers in a research context, in the real world setting of child welfare this means that 31% of ‘true’ high-risk children were left at risk of future maltreatment, and 36% of ‘true’ low-risk children were unnecessarily involved in the system. There are additional limitations to actuarial tools that compromise their use in child welfare settings, including the potential that caseworkers will automatically apply group norms to individual families (i.e., employ the ecological fallacy) and focus more on future risk than identifying and addressing past maltreatment. Because they are based on administrative data rather than the result of a randomized trial, it is impossible to know what the outcome for a particular family would have been (particularly whether maltreatment would have recurred) absent system intervention. It has also been noted that appropriately completing most actuarial tools, and knowing how to use the information they provide with a particular child and family, requires clinical judgment — and that even actuarial tools can be impacted by many of the factors and biases described earlier. Given this, most child welfare systems that use actuarial tools do so as one part of their overall process of risk assessment.

Even with these concerns, all risk assessment tools share an important limitation that is not well addressed in the literature. By definition, such tools are designed to predict future harm, not to determine what maltreatment has already happened to a particular child. Even in studies focusing on the substantiation of maltreatment, the focus is on the consistency of
substantiation decisions (i.e., whether different caseworkers, when presented with identical information, will make the same decision to substantiate alleged maltreatment), not whether the child welfare caseworker has accurately determined what type or types of maltreatment a particular child has experienced regardless of the allegation. Despite broad agreement around the inconsistencies in child welfare decision-making, most researchers seem to assume that the first and perhaps most important decision the child welfare system has to make – what actually happened to a child – is correct. Perhaps this is because many studies are based on vignettes or mock cases where the known facts are clear; however, in the real world, the child protective caseworker’s efforts start with only an allegation – all other information is left to that caseworker to discover. Of course, it would be difficult, if not impossible to assess the accuracy of a child welfare caseworker’s assessment in the ‘real world’ without some kind of independent confirmation, which would be challenging to obtain as part of a research study for both practical and ethical reasons. However, many child welfare agencies conduct routine case record reviews that are designed to identify practice concerns; applied more broadly, similar post-hoc reviews could be used by researchers to assess the quality and/or accuracy of caseworkers’ decisions, for example by reviewing whether parents and children were interviewed separately and privately, were asked about all types of maltreatment (not just the alleged maltreatment type), etc.

Why is this a concern? Looking at state-level child welfare data, it is clear that there is a large amount of variation in the identification of maltreatment by geography and type of maltreatment. While one would expect some level of variation in these percentages across states, the large degree of variation suggests that there are legal, policy and/or practice
differences – organizational and external factors, using the DME framework – that are influencing the determination of maltreatment. This aligns with the above-referenced research that has found that the child welfare caseworker’s geographic location has a separate and significant relationship with the decision being studied. It also suggests that, in some cases, certain types of maltreatment are ‘missed’ by child welfare staff, or the child welfare system more broadly – for example, if a given state has a very high percentage of children with substantiated neglect and a very low percentage of children with substantiated sexual abuse, that may mean that its child welfare caseworkers are well trained to identify neglect but lack skills in identifying sexual abuse, or that its court system has a higher threshold for substantiating sexual abuse than for neglect. In such instances, unidentified maltreatment (in this example, sexual abuse) would likely be left unaddressed through services provided to the child and family.

Others have raised concerns about whether child welfare data accurately reflect child maltreatment that is experienced across the population as a whole. In the introduction to a special issue of Child Abuse & Neglect focused on child welfare decision-making, López and colleagues noted the following:

“Decision-making in child protection is characterized by two apparently contradictory perspectives. The first of these is that child maltreatment is recognized as underreported; that is, the incidence of maltreatment based on both self-report and sentinel studies exceeds by far the numbers of children known to official sources. The second is that among those cases that are known to child protection authorities, only a fraction are deemed to involve actual maltreatment. Furthermore, even among those who receive a response from the system, few receive any intervention beyond an assessment or investigation. In many instances, children who are reported are screened out by child protection agencies altogether. Thus, on the one hand, many children unknown to child protection appear to need intervention. On the other hand, many of those known to child protection are apparently not in need of an intervention, or at the very least, might not be experiencing severe harm or else might exhibit weak signs and
For child welfare authorities, this mismatch raises important questions about which children are and are not reported to the system, and what changes would ensure that all maltreated children receive the supports they need to remain safe. For public health practitioners, this mismatch means that child welfare data cannot be the sole source of information when trying to ascertain the extent of child maltreatment and understand its effects.

1.4. **Summary and research questions**

There is substantial evidence showing the harmful effects of child maltreatment and other childhood adversities on physical and mental health over the life course. This should be a critical concern for public health researchers and practitioners, and further examination of the mechanisms that drive this relationship, and the factors that can mitigate maltreatment’s impact, should be prioritized.

One of the challenges inherent in child maltreatment research, however, is the fact that identifying such maltreatment is an inexact science. Tools that are available to child welfare systems charged with intervening around child maltreatment are often unreliable, and research has shown that decision-making processes are influenced by factors at the family, caseworker, agency and community levels. Additionally, many maltreated children never become known to the child welfare system, while other families are unnecessarily subjected to system involvement.

While variation in decision-making along the continuum of child welfare involvement
(investigation, substantiation, service provision, removal, reunification and case closure) has been well studied, there is a conspicuous gap in the literature regarding whether the first question child welfare caseworkers confront – what happened to this child? – is answered correctly. The large degree of variation in prevalence of child maltreatment types across the U.S. suggests that this question is answered differently state-to-state and could result in certain types of maltreatment being under- or over-identified by child welfare systems. Given what is known about the human, financial and social costs of child maltreatment, the prospect that some children continue to suffer in silence is both unacceptable and unsustainable.

To this end, the specific aims this mixed-methods study addressed were:

1) Determine the relative impact of factors at the family level, child welfare system level, and state level on types of substantiated maltreatment across all 50 states through secondary analysis of national child welfare data.

2) Explore factors at the family level, caseworker level, organizational level and community level that may influence the identification of child maltreatment through key informant interviews of child welfare system stakeholders.
2. Methods

2.1. Aim 1

I used data from the National Child Abuse and Neglect Data System (NCANDS), a federally sponsored annual national data collection effort created to track the volume and nature of child maltreatment reporting, to examine the relationship between various child/family, child welfare system and state-level variables and the type of maltreatment identified by child protective staff among children who experienced substantiated maltreatment.

2.1.1. Data source

Except where noted below, all data used in these quantitative analyses were from the NCANDS; although participation in the NCANDS is voluntary, all 50 states participate. To submit their data, states’ administrative systems are mapped to the NCANDS and data are submitted to the federal government electronically.

The NCANDS “Child File” dataset contains child-specific data of all state child protective service agencies’ investigated reports of maltreatment, some of which resulted in substantiated cases of maltreatment and some of which remained unsubstantiated. For these analyses I used the 2016 data set, which includes all children ages 0-17 who were the subject of an allegation of child maltreatment that had a report disposition date in federal fiscal year 2016 (October 1, 2015-September 30, 2016); for some of these children, the alleged maltreatment may have occurred during the prior fiscal year. By definition, the NCANDS data do not include children who experience maltreatment that is not reported to child welfare authorities.
In the NCANDS Child File each child’s date of birth, county of residence, worker ID, supervisor ID and incident date have been removed. In smaller counties, additional variables that pose the risk of identifying a given child (such as the county, child ethnicity, etc.) are also removed, making the data set fully de-identified. The total 2016 Child File contains approximately 3.4 million records, and de-identified versions are made available to child welfare researchers through NCANDS Child Data File Licenses.

While the Child File identifies the child as the unit of measure, my unit of analysis was an instance of maltreatment, which means a child who had more than one maltreatment investigation, or experienced more than one type of maltreatment, during the year would be counted more than once. I chose to use instance of maltreatment for my unit of analysis instead of unique child because my research question relates to the factors that influence what type of maltreatment is substantiated, and one can only examine such factors by separating out each instance of maltreatment. Given this, the percentages presented in Figures 3.1-3.4 are different than those presented by the Children’s Bureau, which reports the prevalence of maltreatment types among children. Although these analyses contain the same number of children and the same number of instances of maltreatment as those reported by the Children’s Bureau, the denominators are different because on average children had 1.16 instances of maltreatment. As a result, the denominators are slightly larger, making the percentages reported in Figures 3.1-3.4 slightly smaller compared with the Children’s Bureau data. Given the small magnitude of this difference, and the different purpose of this analysis, this does not present concerns regarding bias.
2.1.2. Outcome variable

As I am examining the factors that influence the identification of different types of maltreatment, the outcome of interest is substantiated maltreatment, a categorical variable with four values: substantiated physical abuse, sexual abuse, emotional maltreatment* and neglect. Some states recognize additional forms of maltreatment (such as educational neglect and medical neglect), but as these vary state to state they were not included in these analyses.

In the NCANDS there are two variables related to substantiated maltreatment, maltreatment type and maltreatment disposition. By definition, all children in the NCANDS have at least one maltreatment type; in this data set, a child can have up to four maltreatment types associated with a given report of maltreatment. Maltreatment disposition refers to whether the alleged maltreatment was substantiated by the local child welfare authorities. If a child protective report is “substantiated” it means that there was adequate evidence to support the allegation of abuse or neglect.† For each maltreatment type, children who had an accompanying disposition of “substantiated” or “indicated or reason to suspect” were considered to have experienced the given type of maltreatment, and are coded 1 on the relevant variable. Children with a maltreatment type linked with a disposition of “alternative response victim,” “alternative response nonvictim,” “unsubstantiated,” “unsubstantiated: intentionally false report,” “closed-no finding,” “no alleged maltreatment” or “other” are coded 0 on the relevant variable. For children with a related disposition of “unknown or missing” the

* Given that different states use the terms “emotional neglect” and/or “emotional abuse,” for these analyses I am using the broader term “emotional maltreatment.”
† The evidence needed to substantiate a report differs by state, and at times within states. Some states use the term “indicated” to categorize allegations of maltreatment that are believed to have happened, but have less evidence.
variable is coded as missing. This categorization follows the methodology the Children’s Bureau uses in its public reporting.

For the analyses, I used *maltreatment type* and *maltreatment disposition* to create four new dummy variables (substantiated neglect, substantiated physical abuse, substantiated sexual abuse and substantiated emotional maltreatment). I then created a fifth categorical variable (substantiated maltreatment) with four values (substantiated neglect, substantiated physical abuse, substantiated sexual abuse and substantiated emotional maltreatment), which came from the four dummy variables. I did this following the steps described below; the tables below each step demonstrate how the data for three example children (Child A, B, and C) would be treated in each step:

1. The original NCANDS data set has four *maltreatment (Maltx) type* variables (labeled 1, 2, 3 and 4), which represent the four potential types of maltreatment that are identified during a child protective investigation. Each maltreatment type has an accompanying *maltreatment disposition*, which indicates whether the maltreatment was substantiated or not.

<table>
<thead>
<tr>
<th>Maltx Type 1</th>
<th>Maltx Disp 1</th>
<th>Maltx Type 2</th>
<th>Maltx Disp 2</th>
<th>Maltx Type 3</th>
<th>Maltx Disp 3</th>
<th>Maltx Type 4</th>
<th>Maltx Disp 4</th>
</tr>
</thead>
<tbody>
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<td>Physical abuse</td>
<td>1</td>
<td>Emotional Maltreatment</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Child B</td>
<td>Physical Abuse</td>
<td>1</td>
<td>Neglect</td>
<td>1</td>
<td>Sexual Abuse</td>
<td>0</td>
<td>Emotional Maltreatment</td>
</tr>
<tr>
<td>Child C</td>
<td>Sexual Abuse</td>
<td>1</td>
<td>Neglect</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

2. For each maltreatment type, I created four dummy variables (e.g., Neglect1, Neglect2, Neglect3, Neglect4), which together capture the four ‘opportunities’ there are to substantiate a given maltreatment type in a given investigation.
3. I then created an additional dummy variable (e.g., SubNeglect) that was coded 1 if any of the initial dummy variables (Neglect1, Neglect2, Neglect3, Neglect4) had a value of 1. I then created four separate data sets, one for each maltreatment type, each of which only contained those records where the relevant dummy variable (e.g., SubNeglect) had a value of 1. I also created a categorical variable, SubMal (substantiated maltreatment), that was coded 1 when SubNeglect had a value of 1, 2 when SubPhysical had a value of 1, 3 when SubSexual had a value of 1 and 4 when SubEmotional had a value of 1. SubMal is the main outcome variable.

4. I then concatenated the four data sets, so that each instance of maltreatment – my unit of analysis – is represented with a separate record.
2.1.3. **Predictor Variables**

Following the Decision-Making Ecology framework, these analyses will examine the relationships between each of the four outcome values and the following child/family-level, child welfare system-level and state-level explanatory variables. Below are brief descriptions of each predictor variable that include justification for including them in these analyses.

**Child/family-level variables:**

- **Child’s age:** Younger children are over-represented in the child welfare system,\(^1\) and are more susceptible to neglect than older children due to their higher degree of physical vulnerability and dependence on their caretakers.

- **Child’s race:** There is substantial research documenting the over-representation of black/African-American children, in particular, in the child welfare system.\(^{122}\) (Native American children are also over-represented compared to their numbers in the general population, but they only comprise a substantial portion of the child welfare population in a small number of states.\(^1\)). Reflecting the disproportionate number of black/African-American children in the child welfare system, for these analyses child’s race are dichotomized as black vs. not black.

- **Family poverty:** Given the high proportion of poor families involved in the child welfare system, there has been much research looking at the impact of poverty on maltreatment. Research has found associations between poverty and all types of child maltreatment, with the strongest associations between poverty and neglect.\(^{40,123,124}\) The NCANDS includes two variables related to the caregiver’s financial status, *financial problem*, which asks whether the family has sufficient financial resources to meet the
child’s minimum needs, and public assistance, which asks whether the family is receiving any formal public benefits (Medicaid, SNAP, TANF, etc.). Both of these are binary variables, with the possible responses being “yes” or “no.” For these analyses, these variables have been combined to form a new binary variable, family poverty; if the response to either or both of the included variables was yes, then the value of family poverty is 1.

- **Substance abuse:** Research has shown parental substance abuse to be a risk factor in child maltreatment. The NCANDS contains two variables related to the caretaker’s alcohol and/or drug (AOD) use, alcohol abuse-caretaker, which indicates whether the principal caretaker has a “compulsive use of alcohol that is not of a temporary nature,” and drug abuse-caretaker, which indicates whether the principal caretaker has a “compulsive use of drugs that is not of a temporary nature.” Both of these are binary variables, with the possible responses being “yes” or “no.” Because of the amount of missing data among these two variables, to maximize the number of cases that would be included in these analyses I combined these variables to form a new binary variable, AOD abuse; if the response to either or both of the included variables was yes, then the value of AOD abuse is 1, if the response to both of the above variables was no, the value of AOD abuse is 0.

- **Domestic violence:** Studies have shown a link between child maltreatment and domestic violence (DV), with 30-60% of children in families with DV also experiencing maltreatment. The NCANDS contains one item related to incidents of physical or
emotional maltreatment perpetrated by one spouse/parent figure in the household on another, which is coded “yes” (1) or “no” (0).

Child welfare system-level variables:

- **Number of children who receive a child protective report per 1,000 children:** There has been less examination of whether the child welfare system’s “reach” has any impact on the types of maltreatment that are substantiated by the system. In states where child protective reports are comparatively rare, such reports may be limited to maltreatment that is more severe and/or easier to prove, such as physical abuse that results in clear injury. This variable will be used to examine whether the number of child protective reports per capita has any association with different types of maltreatment. These data are obtained from the Children’s Bureau.¹

- **Number of children who receive a child protective investigation per 1,000 children:** Not all child protective reports are deemed credible enough to warrant a child protective investigation by local child welfare authorities. This variable will be used to examine whether a state’s threshold for investigating reports of child maltreatment (i.e., for “screening in”) is associated with different types of maltreatment. These data are obtained from the Children’s Bureau.¹

- **Child welfare system administration:** States have the option of having their child welfare systems be administered at the state or county level. This variable will be used to examine the association between local control and different types of child maltreatment. These data were obtained from the Child Information Gateway.¹²⁷
State-level variables:

- **Percentage black/African-American**: Using an ecological approach, the biases that contribute to over-representation of poor and black families in the child welfare system could also happen on the community level, resulting in higher percentages of certain types of substantiated maltreatment in states with larger black/African-American populations. These data were obtained from the U.S. Census Bureau.\textsuperscript{128}

- **Percentage below the federal poverty level**: Using a similar ecological approach, researchers have found that the same financial stressors that influence maltreatment on the individual level may also function on the community level, contributing to the over-representation of poor families in the child welfare system.\textsuperscript{43,45,55,129} These data were obtained from the U.S. Census Bureau.\textsuperscript{128}

- **Income disparity**: Income disparity is another way to examine community-level disparities and related stressors. The U.S. Census provides a Gini index for each state ranging between 0 and 1, which will be used to examine the association between income disparity and different types of child maltreatment.\textsuperscript{130}

- **ACA Medicaid expansion**: Research has found that low-income families living in states with more generous social benefits have fewer risk factors for maltreatment.\textsuperscript{45} At the same time, families’ increased involvement with public systems may also increase the likelihood that they will be reported to child welfare authorities. For this analysis, each state’s decision to expand Medicaid under the Affordable Care Act will serve as a proxy for the generosity and ‘reach’ of their social service system, and allow testing of
associations between this generosity/reach and maltreatment types. These data were obtained from the Henry J. Kaiser Family Foundation.\textsuperscript{131}

\subsection{Assumptions and data cleaning}

There were several decisions I needed to make regarding how to handle the data; these are described below:

\subsubsection{Missing data}

As described earlier, NCANDS data comes from states’ child welfare administrative systems, each of which functions independently and is organized differently. Data from each state’s system are mapped to the NCANDS and submitted to the federal government electronically.

For some of the predictor variables, the NCANDS had a large amount of missing data. In some instances, data were missing for individual child (case) records, but in other instances states are missing all data for a given variable, perhaps because of data transfer errors or the lack of a one-to-one match between a state’s system and the NCANDS on a given variable.

In addition, in some instances a state had such low numbers of valid (i.e., “yes” or “no”) responses for a given variable that I did not trust the accuracy of the state’s data for that variable. For example, out of the 11,253 Alabama cases, only 20 (0.18\%) were identified as being from a poor family, which given the disproportionate proportionate number of poor families in the child welfare system described earlier is highly unlikely to be an accurate count. Given this, I decided to exclude a state from analyses involving a given variable if: 1) 100\% of the data for that variable was missing, or 2) fewer than 1\% of cases in that state were coded as either “yes” or “no” for that variable. Because of variation in the number of states that fell into
one of these categories across the predictor variables, the analytic sample size for each of the univariate and bivariate tables varies (see Tables XX-YY). Any state that was excluded from the univariate and/or bivariate analyses (either because it was missing all data for a predictor variable or because it had <1% valid responses for a variable) was also excluded from the multivariate analyses. This removed 16 states* from the multivariate analyses and reduced the multinomial logistic regression data set to 447,866 cases.

A given case would be excluded from the univariate, bivariate or multivariate analyses if it was missing one or more of the predictor variables. To identify these cases, I created a new variable called “miss” that was coded 1 if any of the predictor variables were coded as missing (“.” in SAS), and otherwise was coded as 0 (which would indicate that the case had valid data for all of the predictor variables). After elimination of all cases that had a miss value of 1, this resulted in a further reduced data set of 248,654 cases that was used for the multivariate analyses.

The below table (2.1) shows the states that were excluded from the univariate, bivariate and multivariate analyses, and why they were excluded; for those states missing more than 10% of data for a given variable, the percent missing is provided.

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<thead>
<tr>
<th>State</th>
<th>Child race</th>
<th>Poverty</th>
<th>AOD</th>
<th>DV</th>
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<td>CT</td>
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</table>

* These states were AL, CA, CO, IA, ID, IL, KS, KY, LA, MT, NC, NV, NY, SC, VA and VT.
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<thead>
<tr>
<th>State</th>
<th>Child race</th>
<th>Poverty</th>
<th>AOD</th>
<th>DV</th>
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</table>
To determine whether there were differences between cases that had a *miss* value of 1 vs. 0, I conducted bivariate analyses that examined the differences between these two groups across age, race (black vs. not black), and the maltreatment types of interest (substantiated neglect, physical abuse, sexual abuse and emotional maltreatment). As described below, for the most part there were not practically meaningful differences (which I defined as a <5% difference in values) between these two groups. By practically meaningful, I mean a difference that, to those working in the field, would be larger than the natural variation that they would see in their day-to-day work. I chose 5% as my threshold because while looking at maltreatment by state across several years (2012-2016),\(^1\) in almost all cases the variation of each type of maltreatment was within five percentage points.

- **Child age:** Among missing cases the mean age was 6.9 years, compared with 6.7 years among non-missing cases. Although this difference was statistically significant at \(p<.0001\) I did not consider it to be practically meaningful.

- **Child race:** Among missing cases, 26.7% of children were black, compared to 26.5% of children among non-missing cases. Although this difference was statistically significant \((p=.01)\) I did not consider it to be practically meaningful.

- **Substantiated neglect:** Among missing cases, 80.4% of children were determined to have substantiated neglect, compared with 76% among non-missing cases. Although this difference was statistically significant at \(p<.0001\) I did not consider it to be practically meaningful.

- **Substantiated physical abuse:** Among missing cases, 21.9% of children were determined to have substantiated physical abuse, compared with 23.9% of non-missing cases.
Although this difference was statistically significant at p<.0001 I did not consider it to be practically meaningful.

- **Substantiated sexual abuse:** 9.3% of children were determined to have substantiated sexual abuse both among missing and non-missing cases; this difference was not statistically significant.

- **Substantiated emotional maltreatment:** Among missing cases, 7% of children were determined to have substantiated neglect, compared with 11.4% among non-missing cases. Although this difference was statistically significant at p<.0001, I did not consider it to be practically meaningful.

2.1.4.2. **Clustering**

Cases in the data set could potentially be connected with each other in two ways: they were residents of the same state and/or they experienced maltreatment by the same perpetrator (most likely because they were living in the same household). Given this, I tested the multivariate model twice, once clustering among states and the second time clustering among perpetrators (which in most cases would be the child’s primary caretaker). I ultimately chose to control for clustering among states rather than perpetrators because the majority of perpetrators only had one child associated with them, resulting in an unstable regression model when I controlled for clustering among perpetrators.

2.1.4.3. **Gini variable**

The Gini index is a value between 0 and 1 that captures an entity’s level of income disparity; the data I obtained from the Census Bureau provided these values to the 1/1,000th percent. Because logistic regression provides a parameter estimate for the outcome variable
based on a 1-point change in a predictor variable, leaving the Gini variable in its original form would not allow me to identify how small changes (on the level of 1/100\textsuperscript{th} or 1/1,000\textsuperscript{th} of a percentage point) might impact the outcome variable. To address this, I multiplied all Gini values by 1,000, to transform the range from 0.419-0.499 to 419-499.

2.1.5. Analyses

I conducted univariate analyses to show the frequencies/means of each predictor variable and outcome value across all 50 states and nationally. This allowed for the examination of variation across states, and comparison of each state to the national value. Bivariate analyses (t-tests for continuous variables and chi-squared tests for categorical variables) were then conducted to test for significant differences between values of each predictor variable by outcome value.

Multivariate logistic regression (MLR) was used to test the relative impact of each predictor variable on child maltreatment type after adjusting for other variables in the model. MLR is most appropriate for categorical outcome variables with greater than two values, such as substantiated maltreatment, because it allows one to simultaneously compare the associations between a multiple paired outcomes and one or more independent (predictor) variables.\textsuperscript{136,137} Specifically, it does this through pairwise comparisons between a reference outcome value and the other possible outcome values. MLR also has the advantage of allowing for a mix of continuous and categorical predictor variables, and does not require that those variables be normally distributed.\textsuperscript{138,139} For these analyses I conducted four MLR models, using neglect, physical abuse, sexual abuse and emotional maltreatment as the referent respectively, which allowed for a pair-wise comparison between all four types of substantiated
maltreatment. For example, the below equation shows the MLR model with neglect as the referent value:

\[ Y_N = a + b_{1PA}X_1 + b_{1SA}X_1 + b_{1EM}X_1 + b_{2PA}X_2 + b_{2SA}X_2 + b_{2EM}X_2 \ldots + e \]

- \( Y_N \) = outcome value for neglect
- \( a \) = intercept
- \( x_1 \) = predictor variable 1 (e.g., child age)
- \( b_{1PA} \) = odds ratio estimate for variable 1 comparing physical abuse to neglect
- \( b_{1SA} \) = odds ratio estimate for variable 1 comparing sexual abuse to neglect
- \( b_{1EM} \) = odds ratio estimates for variable 1 comparing emotional maltreatment to neglect
- \( e \) = error term

As shown in this equation, MLR provides odds ratio estimates for each comparison between neglect and the other outcome values, by predictor variable, along with an intercept and error term. The equations for the other three MLR models are below:

\[ Y_{PA} = a + b_{1N}X_1 + b_{1SA}X_1 + b_{1EM}X_1 + b_{2N}X_2 + b_{2SA}X_2 + b_{2EM}X_2 \ldots + e \]
\[ Y_{SA} = a + b_{1N}X_1 + b_{1PA}X_1 + b_{1EM}X_1 + b_{2N}X_2 + b_{2PA}X_2 + b_{2EM}X_2 \ldots + e \]
\[ Y_{EM} = a + b_{1N}X_1 + b_{1PA}X_1 + b_{1SA}X_1 + b_{2N}X_2 + b_{2PA}X_2 + b_{2SA}X_2 \ldots + e \]

### 2.2. Aim 2

The second aim of this study explored factors at the child/family level, caseworker level, organizational level and community level that may influence the identification of child maltreatment through key informant interviews of child welfare system stakeholders.

#### 2.2.1. Study design

The study design for Aim 2 involved qualitative data collected through key informant interviews (KII s) with child welfare system stakeholders from two jurisdictions in two different states (four jurisdictions in total). The KII s focused on factors that, based on the available literature focused on child welfare decision-making (referenced earlier) and quantitative
findings from this study, may influence the identification of child maltreatment, and allowed for more nuanced exploration of how these factors impact this decision-making process. I interviewed stakeholders with different types and/or degrees of engagement with the child welfare system in order to obtain varied perspectives on the factors that may support or inhibit decision-making processes around maltreatment. All study procedures were approved by the City University of New York’s Institutional Review Board (IRB).

2.2.2. Study population and eligibility criteria

To obtain a contextual picture of child welfare practice in each jurisdiction, I sought to interview at least one person from each the following categories: 1) child welfare administrators, 2) child protective caseworkers, 3) parents’ attorneys, 4) family court judges, and 5) parents with past child welfare system involvement. These stakeholder groups, which were identified through theoretical sampling, a type of purposive sampling that chooses a sample based on its ability to design or test theoretical constructs, allowed for detailed exploration of child maltreatment identification and categorization from different perspectives.

Interview participants from the first four categories were either currently employed in their given role or employed in their role within the last two years, to ensure that they had familiarity with the current functioning of their local child welfare system. In order for a parent to be eligible for an interview, his or her child welfare case had to have been closed for at least one year, to limit the likelihood that the interview process would be emotionally difficult or touch on issues that are current concerns of the family. Table 2.2 provides more details regarding the criteria considered when selecting interview participants in each of the five categories.
### Table 2.2: Stakeholder selection criteria

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Eligibility Criteria</th>
</tr>
</thead>
</table>
| Child welfare administrator  | • Currently employed in this role for at least one year or has been employed in this role within the last two years  
• Has worked in the local child welfare system for at least five years  
• Has decision-making authority regarding agency practice  
• Reports to a political appointee |
| Child protective caseworker  | • Currently employed in this role for at least one year or has been employed in this role within the last two years  
• Directly interacts with parents who are subjects of maltreatment allegations  
• Plays a role in maltreatment identification and substantiation decisions |
| Parent attorney              | • Currently employed in this role for at least one year or has been employed in this role within the last two years  
• Child welfare-involved parents are at least 25% of his/her caseload  
• Has experience with all types of maltreatment allegations |
| Family court judge           | • Currently employed in this role for at least one year or has been employed in this role within the last two years  
• Adjudicates child welfare cases  
• Has experience with all types of maltreatment allegations |
| Parent                       | • Had a finding of substantiated child maltreatment  
• Has had their child welfare case closed for at least one year  
• Has experience advocating for parents with open child welfare cases |

2.2.3. Sampling and recruitment

Interview participants were identified through a two-step sampling process, each of which involved its own sampling method; this process is described in detail below.

2.2.3.1. State and jurisdiction selection

The first step in identifying interview participants involved selecting two states, and two jurisdictions (e.g., counties) within each of those states. I sought to identify states that were demographically similar (e.g., by population size, percentage of the population living in an

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* Criteria that were optional are in italics; they were considered depending on access to other key informants in the same category.
urban area, percentage of the population identified as black/African-American, percentage of the population with an income below the federal poverty line) but varied in the percentage of children who were identified by the child welfare system as having experienced different types of maltreatment. To identify states that met these criteria I used purposive or criterion-based sampling, a method used when the sample is chosen based on particular features or characteristics.

Once potential states were identified I conducted outreach to child welfare administrators on the state and/or county level to assess their interest in participating in the research study. Initial outreach was made to child welfare administrators because they functioned as local gatekeepers – if they were willing to participate in the study it would facilitate access to other stakeholder groups, but if they were not willing to participate, given the centrality of the child welfare system to the study, it was not worthwhile to do further outreach. Email/phone scripts and informational flyers used in this outreach process, which described the focus of the dissertation research, the purpose of the key informant interviews, and how participants’ anonymity would be preserved, were approved by the CUNY IRB.

This process yielded varied results; some administrators were open to participating from the outset, while others required additional information and/or approval by agency research review committees. Several jurisdictions declined to participate due to timing, competing agency priorities or concerns about participating in a research study despite assurances given regarding participant anonymity. In some cases, individuals agreed to speak “on background” to provide information about local child welfare practice but were not included as official research participants. As a result of this process, two jurisdictions within two states were
identified, which for the purposes of preserving participants’ anonymity are referred to as State A and State B, and Jurisdictions A1, A2, B1 and B2.

2.2.3.2. Stakeholder selection

The second step in the recruitment process involved identifying potential interview participants in each state and jurisdiction. To identify interview participants beyond child welfare administrators I utilized snowball sampling, a method that uses research participants to identify additional (and often hard-to-identify or reach) participants based on existing social networks. Once a local child welfare administrator agreed to participate in the research study, he or she was asked to provide contact information for additional potential interview participants in the jurisdiction, including local child protective staff, family court judges, parent attorneys and parents with past child welfare system involvement. In some jurisdictions, I also reached out to and/or was linked with other child welfare-affiliated organizations for the purpose of identifying additional interview participants. In one jurisdiction, per the requirements of the child welfare agency’s research review committee, child protective caseworkers were recruited through the posting of informational flyers in agency offices rather than learning about the study directly from child welfare administrators.

This snowball sampling resulted in the identification of the individuals listed in Table 2.3. Twenty-two people were interviewed in total, and in all but one jurisdiction representatives from all five stakeholder groups were interviewed. Additionally, several of the people interviewed had held various child welfare system-related positions over their career, allowing them to speak from multiple perspectives.
Table 2.3: Stakeholder interview participants

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>CWA</th>
<th>CP CW</th>
<th>Judge</th>
<th>Attorney</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction A1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Jurisdiction A2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Jurisdiction B1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Jurisdiction B2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

2.2.4. Data collection

With the exception of one interview that was conducted by phone, all KIIs were conducted in person at the participant’s office or another convenient location identified by the participant, and lasted between 60 and 90 minutes. All participants completed CUNY IRB-approved consent forms prior to their interview (which included consent to record their interview for transcription); upon completion of the interview parent participants received a $25 gift card for their participation.

Interviews were conducted using a semi-structured interview guide that covered five broad areas: 1) identifying maltreatment, 2) substantiating maltreatment, 3) parents’ role in identifying and substantiating maltreatment, 4) the legal system’s role in maltreatment decision-making; and 5) the broader context of child welfare decision-making, with specific questions based on the role and/or responsibilities of individuals in each stakeholder group. These areas were chosen to roughly align with the DME domains (case factors, decision-maker factors, organizational factors and external factors). All interviews were recorded, and then transcribed by an independent service, with transcripts later shared with participants to ensure accuracy.
2.2.5. Analytic approach

The data analysis involved a systematic process of sorting, arranging, and indexing the data to increase the understanding of the maltreatment identification process and factors that influence that process. All interview transcripts were first reviewed while listening to the relevant audio recording to ensure their accuracy. During this process preliminary codes were identified; this process, and the results of the quantitative analyses (which were completed contemporaneously), generated additional questions that were explored during subsequent interviews. By the time the final interview was completed, consistency across participants’ responses demonstrated that triangulation across stakeholder groups had been achieved.

Once all interviews were complete, the author and a second coder analyzed two transcripts independently for the purposes of developing a comprehensive list of codes, after which they met to review and reconcile the coding and finalize code names and definitions that were stored in an Excel-based code book. I analyzed the remainder of the transcripts, adding to the code book as additional concepts were identified. Quotations from the interviews were stored in the code book, which allowed for the easy sorting of data by category, interview state/jurisdiction, and participant type.

The constant comparative method was then used to review the descriptive codes that had been identified during the initial round of analysis and develop a second set of analytic codes that were more conceptual. This process involved the identification and synthesis of content derived from the participants (i.e., emic) and concepts related to the DME framework and the author’s growing conceptualization of the maltreatment-identification process (i.e., etic). A draft version of these analytic codes were discussed with the second coder and
finalized thereafter. During the writing process I frequently returned to the interview
transcripts to confirm the context and meaning of quotations that had been added to the code
book, and to compare and contrast statements by different KIIs, to increase and verify the
understanding of the data and generate findings that were transferrable, that is both credible
and applicable to other members of the jurisdictions and populations that were involved in the
study. Ultimately, thematic analysis\textsuperscript{146} was used to organize the identified analytic codes into
themes; as discussed in section 4.2, while most of the themes fit within the existing DME
framework domains, several themes ‘hung together’ to comprise a new/additional domain.
3. Results

3.1. Aim 1

The first aim of this study was to determine the relative impact of factors at the child/family level, child welfare system level, and state level on types of substantiated maltreatment across all 50 states through secondary analysis of National Child Abuse and Neglect Data System (NCANDS) data. Descriptions of univariate, bivariate and multivariate analyses, and the predictor and outcome variables used in these analyses, follow below.

3.1.1. Univariate Analyses

As described in sections 2.1.2. and 2.1.3., this study examined the impact of select child/family, child welfare system and state factors (predictor variables) on which of four types of maltreatment (neglect, physical abuse, sexual abuse, emotional maltreatment – outcome values) are substantiated. Table 3.1, below, shows the national values (i.e., the aggregate value of all states combined, or in the instance when only a subset of states reported on a particular value (noted with an asterisk), the aggregate value of those subset of states) for each of the outcome values and child/family-level predictor variables, the standard deviation of the national value, and the range in the value across all states. As described below, variable-specific figures report frequencies/means for these variables by state.

<table>
<thead>
<tr>
<th>Substantiated Neglect</th>
<th>Substantiated Physical Abuse</th>
<th>Substantiated Sexual Abuse</th>
<th>Substantiated Emotional Maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>71%</td>
<td>16%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>40.8</td>
<td>41.8</td>
<td>29</td>
<td>27.7</td>
</tr>
<tr>
<td>2%-92%</td>
<td>3%-52%</td>
<td>2%-50%</td>
<td>0%-41%</td>
</tr>
</tbody>
</table>
### 3.1.1.1. Outcome Values

For each state, the count of each type of maltreatment was divided by the total instances of substantiated maltreatment identified in FFY 2016 to derive the percentage, as described below and shown in Figures 4.1-4.4. As such, for each state, the sum of these four values is 100%.

- **Substantiated Neglect**: Nationally, substantiated neglect was the most common type of maltreatment, with 71% of all instances of maltreatment being neglect. As shown in Figure 3.1, Massachusetts and Montana had the largest percentage, with 92% of maltreatment determined to be neglect, and Vermont had the lowest percentage, with only 2% of maltreatment determined to be neglect.

- **Substantiated Physical Abuse**: Nationally, 16% of all instances of substantiated maltreatment were determined to be physical abuse. As shown in Figure 3.2, Tennessee and Vermont had the highest percentage of maltreatment determined to be physical abuse, at 52% each, and Wyoming had the smallest percentage of maltreatment determined to be physical abuse, at 3%.

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* As described in section 2.1, the family poverty variable was created from two NCANDS variables, financial problems and public assistance; a “yes” value on either of these binary variables would result in a family poverty value of 1.
• **Substantiated Sexual Abuse:** Nationally, 7% of all instances of substantiated maltreatment were determined to be sexual abuse. As shown in Figure 3.3, in Pennsylvania 50% of all maltreatment was determined to be sexual abuse, the highest in the country, and only 2% of all maltreatment was determined to be sexual abuse in Massachusetts, North Dakota, New Mexico and West Virginia, the lowest percentages across the country.

• **Substantiated Emotional Maltreatment:** Emotional maltreatment was the least common type of maltreatment across the country, representing only 5% of all instances of maltreatment in FFY 2016. As shown in Figure 3.4, Delaware had the highest percentage of children experiencing emotional maltreatment, representing 41% of all of its instances of maltreatment, and several states (Arizona, Idaho, Illinois, Indiana, Massachusetts, Maryland, Vermont and Washington) had virtually no instances of substantiated emotional maltreatment.

3.1.1.2. **Predictor Variables**

Below are the state-level and national values for the predictor variables. As described earlier in section 2.1.4.1., states were considered outliers and were therefore excluded from these analyses if 1) more than 10% of the data for a particular variable were missing, or 2) when the variable was endorsed for <1% of cases. It is important to note that there are instances when states were included in these analyses because they met the 1% “valid responses” threshold, but only barely; these numbers should be interpreted with caution given the likelihood that they are an undercount of the true number of families experiencing the given
condition (e.g., poverty, substance abuse, domestic violence) based on what is known from the child welfare literature. These instances are identified in the below list with an asterisk (*).

- **Child age:** As shown in Figure 3.5, in 2016 the mean age nationally of children entering the child welfare system was 6.8 years. On average, children entering the child welfare system are the oldest in Pennsylvania (9.1 years) and youngest in Texas (5.8 years). Looking separately at each kind of substantiated maltreatment, the mean age of children with substantiated neglect was 6.3 years, with substantiated physical abuse was 7 years, with substantiated sexual abuse was 10.8 years, and with substantiated emotional maltreatment was 7.6 years.

- **Child race:** As shown in Figure 3.6, in 2016 26% of children involved in a child protective investigation were identified as black or African-American; the smallest percentage was in Idaho (2%) and the largest percentage was in Delaware (47%).

- **Family poverty:** As shown in Figure 3.7, in 2016 27% of children involved in a child protective investigation were identified as having a caretaker without sufficient financial resources and/or on public assistance across the 38 states that reported on these variables; the smallest percentages were in Delaware*, Pennsylvania*, Tennessee* and West Virginia* (1%) and the largest percentage was in Nebraska (81%).

- **Substance abuse:** As shown in Figure 3.8, in 2016 31% of children involved in a child protective investigation were identified as having a caretaker with an alcohol/drug abuse problem across the 38 states that reported on these variables; the smallest percentage was in Florida* (2%) and the largest percentages were in North Dakota, New Mexico and South Dakota (67% each).
• **Domestic violence:** As shown in Figure 3.9, in 2016 24% of children involved in a child protective investigation were identified as having a caretaker who was identified as a domestic violence victim across the 40 states that reported on this variable; the smallest percentages were in Alabama*, Iowa* and Nevada* (1%) and the largest percentage was in Rhode Island (47%).

• **Number of children who receive a child protective report per 1,000 children:** As shown in Figure 3.10, in 2016 50 out of 1,000 children received a child protective report across the country (5%). Vermont had the largest number of children who received a child protective report per 1,000 (164, or 16%) and Pennsylvania had the smallest number of children who received a child protective report per 1,000 (16, or 1.6%).

• **Number of children who receive a child protective investigation per 1,000 children:** As shown in Figure 3.11, in 2016 31 out of 1,000 children received a child protective investigation across the country (~3%). Indiana had the largest number of children who received a child protective investigation per 1,000 (71, or ~7%) and Hawaii had the smallest number of children who received a child protective investigation per 1,000 (7, or .7%).

• **Child welfare system administration:** As shown in Figure 3.12, in 2016 only nine states (18%) had county-administered child welfare systems; the remaining states (82%) have state-administered or hybrid systems.

• **Percentage black/African-American:** As shown in Figure 3.13, across the country 13% of the population was identified as black or African-American in 2016; Mississippi had the
largest proportion of black/African-American residents (38%) and Montana had the smallest (0.6%).

- **Percentage below the federal poverty level:** As shown in Figure 3.14, across the country 13% of the population was living below the federal poverty line in 2016; Mississippi had the largest proportion of residents below the poverty line (21%) and New Hampshire had the smallest (7%).

- **ACA Medicaid expansion:** As shown in Figure 3.15, as of 2016 32 (64%) states had expanded Medicaid eligibility under the Affordable Care Act, and 18 (36%) states had not expanded Medicaid eligibility.

- **Income disparity:** As shown in Figure 3.16, in 2016 the U.S. Gini Index was 0.481. The state with the highest level of income disparity was New York (Gini Index 0.499) and the state with the lowest level of income disparity was Utah (Gini Index 0.419).

### 3.1.2. Bivariate Analyses

Bivariate analyses were used to test the association between each of the outcome values of interest (substantiated neglect, substantiated physical abuse, substantiated sexual abuse and substantiated emotional maltreatment) and the above-described child/family, child welfare system and state-level predictor variables. For the dichotomous predictor variables, these associations were tested using a chi-squared test; for the continuous variables, these associations were tested using a t-test. Because of variation in data reporting among states, the number of cases included in each comparison varied based on the exclusion criteria used for the univariate analyses (i.e., states were excluded if more than 10% of the data were
missing for a given variable or when the variable was endorsed for <1% of cases). The results from these bivariate analyses are shown in Tables 4.2-4.4.

Among the **child and family** variables, the bivariate analyses showed the following:

- Children who experienced substantiated neglect were younger than those who had not experienced substantiated neglect (6.4 vs. 8.3 years old, p<.0001); children who experienced substantiated physical abuse were older than those who had not experienced substantiated physical abuse (7.1 vs. 6.7 years old, p<.0001); children who experienced substantiated sexual abuse were older than those who had not experienced substantiated sexual abuse (10.5 vs. 6.4 years old, p<.0001); and children who experienced substantiated emotional maltreatment were older than those who had not experienced substantiated emotional maltreatment (7.6 vs. 6.7 years old, p<.0001) (Table 3.2).

- Compared with children who were not black/African-American, children who were black/African-American were less likely to experience substantiated neglect (78.1% vs. 79.8%, p<.0001), more likely to experience substantiated physical abuse (25.9% vs. 20.3%, p<.0001), less likely to experience substantiated sexual abuse (7.5% vs. 10%, p<.0001), and less likely to experience substantiated emotional maltreatment (5.9% vs. 9.6%, p<.0001) (Table 3.2).

- Compared with children from families that are not poor, children from poor families were more likely to be neglected (84.7% vs. 72.5%, p<.0001), less likely to experience substantiated physical abuse (21.4% vs. 25.3%, p<.0001), and less likely to experience substantiated sexual abuse (6% vs. 11.9%, p<.0001). Children from poor and not poor
families did not have significant differences in substantiated emotional maltreatment (10.4% vs. 9.8%, p<.0001) (Table 3.2).

- Compared with children with caretakers without alcohol/drug abuse, children with alcohol/drug abusing caretakers were more likely to experience substantiated neglect (85.1% vs. 73.3%, p<.0001), less likely to experience substantiated sexual abuse (3.1% vs. 13%, p<.0001) and more likely to experience substantiated emotional maltreatment (12.8% vs. 7.5%, p<.0001) (Table 3.2).

- Compared with children with caretakers who did not experience domestic violence, children with caretakers who had experienced domestic violence were more likely to experience substantiated neglect (82.5% vs. 79.9%, p<.0001), less likely to experience substantiated physical abuse (21.4% vs. 22.7%, p=0.0001), less likely to experience sexual abuse (2.9% vs. 10.4%, p<.0001) and more likely to experience substantiated emotional maltreatment (18.3% vs. 4%, p<.0001) (Table 3.2).

Among the child welfare system variables, the bivariate analyses showed the following:

- Children who experienced substantiated neglect came from child welfare systems with fewer child protective reports per 1,000 children than children who had not experienced substantiated neglect (54.6 vs. 55.6, p<.0001); children who experienced substantiated physical abuse came from child welfare systems with more child protective reports per 1,000 children compared with children who had not experienced substantiated physical abuse (56.2 vs. 54.4, p<.0001); children who experienced substantiated sexual abuse came from child welfare systems with fewer child protective reports per 1,000 children compared with children who had not experienced
substantiated sexual abuse (54 vs. 54.9); and children who experienced substantiated emotional maltreatment came from child welfare systems with more child protective reports per 1,000 children were older compared with children who had not experienced substantiated emotional maltreatment (62.9 vs. 54.1, p<.0001) (Table 3.3).

- Children who experienced substantiated neglect came from child welfare systems with more child protective investigations per 1,000 children than children who had not experienced substantiated neglect (35.1 vs. 33.4, p<.0001); children who experienced substantiated physical abuse came from child welfare systems with fewer child protective investigations per 1,000 children compared with children who had not experienced substantiated physical abuse (35 vs. 34.7, p<.0001); children who experienced substantiated sexual abuse came from child welfare systems with fewer child protective investigations per 1,000 children compared with children who had not experienced substantiated sexual abuse (33.7 vs. 34.9, p<.0001); and children who experienced substantiated emotional maltreatment came from child welfare systems with more child protective investigations per 1,000 children compared with children who had not experienced substantiated emotional maltreatment (35.9 vs. 34.6, p<.0001) (Table 3.3).

- Compared with children served by state-administered children welfare systems, children served by county-administered child welfare systems were more likely to experience substantiated neglect (81.9% vs. 77.6%, p<.0001), less likely to experience substantiated physical abuse (20.1% vs. 23.8%, p<.0001), less likely to experience
substantiated sexual abuse (9% vs. 9.4% p<.0001), and less likely to experience
substantiated emotional maltreatment (7.6% vs. 8.9%, p<.0001) (Table 3.3).

Among the state-level variables, the bivariate analyses showed the following:

- Children who experienced substantiated neglect came from states with a smaller proportion of black/African-American residents compared with those who had not experienced substantiated neglect (13.2% vs. 13.8%, p<.0001); children who experienced substantiated physical abuse came from states with a larger proportion of black/African-American residents compared with those who had not experienced substantiated physical abuse (14% vs. 13.2%, p<.0001); children who experienced substantiated sexual abuse came from states with a larger proportion of black/African-American residents compared with those who had not experienced substantiated sexual abuse (13.7% vs. 13.3%, p<.0001); and children who experienced substantiated emotional maltreatment came from states with a smaller proportion of black/African-American residents compared with those who had not experienced substantiated emotional maltreatment (10.5% vs. 13.6%, p<.0001) (Table 3.4).

- Children who experienced substantiated neglect came from states with a larger proportion of residents living below the federal poverty line compared with those who had not experienced substantiated neglect (14.5% vs. 14.4%, p<.0001); children who experienced substantiated physical abuse came from states with a larger proportion of residents living below the federal poverty line compared with those who had not experienced substantiated physical abuse (14.6% vs. 14.4%, p<.0001); children who experienced substantiated sexual abuse came from states with a smaller proportion of
residents living below the federal poverty line compared with those who had not experienced substantiated sexual abuse (14.2% vs. 14.5%, p<.0001); and children who experienced substantiated emotional maltreatment came from states with a larger proportion of residents living below the federal poverty line compared with those who had not experienced substantiated emotional maltreatment (14.8% vs. 14.4%, p<.0001) (Table 3.4).

- Compared with children from states that did not expand Medicaid under the Affordable Care Act, children from states that did expand Medicaid were more likely to experience substantiated neglect (82.3% vs. 71.8%, p<.0001), less likely to experience substantiated physical abuse (20.3% vs. 27.7%, p<.0001), less likely to experience substantiated sexual abuse (8.3% vs. 11.4%, p<.0001), and less likely to experience substantiated emotional maltreatment (8 vs. 9.6%, p<.0001) (Table 3.4).

- Children who experienced substantiated neglect came from states with a higher level of income inequality compared with those who had not experienced substantiated neglect (0.464 vs. 0.4576, p<.0001); children who experienced substantiated physical abuse came from states with a lower level of income inequality compared with those who had not experienced substantiated physical abuse (0.4609 vs. 0.4657, p<.0001); children who experienced substantiated sexual abuse came from states with a lower level of income inequality compared with those who had not experienced substantiated sexual abuse (0.4609 vs. 0.465, p<.0001); and children who experienced substantiated emotional maltreatment came from states with a lower level of income inequality.
compared with those who had not experienced substantiated emotional maltreatment (0.4588 vs. 0.4651, p<.0001) (Table 3.4).

Although most of these bivariate tests were statistically significant at the p<.0001 level, which was used because of the risk of Type I error associated with such a large sample size, most of the reported differences were quite small numerically and therefore not practically meaningful on their own.

3.1.3. Multivariate Analyses

For the most part, the predictor variables that had statistically significant relationships in the multivariate logistic regression models were those in the child/family domain, as shown in Table 3.5. The statistically significant findings (p<.05) from these analyses are summarized below.

- **Child age**: Controlling for all other factors, with each additional year of age children were 3.1% more likely to be determined to be physically abused than neglected (95% CI: 1.028-1.033), 19.8% more likely to be determined to be sexually abused than neglected (95% CI: 1.194-1.202), and 6.6% more likely to be determined to be emotionally abused than neglected (95% CI: 1.062-1.069). Controlling for all other factors, with each additional year of age children were 16.2% more likely to be determined to be sexually abused than physically abused (95% CI: 1.158-1.166), 3.4% more likely to be determined to be emotionally abused than physically abused (95% CI: 1.03-1.038), and 11% less likely to be determined to be emotionally abused than sexually abused (95% CI: 0.886-0.894).
• **Child race:** Controlling for all other factors, black children were 41% more likely to be determined to be physically abused than neglected (95% CI: 1.374-1.445), 18.1% less likely to be determined to be sexually abused than neglected (95% CI: 0.69-0.749), and 7.2% less likely to be determined to be emotionally abused than neglected (95% CI: 0.885-0.974) compared with non-black children. Controlling for all other factors, black children were 48.9% less likely to be determined to be sexually abused than physically abused (95% CI: 0.489-0.534), 34.3% less likely to be determined to be emotionally abused than physically abused (95% CI: 0.624-0.692), and 25% more likely to be determined to be emotionally abused than sexually abused (95% CI: 1.177-1.329) compared with non-black children.

• **Family poverty:** Controlling for all other factors, children from poor families were 33.8% less likely to be determined to be physically abused than neglected (95% CI: 0.645-0.679), 45.1% less likely to be determined to be sexually abused than neglected (95% CI: 0.526-0.573), and 28.8% less likely to be determined to be emotionally abused than neglected (95% CI: 0.68-0.745) compared with children from better-off families. Controlling for all other factors, children from poor families were 18.1% less likely to be determined to be sexually abused than physically abused (95% CI: 0.781-0.858), 7.4% more likely to be determined to be emotionally abused than physically abused (95% CI: 1.023-1.127), and 37.6% more likely to be determined to be emotionally abused than sexually abused (95% CI: 1.297-1.46) compared with children from better-off families.

• **Domestic violence:** Controlling for all other factors, children with a caretaker identified as a domestic violence victim were 8.9% more likely to be determined to be physically
abused than neglected (95% CI: 1.059-1/119), 72.2% less likely to be determined to be sexually abused than neglected (95% CI: 0.262-0.295) and 5.9 times more likely to be determined to be emotionally abused than neglected (95% CI: 5.699-6.181) compared with children who did not have a caretaker identified as a domestic violence victim. Controlling for all other factors, children with a caretaker identified as a domestic violence victim were 74.7% less likely to be determined to be sexually abused than physically abused (95% CI: 0.238-0.269), 5.5 times more likely to be determined to be emotionally abused than physically abused (95% CI: 5.221-5.708), and 19.1 times more likely to be determined to be emotionally abused than sexually abused (95% CI: 17.844-0.383) compared with children who did not have a caretaker identified as a domestic violence victim.

- **Substance abuse:** Controlling for all other factors, children with a caretaker with a substance abuse problem were 41.2% less likely to be determined to be physically abused than neglected (95% CI: 0.571-0.606), 81.7% less likely to be determined to be sexually abused than neglected (95% CI: 0.172-0.194), and 53.2% less likely to be determined to be emotionally abused than neglected (95% CI: 0.448-0.489) compared with children who did not have a caretaker with a substance abuse problem. Controlling for all other factors, children with a caretaker with a substance abuse problem were 69% less likely to be determined to be sexually abused than physically abused (95% CI: 0.291-0.329), 20.5% less likely to be determined to be emotionally abused than physically abused (95% CI: 0.758-0.834), and 2.55 times more likely to be determined to
be emotionally abused than sexually abused (95% CI: 2.372-2.733) compared with children who did not have a caretaker with an alcohol/drug abuse problem.

- **Child welfare system administration:** Controlling for all other factors, children from states with a county-administered child welfare system were 6.1 times more likely to be determined to be sexually abused than neglected (95% CI: 1.552-24.096), 86.4% less likely to be determined to be emotionally abused than physically abused (95% CI: 0.02-0.913), and 92.8% less likely to be determined to be emotionally abused than sexually abused (95% CI: 0.024-0.21), compared with children from states with a state-administered child welfare system.

- **State-level poverty:** Controlling for all other factors, with each one-percentage point increase in the percentage of a state’s population that is below the federal poverty level, children were 32.7% more likely to be determined to have been emotionally maltreated than neglected (95% CI: 1.024-1.719).

The findings related to child age, race and family poverty were largely consistent with past child welfare research – namely, that younger children are more vulnerable to neglect and older children are more vulnerable to physical abuse, sexual abuse and maltreatment; black children are more likely to be identified as experiencing corporal punishment than non-black children; and poor families are more likely to be identified as neglectful than abusive compared with higher-income families. These findings are discussed further in section 4.2.1.

Relatively speaking, the associations found related to child age, race and family poverty were of smaller magnitude than those found related to domestic violence and substance abuse.
The most striking findings were those involving emotional maltreatment: EM was nearly six times more likely to be identified than neglect, over five times more likely to be identified than physical abuse, and 19 times more likely to be identified than sexual abuse, among families experiencing domestic violence compared with families without domestic violence, and twice as likely as to be identified than sexual abuse among families with a substance-abusing caretaker compared with families without substance abuse issues. As shown in Figure 3.4, emotional maltreatment is the least common type of child maltreatment identified nationally and in most states, making the magnitude of these associations somewhat surprising. These findings are discussed further in sections 4.2.1.4., 4.2.1.5. and 4.3.

For the most part, child welfare system and state-level factors were not significantly associated with types of substantiated maltreatment. This suggests that a child welfare system’s “reach” within a given population (i.e., the number of reports per capita) and threshold for initiating a child protective investigation are not related to the type of maltreatment that is substantiated. Given the level of variation in demographics and practice within states (as described during the KIIIs), however, it is perhaps not surprising that these and other child welfare system and state-level factors were not found to be related to the type of maltreatment that is identified by child protective staff. Section 4.2.2. explores these and other state-level factors that appear to affect the maltreatment identification process.
3.2. Aim 2

As noted previously, the key informant interview guides were designed to loosely parallel the domains/levels identified in the DME: case (child/family) factors, decision-maker (caseworker) factors, organizational factors and external factors. This structure allowed for the exploration of how different factors influence maltreatment-related decision-making, and also revealed ways that the different DME domains intersect with and influence each other.

Analysis of the KII transcripts revealed that the process of identifying different types of child maltreatment is complex and influenced in different ways at each level of the DME, and that there are also unique dynamics that exist within the context of the relationship across levels of the DME, specifically between parents and caseworkers, as described in section 4.2.5 below. As explored more in chapter 5, this builds on existing child welfare research that uses the DME framework, demonstrating that factors that influence child welfare decision-making do not exist in silos, but rather are interconnected. In addition, the analysis revealed unique ways that each of the maltreatment types being examined (neglect, physical abuse, sexual abuse, emotional maltreatment) are understood and addressed by the child welfare staff responsible for their identification. Table 3.6 shows the themes that were identified through the analysis of the KIIs:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/family factors</td>
<td>• Family characteristics</td>
</tr>
<tr>
<td></td>
<td>• Family history</td>
</tr>
<tr>
<td></td>
<td>• Domestic violence</td>
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<tr>
<td></td>
<td>• Substance abuse</td>
</tr>
<tr>
<td>Caseworker factors</td>
<td>• Making a case</td>
</tr>
<tr>
<td></td>
<td>• Emotional burden</td>
</tr>
<tr>
<td>Organizational factors</td>
<td>• Definitions and proof</td>
</tr>
<tr>
<td></td>
<td>• Efforts to promote consistency</td>
</tr>
</tbody>
</table>
For the most part there was consistency in responses across stakeholder groups and jurisdictions; exceptions to these are noted in the text below.

### 3.2.1. Child/family factors

Interview participants described parents’ main role in child protective investigations as providing information related to the alleged maltreatment and any other safety concerns that arise in the course of the investigation. This section will explore several dimensions of parental involvement identified through the KII. First, participants described how family-level characteristics such as race and class influence the investigation process. The question of parents’ past experience of child welfare system involvement, and how that information influences the investigation process, was also explored by several KII participants. Lastly, the analysis identified that two family-level risk factors (domestic violence and substance abuse) that were explored during the KII play a large role in child protective investigations, and the identification and substantiation of child maltreatment.

* Although children are the subjects of child protective investigations, the allegations being investigated involve the actions or inactions of caretakers, making them a main focus of the investigation process; because these are often the child’s biological parent(s), I use the term “parents” to refer to any caretakers who are the subject of a child protective investigation.
3.2.1.1. **Family characteristics**

It is well-documented that poor and black families, in particular, are over-represented in the child welfare system.\textsuperscript{3,50–52,152} When asked about how families’ race and class play into child protective investigations and the maltreatment decision-making process, participants’ responses were mixed. Some participants acknowledged the broader problem of poor families of color being over-represented in the child welfare system, but said that they did not think it was an issue for their local system (“my data doesn’t show we have a problem with disproportionality” (administrator)) and/or them personally because while “people do have their biases... I treat [parents] equally and respectfully.” (child protective caseworker) One administrator added that, contrary to expectations, she “hear[s] bias against some of the middle-class families because they don’t like the style and they’re often—they’re angry, the parents, the families. When it’s a middle-class family, they’re not used to our involvement and that alienates the workers.” (administrator)

More often, however, participants described disparate treatment of poor families and/or families of color, and their over-representation in the system. One participant attributed this to the fact that mandated reporters such as teachers and doctors may be “more observant, potentially, or are looking for signs or abuse or neglect [among poor children] more frequently because they see them more frequently.” (attorney) Among those families who become known to the system, several participants described how maltreatment allegations can be handled very differently depending on the family’s race and socioeconomic status:

*The explanation that’s given to a child protective [caseworker] from one family would be accepted and viewed differently than the explanation that’s given from another. If it’s a family that’s living in [a wealthy neighborhood] in a beautiful home that it’s presenting with X, Y, and Z features and it’s a family that’s living in [a poor neighborhood]*
presenting the same features, how will that child protective [caseworker] actually receive their response to questions? (judge)

We know our black and Latino families are indicated at a higher rate than our white families. I mean [there are] data that’s out there showing it. It’s in all areas [of the child welfare system], in foster care, preventive, all across the board. (administrator)

When discussing families’ economic status, in particular, some participants described how a middle- or upper-class family’s access to resources, particularly legal resources, can affect the investigation process. For caseworkers, a family’s access to legal resources can be intimidating:

I think what happens is that... where you get somebody that comes from a higher income bracket, some people tend to be scared as CPS workers to really dig, ...to really obtain information because they are afraid that an attorney is going to come after them. (caseworker)

Parent attorneys held similar perspectives, noting how access to resources can allow higher-income families to handle maltreatment-related concerns on their own, outside of the child welfare system:

... more affluent people, potentially, have the ability to hire an attorney to get in front of something if it they feel like it’s coming... they might be more reluctant to disclose any kind of abuse because they know that there’s a family reputation to protect. In the event that there’s some kind of sex abuse going on, particularly if it’s one child against another child, they’re more likely to engage in some kind of private counseling to attempt to remedy the situation, whereas, lower-income people... would maybe not have that opportunity. (attorney)

... these are poverty issues, which is not to say that the same issues don't exist in families who aren't living in poverty, but the safety net is different. It’s like, if you hire a nanny, it doesn't matter if you're drunk, right? (attorney)

As such, respondents suggested that although maltreatment may not differ greatly across income groups, differential access to resources affects whether families will become known to and/or involved with the child welfare system.
3.2.1.2. Family history

One of the ways child welfare systems understand a family’s functioning is to look at the current maltreatment allegation in the context of the family’s history, to the extent it is known to or learned by the system. For families that have been the subject of multiple maltreatment reports over the years, or have intergenerational involvement with the system, family history may point to specific concerns that should be explored, or provide information that helps to explain the family’s current circumstances. According to one administrator:

*There are cases that often have very complex issues... a lot of family history... [and] multiple factors. It'll be a case where perhaps the parent grew up in foster care, has very little support system, is a young parent, has a mental health diagnosis. Then the thing that gets reported, the tangible thing might be the mother missed the baby's medical appointment, right? You get, you know, a new [caseworker] who is focusing on the medical appointment while not being able to see all of those historical factors and the mother's mental illness and how that plays into the support that she needs. (administrator)*

In addition to providing critical information, administrators felt that going into an investigation knowing the family history can help caseworkers to better understand a family’s response to the investigation process, make the investigation more efficient, and potentially identify issues that could impact staff safety. While the first comment below emphasizes the concern that caseworkers begin a case with as complete information as possible, the second comment highlights the importance of understanding how the family’s history with the agency could influence their response to the investigation:

*We tell all of our staff that they need to look at history before they even make their first attempt [to visit the family]. Not necessarily because we want them to have some predisposition going out to it but more from the aspect of, we want to know what issues we've addressed in the past. ... One of the questions is, “Have you had any historical involvement with [the agency]?” We give them the opportunity to tell us, but if they don’t, we’ll say, “But what about this... when you went to the service, or when this happened?” We can bring them around to that, but I feel like it’s almost a waste of time*
for our staff to not know that. Also, for safety purposes. Like if there’s been some craziness that has happened, which we’ve had a few of those lately, I want people to know what they’re walking into, potentially, and not just going in blind. (administrator)

I think it also depends if we’re talking about families who have experience as children with child protective and their view of you didn’t do anything, or my family was taken apart, or these things happened with [past caseworkers]. Some people never trust us, and some people are very honest about why they don’t trust us. It’s good that we know that you don’t trust us and why. (administrator)

The presence of a family history can also add urgency to the investigation, because the agency has knowledge of previously identified concerns:

The investigations, if you have any history, they’re more zealous. They’re more thorough. Those are more boxes that you check. You check those boxes sooner. If there’s prior cases... it’s almost like you go on autopilot because you already know to be worried and you already know to be afraid. Then if you find a prior court order and then you go to somebody’s home and you say, "Can I see the certificate of completion of your substance abuse?" "Oh, I never finished it." ... "Who’s that guy on the couch?" "That’s the one I have a five-year order of protection against." "What’s he doing on your couch?" "Oh, I thought it expired." Then they really, really, really have to do a different job. They have to do it much more swiftly. (attorney)

The fear that is part of every child welfare investigation can be instantly elevated when a family has a history with the system; the different ways this fear can affect maltreatment-related decision-making is discussed in more detail in later sections.

Parents and parent attorneys expressed concerns that a family’s history has the potential to bias the investigation process: “I think if you have a history with the agency, as your history grows, it becomes more and more difficult to get a fair shake if something happens. Their idea, I think, and if they’re being cautious, is to find whether the person has done something that would justify intervention or removal of the children” (attorney), and that concern was borne out by the deterministic way many participants spoke about family history.

When asked directly if family history is ever used against parents in an unfair way, child welfare
staff conceded this possibility (“where I think we do [have a problem] is discussion of, “Oh, I know that family,” we’re influenced by that (administrator)), but they also expressed confidence that child protective staff are able to look at each allegation with fresh eyes:

“If we see a family [whose case] opens up again, we’re like, “Oh, my god! Who hasn’t had this family [on their caseload]?” You know, we see that. But I don’t know that that necessarily impacts the investigation of that incident. I think we do a pretty good job of looking at it and saying, okay, what is the risk right now, regardless of what’s happened in the past? ... We have to know the history, but understanding that that doesn’t mean that all of that carries forward. (administrator)

3.2.1.3. Domestic violence

As discussed earlier, past research has found a strong intersection between child maltreatment and domestic violence; this was also the case in the KIIs, during which many participants spoke about the ubiquity of domestic violence among the families known to their child welfare system.

Although there is recognition that living in violent households can be both emotionally damaging and physically dangerous for children, several participants noted that domestic violence is not in and of itself considered a type of child maltreatment. In some cases this leaves child welfare agencies in a difficult position of knowing that the children are being negatively affected by violence between their parents but not being able to take action:

“Just having DV... if there’s a DV incident and the mom gets a black eye, and the kids were over at Grandma’s for the weekend, that wouldn’t be an indication because what’s the effect on the children? They didn’t know what happened. There’s no effect. People say that’s crazy, that it happened. We certainly want to counsel them and ask her if she needs help, but what can we do? We can’t take that to court. (administrator)

Additionally, the dynamics that exist between batters and survivors often lead family members to minimize or deny the violence, making it very difficult to ensure the child’s safety:
When clearly, we’re seeing signs of DV, say a mother has a black eye and they’ll tell you a whole story as to “No, he didn’t do it, something else happened,” it’s hard to say, “Well, you have a black eye and usually it’s from an impact.” They’ll tell you, “Yes, the ball hit me,” and it takes something major to happen for her or him to say, “I need help.” How you work and struggle engaging with those families because when they’re adamant about saying that it didn’t happen and people just making up stories and they’re sitting there like a happy couple, then when you leave you just worry about the kids and what could happen. (administrator)

To address the concerns related to domestic violence and child safety, different agencies have formal or informal guidelines for how domestic violence should be handled in the course of a child protective investigation. In State A, several interview participants said that their agencies categorically considered domestic violence to be physical abuse, given that it creates a risk of physical harm to any child present in the household at the time, whether or not they were in the room where the violence occurred. Other State A participants, however, said that it depended on the child’s proximity to the event:

Domestic violence [is] usually physical abuse, because whether or not the kids end up getting caught in the crossfire, a lot of times that’s neglect as well because the mom’ll be the one getting beat on, or dad’ll be getting beat on, but they won’t be protecting their children, or the kids see it, or something like that ... Neglect would be if the kids were asleep or they weren’t home, but this is a pattern... Physical abuse would be the kid was in the room when dad threw the coffee cup at mom. That’s physical abuse, ‘cause that kid could’ve gotten maimed in some way. (caseworker)

In State B, a child’s being in physical proximity of violence between caretakers may or may not be considered physical abuse, depending on the circumstances:

It would be [considered] inadequate guardianship because the father lacking insight, getting into an argument physically while the mother may be holding the child, and she’s trying to protect her child, but you’re lacking insight, and you could’ve had this child injured. (caseworker)
Another State B participant spoke about how the law around domestic violence and child maltreatment is evolving to recognize the emotional damage that such violence can cause to children:

*One of the things that we talk about in law is the zone of danger, and is the child in the zone of danger when there’s a domestic violence incident? When the legislation was initially drafted, they were, I believe, trying to define the zone of danger as a physical space. ... Then that has been expanded to look at, is there an emotional zone of danger? ... One of the questions that we ask in court now is, was the child crying? ... With an older child... is the child trying to get between the parents or something like that? The domestic violence cases are interesting because you can have a physically unharmed child, and you parse out the emotional piece of it. (attorney)*

Based on this comment it appears that the courts in Jurisdiction B1 are weighing the different ways domestic violence can impact children, depending not only on their physical proximity to the event but other indications (crying, attempts to intervene) that the incident did or could have caused harm.

3.2.1.4. Substance abuse

Substance abuse, particularly involving opioids, is a pressing concern for child welfare agencies that was mentioned during many of the interviews:

*We’re seeing so much substance abuse right now. I would say 80 to 85 percent of our cases involve substance abuse. Either they come in initially with the allegation or it’s uncovered later. (administrator)*

*Unfortunately right now, I feel like we’re all so jaded with the drug issues, and that is pretty much every case that we have right now. (caseworker)*

The general consensus among participants was that unlike other types of substance abuse, opioid use has impacted families across the income spectrum:

*I don’t think any one population or any one group is being singled out for any one reason or another because it’s across the board. It’s all genders, it’s all races, it’s all economic [groups]... I see it in my other job [conducting drug tests]. I’ve been to homes that I*
wonder why I’m there because they’re immaculate. They’re very wealthy families, but yet these types of [substance abuse] problems don’t discriminate any longer. (parent)

Participants also said that substance abuse did not seem to be associated with particular types of child maltreatment, but rather served to make other concerns about the family’s functioning or the child’s safety more severe, and co-existed alongside other risk factors such as mental illness and domestic violence:

I would say the majority of our cases, we would consider complex cases. When I was doing investigations, you had a dirty home, and it was just a dirty home. Now... that’s the initial allegation that comes in... but when you get out there and start assessing, you’ve got mental health, drug and alcohol, all sorts of stuff going on in the home. (administrator)

... we anecdotally call it a trifecta but oftentimes we see substance abuse, mental illness and domestic violence very related. It’s hard to tease out what caused what. (administrator)

Because of the safety concerns linked with opioid use, some participants expressed frustration at not being able to respond more proactively when substance use is suspected or known:

There are many more reports on opioids. It’s just unfathomable, the seriousness of it, and the babies that are born, and they refuse to go for urine screenings, and we have to wait ‘til we observe something or go out after hours to try and catch them because it’s on weekends that it’s happening. (administrator)

Participants described substance abuse as often being easier to identify and prove than other safety concerns, as child welfare agencies can have parents drug tested on either a voluntary or court-ordered basis:

I think it’s lately it’s been pretty clear cut with some of the substance abuse with the alcohol, heroin taking hold in a lot of [our area]. I think that’s become a lot easier for us to identify through our ability to drug screen families. (caseworker)

Additionally, in State A, a child born with a positive toxicology is automatically considered to have been physically abused, which again removes any subjectivity from the process:
There was a famous case in [our state] in which the Supreme Court said that a child born positive for any substance is per se abuse. That removes all doubt right there. That makes it easy. If we get a toxicology report that the child has opiates in the child’s system or even marijuana, THC, in the child’s system, that’s per se [physical] abuse. (administrator)

However, there are some participants who expressed concerns that an over-reliance on drug tests could lead to missing other safety concerns that are not as easily quantifiable:

*I think, for example, a drug screen, if we have concerns with drug use. They have a positive screen, so like, “Okay. We have this,”... we’re addressing it. ... [Then] they have a couple of negative screens, and we’re like, “Oh, it’s okay now.” But is it really? (administrator)*

Child welfare staff also spoke about how changing norms around marijuana use present challenges for them. As noted earlier, the judicial system ranges in how it considers marijuana use, from not considering it a safety issue to justifying foster care placement: “One judge doesn’t want to hear anything about marijuana. He’ll tell us forget it. The other one, she’d remove kids based on marijuana.” (administrator) Most interview participants who mentioned marijuana use came down somewhere in the middle, making a distinction between use that one might not condone but does not pose a danger to a child, and use that contributes to maltreatment:

*Frankly, I’ll say this: I can’t take kids just because the parent’s smoking pot... I’d say I’d really have to have something besides just smoking pot... I’m against drug use but show me how that’s affecting the parenting skills. (judge)*

*The marijuana has to show that impact. If it does not show impact when they’re using marijuana, and the child’s going to school, the needs are being met, there’s really nothing that we can do. (caseworker)*

3.2.2. Caseworker factors

Child protective caseworkers are the agency’s “eyes and ears” (caseworker): they are responsible for meeting with the family, gathering information regarding the alleged
maltreatment and other potential safety concerns, and presenting their findings to their supervisors and, when legal intervention is sought, attorneys and judges. There are multiple factors that impact the process of identifying what type(s) of maltreatment has taken place, and assembling enough evidence to substantiate the allegation, which are described below.

3.2.2.1. Making a case

Family history is one of several pieces of information caseworkers have to gather and synthesize during investigations. While the investigation process starts with an allegation of one or more types of maltreatment against one or more children in a family, caseworkers are charged with identifying any and all safety concerns in the family that may rise to the level of maltreatment, and then gathering information needed to substantiate the identified maltreatment. While some interview participants noted that caseworkers can approach this task narrowly, focusing solely on the alleged act or acts:

I’ll be honest. I feel that sometimes caseworkers whether they’re overwhelmed, overworked, prioritizing their cases, if a concern says this, that’s what they address and there may not be any further discussion as to what may have caused it to see if there’s any other risk factors. (caseworker)

most respondents described how workers are trained to take a more comprehensive approach:

The allegation in and of itself is just what gets us in the door. Our work is around assessing risk and safety and I think the allegation will be addressed… We’re not allegation driven, and we spend a lot of years working very hard to move away from the allegations. We use it as a tool… We’ll get to the allegations according to how critical it is, and we’ll get to it, but really [we’re focused on] assessing [whether] this child is safe and what makes this child safe. (administrator)

When asked about what makes a given type of maltreatment easier or harder to identify, almost universally participants spoke about ‘things you can see’ compared with things that are not visible and require further assessment to uncover or fully understand:
If you have a dirty home or if you have a child left home alone or if you have bruises, those are things you can see. Right? Versus a family that’s just not functioning well, to try and understand why. A child has gone to school late, maybe dirty, homework is not done, not making medical appointments. It's not easy to identify why those things are happening, right? Often it's a function of mental illness, a function of drug use, but much more difficult. Something you can’t touch or see or—right? (administrator)

Some participants expressed concerns that investigations can stay focused on those things that can easily be identified or proved, and that standards of proof can leave other areas of concern unaddressed by the system:

I think it’s easy for staff to get caught up in the evidence piece of it. ... “Oh, they drug-screened and they were positive for this.” ... That it’s easier for people to identify versus actually assessing and making that kind of determination when you don’t have that piece of evidence or proof that it’s actually happening... It’s a little bit scary now to say, “Yeah. I believe this is happening, and this is what we want you to do,” when we don’t have that piece of evidence that supports... I don’t know that they aren’t seeing it. It’s more that we see it, but what can we do if we don’t have the evidence? (administrator)

One of the ways caseworkers try to fully understand the risk to children is to reach out to the source of the child protective report and others who may have information about the family. Sometimes these sources of information are formal, such as caseworkers or police who have interacted with the family in the past:

Typically, they’ll go to different sources to look for information before they even approach the parents. They will question the parents about what is going on – “we’re here, we’ve heard this” – they come, typically, armed with some kind of information. It’s not typically just from one source. ... They might look into it, see if there have been other calls in for that family, check in to see if there’s any police reports for the family, stuff like that. (attorney)

Other times these sources of information are informal, even including people who were not involved in making the child protective report:

Neighbors give a wealth of information as well. It’s intrusive, but we do [talk with them]. “Do you hear them in the next room or in the hallway or by the elevator screaming at this child?” Believe it or not, they give a wealth of information, neighbors.... Even if they weren’t the reporter, we’ll say, “Listen, we have a report. We just want to know from
you, have you heard anything, such and such, as far as have you heard any screaming?
Have you heard this person verbally abusing this child? We understand that you’re a
neighbor next door. Have you ever —?” (caseworker)

While this outreach can provide helpful information, it can also serve to increase parents’
distrust of the system: “It feels, I think, to [parents] a lot of times like... the caseworkers have
already made up their minds about what’s happening in their household even though they
don’t necessarily know.” (attorney)

The need to have ‘proof’ in order to intervene with a family can lead to frustration on
the part of caseworkers when, based on their experience or knowledge, they believe that
children are in an unsafe situation:

*I’ve had cases where I think something is going on, but I cannot prove it... You may feel
it, but you just can’t do anything about it. (caseworker)*

*We all have intuition, so a lot of times, you show up and mom’s boyfriend, who’s a super
creep, is babysitting the kids, and the concerns are for sex abuse, or he’s been in jail
before for some sort of something 20 years ago... You have a feeling that something is
probably happening, but these kids are like, “No. Everything’s fine,” or “Oh, mom says
he’s a great guy and everything’s fine.” Then, there’s nothing you can do from there,
even though you know that something fishy is probably happening. (caseworker)*

In these situations, caseworkers may feel strongly that maltreatment is taking place, but
because of the limitations of their role or lack of cooperation from family members are unable
to act:

*Sometimes we just know it’s something and nobody’s saying anything and it’s really
hard. We can make our unannounced visits and we can do what we want, and we can
never find out. (caseworker)*

A given set of facts, however, does not always lead to the same decision regarding what
maltreatment did or did not happen. Participants described various factors that contribute to
inconsistent decision-making across staff, which as described in the below quotes ranged from
individuals’ willingness to take actions that could create more work for them, to the number of child protective reports they handle because of the size of their jurisdiction, to how one’s perception of what constitutes maltreatment can change over time as a by-product of the work, to the subjectivity inherent in the work:

Then I’ll talk to supervisors and we’ll discuss—but it’s still hard because there are some people who are more inclined to delve deeper and look to indicate. There are some people that don’t want to do the work. (administrator)

If you were sussing through thousands of calls a day versus hundreds, you might be less apt to substantiate something like, “Well, this parent is very mean to this child. I heard him say X, Y, Z.” (attorney)

“It’s really not that bad. The house is not that bad.” We’ve had a couple older workers who have been here many, many years and are retirement age, who they just lose their eye for observation maybe, or whatever. (administrator)

In the beginning, they’re like, “Oh, my gosh. Nothing’s right.” Then, they go, “Oh, my gosh. Everybody lives like this.” (judge)

There’s just things that—sometimes, they can be zealous in a way that minutiae is over-reported, but then I’ve also seen things that they miss. I guess it’s not one or the other. It’s just really, the overriding theme is the subjectivity based on the individuals who are doing the initial investigations. (attorney)

3.2.2.2. Emotional burden

Through the KIs it was clear that everyone working in or with the child welfare system is keenly aware of the high-stakes nature of the work, and the knowledge and fear that children can be hurt pervades the system. That is part of what drives the focus on family history mentioned earlier: a history of family involvement in the system acts like an alert to staff that they have to be even more diligent than normal, even if that diligence increases the trauma experienced by parents.
KII participants described how child protective caseworkers also filter the decisions they make through their individual experiences, both personal and professional. For some caseworkers, what they see on the job can connect in difficult ways to things they have experienced in their personal life:

*We all have our family histories and our personal lives and things to go on that might be something similar to what you have in a caseload, and so you have to really be aware of that, and be honest with your supervisor. If it’s something that’s hitting a little too close to home, and you feel like you can’t be unbiased, that’s a conversation that you have to have.* (administrator)

Several participants also spoke about how the nature and volume of the work can impact their own well-being and lead to burnout, which contributes to a high level of attrition at the caseworker level. Caseworkers’ jobs can be exhausting because of how many roles they are expected to fill with families: “You wear many hats. You may be babysitter. You may be the social part. You may be the investigator part. You may be the therapist. You may be the person to teach them how to food shop, basic things.” (caseworker) Even when self-care is encouraged, the demanding nature of the job can lead staff to neglect their own needs:

*There’s definitely a high turnover rate... they say self-care, but really you have to do your job. You might be working until 8 pm. It’s like, you know, they say use your vacation time or self-care, but I mean what are you going to do?... When it’s like, you’ve got vacation time to use, but you’ve got kids who [have] weekly visits scheduled with their parents and every other worker is like overworked too... Then it’s like, do I tell this parent that you can’t see your kid this week so I can take a vacation day?* (caseworker)

Staff also experience stress from the system’s focus on paperwork, which is both challenging because of staffing limitations, and feels undermining because it appears to emphasize process over child safety:

*I think most of our stress, if we’re being stressed out because we’re low staff, which we have been, just really affects us. It doesn’t affect necessarily indications or what we’re going to decide to indicate, but really getting paperwork in... We have to see these*
children within seven days and we’re doing it, but we’re not maybe meeting the safety
deadline that the state wants to see in the computer. Then we get these reports back
that says our safeties were this and our safeties were this and I’m always thinking, but
paperwork doesn’t make it safe. (caseworker)

Even when families are being monitored by the child welfare system, and all procedures
are properly followed, safety concerns can be missed or new safety concerns can arise quickly.

Several participants spoke about how experiences they have had involving children on their
caseloads that were harmed impacts their current decision-making, making them more apt to
err on the side of caution and recommend system intervention even when it may not be
needed:

There was one case where I minimized a little bit, this dad that was in and out of the
home, and mainly focused more on mom [and] mom’s substance use versus dad who
said, “I don’t want to be a part of this,” and I should’ve, I don’t want to say forced him,
because that’s the wrong word to use, but maybe strongly encouraged him to
participate a little bit more. Long story short, he ended up injuring this child and it was a
really bad time. Thankfully, the child is okay… [but] I think that’s why sometimes I overdo
it because I don’t ever want to make that mistake again. (caseworker)

More senior caseworkers described sharing these ‘lessons learned’ with new staff, so that they
don’t have to go through the same difficult experiences:

I try to tell them, “You don’t want to learn from a mistake. Trust me.” I said, “Now,
granted you’re not going to prevent everything. You’re human. We make mistakes, but
it’s better to be over documented, over thorough, over the top, so you know that God
forbid if something were to happen, you really did everything you could do for this
family.” I try to, I don’t want to say scare people, but scare people. (caseworker)

In addition to being fearful of what a mistake or misjudgment could mean for a child on
their caseload, child protective caseworkers and other players in the child welfare system are
also acutely aware of the personal risks that come with the job. This is particularly clear when
there has been publicity surrounding the injury or death of a child. In some cases the increased
attention can generate stress and fear among staff, both related to their individual well-being,
There's definitely, we see a ripple effect. We see higher [hotline] numbers, we see higher removals oftentimes... Certainly it's very difficult and a lot of pressure, and people are fearful. Not only is it press, but in a couple of cases [caseworkers] and supervisors were arrested. We have people here who are here 20, 30 years who feel that and never forget it. You hear that all the time. People say, "I'm not going to jail over this." Sometimes they're driven by that fear. That's reality. That's real-life thinking. It lasts even beyond the cases or the publicity. It is something that we address institutionally... We talk about how we help people make decisions based on sound information rather than fear.

(administrator)

It’s definitely stressful because I guess you’re pressured with you want to make sure that you do a great job, especially when it’s a criminal investigation. We have a very good relationship with our law enforcement here, so you always want to make sure that you don’t mess anything up because this is national or state... television. There’s definitely pressure, and that’s stressful. (caseworker)

This fear can lead to a more conservative stance and lower tolerance for risk at both the caseworker and system levels:

It’s like, if you couldn't get it together for three kids, is the judge going to really take a risk because the judge also feels—and I don’t know which of them would say this—but they’re watching their backs too because nobody wants to be the judge on the cover of the paper with the dead baby when you let them go home or you didn’t continue the order of protection or whatever it is. (attorney)

All of these stressors, combined with caseworkers’ simultaneous desire to help families and knowledge that their interventions are usually traumatic for families, creates a heavy emotional burden. This burden can be further exacerbated by stressors that come from entities external to the child welfare system, as described in more detail in section 4.2.1.4.

3.2.3. Organizational factors

Child welfare agencies are responsible for ensuring that day-to-day practice is consistent with state laws and regulations. Most explicitly this happens through training staff and
overseeing their ongoing work, and creating policies that define what is and isn't considered maltreatment. As described by KII participants in more detail below, these efforts and others are designed to ensure that maltreatment-related decisions are made consistently and correctly.

3.2.3.1. Definitions and proof

The question of what did or did not happen to a given child, at its core, comes down to how maltreatment is defined and what information is needed to say that it happened. Each state has its own definitions of different types of maltreatment, and its own legal standards for substantiating an allegation of maltreatment (and, later, proving it in court), and the KII participants described how agencies operationalize these definitions and standards in their own ways. However, participants also described a substantial degree of fuzziness – and by extension variation – on both of these fronts.

Child protective caseworkers receive training and supplemental materials regarding their state’s definitions of maltreatment (described in more detail below); in some cases participants described these state definitions as clear, and in others they were described as insufficient: “a good law should let the general public know what is and is not prohibited, and our law doesn’t.” (administrator) Given this, there are times that individual caseworkers still have to use judgment about whether the situation in front of them meets the state’s threshold. In some cases there might be honest differences of opinion as to what presents a safety concern:

*Everyone has their own ideas. What you think is deplorable might not be what I think is deplorable, or if you’ve been working with this family for so long that this is their clean and so, then you have to determine okay, is this going to—does it present a safety hazard to the child?*(caseworker)
In other cases, the way the state regulations are written provide room for caseworkers to come to different conclusions when faced with the same information:

*There's a lot of subjectivity, despite the fact that there are regs... there's still room for subjectivity... There are a lot of different factors, and there can be an arbitrariness to it.*

(attorney)

And yet another source of variation can sit at the manager, leadership or system level:

*I should tell you, I've worked in [different parts of the system], seen completely different standards... You can sit in family court in [a middle class area], or you could go to [a poorer area], and you're going to see something that looks really different.*

(attorney)

Members of the public who call in reports of suspected maltreatment can also have different ideas of what does or does not constitute maltreatment. Although there is a screening process that is designed to filter out reports that do not seem credible, some participants expressed concern that child welfare agencies do not make more effort to educate the public about what is and isn’t maltreatment:

*I don't think the system is explaining what neglect and abuse is in order for people to have a real connection on what to call... [here], a lot of cases come in for neglect as the majority of the allegation, and what we see here is that that just means that these parents are living in poverty. And we just don't see how the system understands this.*

(parent)

Other participants described an intentionality to leaving things vague, so that there is a ‘wide net’ and children who may be at risk are not missed:

*... the guidance that’s given to the public is that if they believe that there’s a child who’s in harm’s way that they should call this number. There isn't a lot of nuance. There isn't a lot of clear definition given to let people know why they're calling the number, and that's so as not to discourage the general populace from reaching out when they believe that a child’s in harm’s way.*

(judge)
When asked about what information is needed to substantiate a given maltreatment allegation, most participants expressed confidence regarding what their state’s standard of proof was:

*Typically, substantiated is a disclosure by the victim that, yes, this did happen, plus something else. Either the [alleged perpetrator] admits it. Or there’s some type of physical evidence. Or the doctor, a medical finding. Sometimes in sex abuse, it’s DNA evidence. It’s a disclosure, plus something.* (administrator)

Participants’ confidence in their knowledge did not always seem to be founded, however, as there were discrepancies among people working in the same state; for example, in State B one of the child welfare administrators said that the state only requires “suspicions” in order to substantiate maltreatment, while another administrator said that the state requires “some credible evidence.” And within those different standards, there is additional room for variation – what is “credible” evidence? What is “some” evidence? These questions appear to be answered differently by different actors within the system.

Another dimension of variation is the discrepancy between what is in state law or regulation, and what is agency practice. In some cases, these practices seem intended to provide clarity when the state law is vague, while in others they may functionally supersede state law:

*Normally, what we tell our families is an open-handed swat on the butt—on a clothed butt—is [allowed]... no objects, nothing like that, is our general rule. I don’t know if that’s actually [in the law], or if that’s just what we say...* (caseworker)

In response to this kind of confusion between what is state law and what is agency practice, one child welfare administrator expressed a lack of concern over the discrepancy, feeling that it was better to err on the side of caution:
My caseworkers... still operate under that if you leave a mark [it’s abuse], but here’s the thing. I’m okay with that. I’m fine with that. I would much rather them screen in an abuse than say, “This doesn’t meet that technical definition so we’re going to screen it out.” (administrator)

In other cases, participants said that variation in agency practice with their state reflects different community standards of maltreatment:

I think there’s a lot of interpretation. It almost probably comes down to, “I’ll know it when I see it.” I hate to say that because that’s a pornography law, but... I do think a lot of it is on your own local rules of acceptance. Again, one community came in here and said, “Beating the child is our way of discipline. It’s accepted in our community.” (judge)

In making decisions regarding child maltreatment, caseworkers have to navigate between maltreatment and accepted parenting practices within different subpopulations, which can be defined by ethnicity:

In [one immigrant] community you see excessive corporal punishment and that’s just a style of discipline where they never knew or understood it to be excessive corporal punishment, but they see as a discipline method. (administrator)

For example, [in another immigrant community], just as an example... we see a lot of lack of supervision cases because it’s a culturally-accepted practice. At a young age kids are able to stay home alone, right? We code that as maltreatment. Is it really? (administrator)

gEOGRAPHY:

The other[s] are these small, rural, primarily conservative family values, farmers, “go get the switch, this is how I was raised.” (administrator)

and other cultural factors:

They’re brought up in a family where corporal punishment is a standard. They don’t think it’s wrong. They grew up in a poor family. Didn’t have dinner on the table every night. I can’t begin to tell you how many parents say, “I didn’t go to school and look how I turned out.” (judge)

In some cases, participants felt that the child welfare system factors such cultural differences into the decisions they have to make, while other participants felt that the agency –
representing the government – imposes its own standards on families regardless of cultural variation or expectations. The first comment below provides an example of how this can be experienced by individual families, while the second describes how this plays out more broadly, across families that are involved with the child welfare agency:

*I was raised Puerto Rican, and my family was like, ‘if you do something wrong, you get hit,’ that’s how we were raised. So, I just felt like I didn’t do anything wrong, I was just raising him how I was raised, and I just wrote my statement down. They definitely used that whole statement against me and said that I admitted to abusing my own child.* (parent)

*Neglect, one common theme that I’ve seen in child welfare, as well as in the court system, is there is intergenerational patterns of neglect. That could also just be [due to] a tolerance in terms of how people are raised and how people have lived their lives and not really an appreciation by government of the fact that everyone’s life is different.* (judge)

This is a difficult line for child welfare staff to tread, because even when there is an understanding of a family’s or group’s parenting norms, there may still be discomfort with them: “Okay, I can’t place my standards upon you, but do I always accept your standards?” (judge)

### 3.2.3.2. Efforts to promote consistency

Given the sometimes-vague nature of state laws and regulations, and the natural variation that exists between different in individuals, there are several ways that child welfare agencies seek to make decision-making more consistent across caseworkers, supervisors and managers. The first is through the provision of training: initial, pre-service training orients new caseworkers to state laws and regulations related to child maltreatment, and ongoing training helps to ensure that staff remain familiar with state and agency requirements. When describing pre-service training, most participants noted that while they learned the specific
about their state’s laws in the classroom, the opportunity to shadow a ‘veteran’ caseworker
was perhaps the most helpful aspect of training, as it helped them translate what they had
learned didactically to the field:

What I remember overall about the core trainings is that I felt it was more beneficial to
actually be with a social worker and go out in the field, which it always is. The textbook
only does so much for you, but I do feel like also what I remember is that it goes by your
trainer. If you have somebody who’s really experienced, who’s been out there on the
front lines, knows what they’re looking for, that made it a little bit more beneficial for
me to understand okay, so this is what neglect looks like, or this is what physical abuse
looks like. (caseworker)

Time spent with experienced caseworkers also orients new staff to how their agency
operationalizes their state’s laws and regulations:

New caseworkers theoretically will spend four to six months in a training department
before they get assigned a caseload and during that time then they get their hours. Then
they learn the nuances of what [our agency] thinks is child abuse and neglect.
(administrator)

Agencies also have a requirement for annual caseworker training, which helps to maintain their
skills and ensure that that they are familiar with any changes in state or agency requirements:

[Training is] ongoing. That’s the life of [caseworkers]. I know [here] training is ongoing
for us, even myself. Every day I get training. It’s constantly revisiting the policies and
procedures. It’s using that to guide our work… After training units, we have core
trainings, which is consistent over a period of time. Each staff, including myself, to my
level, we have a transcript where there’s certain required trainings through the state.
(administrator)

Perhaps because of the challenges in consistently defining maltreatment, final decisions
about how to proceed with a given allegation or family are rarely, if ever, made alone. Across
the board, participants described ways their child welfare agencies ensure that more than one
“set of eyes” has looked at the facts of a case before any final decisions are made. One common
approach is through supervision:
It would never be the worker themselves because our supervisors, we have senior caseworkers who do direct supervision. They only supervise at maximum six to seven people, so they’re always there and if they’re not there, someone else is. Discussions are taking place on an ongoing basis and supervisors always sign off at the end of a case. Can I sit here and swear that every supervisor reads every case? No, but the good ones do. (administrator)

When I’m unclear I go straight to my supervisor even after 12 years because it’s hard and you’re the ones who are out there with the family and you see them… Oftentimes, I’ll go to my supervisor because it is, it’s hard to distinguish. (caseworker)

Another approach described by several participants is some form of team decision-making:

Whenever there are difficult cases where we struggle with decision making, they get together as a team. It goes to all levels, calling people in, calling experts in [to] help to make those decisions. (administrator)

Given the high-stakes nature of the decisions that child welfare agencies have to make regarding child safety, caseworkers welcomed the validation that came from consulting with their supervisors and expressed appreciation for not having to bear that pressure on their own.

Despite the above-described efforts, participants still described inconsistency in decision-making, on both the individual and agency levels. In some cases, this was described as inevitable given the variation between different people’s perspectives: “It’s not [consistent] because each of us are human beings and we’re different. We see things differently.” (administrator) Participants also noted that inconsistency in one area of the system can impact inconsistency in another area of the system. As described in more detail in the next section, in addition to being affected by their personal perspective and their agency’s practice, caseworkers’ experiences with the court system can also shape the decisions they make:

The court holds us to a pretty high standard and then the other difficulty we have is we have [several] judges and they’re all very different… when we sit sometimes in [our] meetings we talk about which judge is it. One judge doesn’t want to hear anything about marijuana. He’ll tell us forget it. The other one, she’d remove kids based on marijuana. (administrator)
Agencies seek to combat inconsistency by developing and enforcing practice standards: “that’s why the policies and the guidance have to be so correct, because if we stick to that then we could have consistency.” (administrator) However, noting that consistency is not the same thing as accuracy, some participants described limits to an agency’s ability to oversee its own process. In some cases this is because of a lack of external oversight, as described in the first comment below, and in other cases it is because of the limitations of standardizing decision-making processes, as described in the second comment below:

Yeah, I do think there’s inconsistency. I think, for the most part, people try to do their best but really, what is our best and who tells us what our best is? We tell us. (judge)

Even if they’re not correct decisions will be made, that they’re standardized so the same processes are followed. No matter who was up at two in the morning, at least they all have the same checklist in front of them, whereas 15 years ago, maybe they just had their blank notebook in the middle of the night. Now at least they have boxes to check. To have it standardized, I think, doesn’t necessarily make it more correct, but it makes it more uniform, right? You could be uniformly wrong. (attorney)

3.2.3.3. Agency responsiveness

As described above, decision-making processes are impacted by actions and efforts originating at the leadership level – but agency leadership is also impacted by what happens at the front line. Just as caseworkers’ personal experiences can alter how they do their jobs, agencies also learn and change from negative outcomes.

Several participants spoke about quality assurance processes their agencies have in place to identify and address practice concerns through routine record reviews: “We have what are called quality questions... that just essentially ask how well was it written, is there something that could’ve been done better, did we contact providers, was the case outcome what you feel it should’ve been essentially, based on whatever the worker did during that
case.” (caseworker) But policy and practice change can also be driven by singular, tragic events: “Over the years we have seen a lot of improvements from [child] fatalities because those fatalities brought about major changes within the agency.” (administrator) While these changes can be seen as positive, they also highlight the fact that child welfare agencies are designed to respond to crises rather than to prevent them:

*I would definitely say a lot of times, [having high profile cases] makes us tweak what we consider best practice, I guess you could say... Unfortunately, I feel like with wherever you go, until something bad happens, that’s when we decide to change things, after bad things happen. A lot of times, we just can’t help being reactive. That’s just how our system is set up, unfortunately.* (caseworker)

For the most part participants described feeling that their agency understood the stress of child welfare work and was responsive to caseworkers’ needs. Some participants felt their agencies demonstrated this understanding through providing them with needed resources:

*We’re a work in progress, just like any agency. I think truthfully, and I’m saying this because I’ve been through several [leaders], I kind of like this [leader] that we have now. He’s really proactive, especially facilitating and supporting our staff. We have more tools to work with.* (caseworker)

Several participants also spoke about ways their leadership fostered comradery with and among their staff:

*We want to try to prevent burnout. We do have an employee enhancement committee, so they’re trying to come up with ways to help workers and do fun things... it seems so trivial, but just having an extra jeans day or it’s you know, sweatshirt day. I mean it seems so silly, but when you’re just constantly burdened with life or death of a child, you know, it’s like wohoo, at least I can wear a sweatshirt today.* (caseworker)

On the leadership level, administrators felt that an important way they could support their staff was by being less punitive in how they respond to practice concerns that are raised either internally or externally:
One of the great things also is how the agency’s looking at... why we didn’t do what we were supposed to do. It’s called... collaborative safety... where we’re trying to learn from our mistakes to not make the same mistakes again. I think that’s really, really great because we’re not asking people “why didn’t you do this.” We’re finding out what’s the second story that day? I think that’s helpful. (administrator)

We try to not let [media attention] affect things... We try to be really careful with [our staff], not to put them on that edge. Like they feel like they’ve done something wrong, when they truly haven’t. It’s just the circumstance that happened. (administrator)
3.2.4. **External factors**

The KIIs also explored those individuals and entities that are external to the child welfare agency, but either through routine interactions or other means influence its work. The primary external entity that was explored through the KIIs was the legal system, but child welfare agencies also interact with other service providers such as doctors and schools, and receive scrutiny from political figures, the media and members of the public, and each of these entities can influence (or attempt to influence) the investigation process, either directly or indirectly.

3.2.4.1. **Looking ahead to legal**

Family court has an important role in the child welfare system: it is the entity that can compel parents to engage in interventions that will address child safety concerns, remove children from their parents’ custody and place them in foster care, and when legal timeframes and required services are not met terminate parental rights. When child welfare proceeds with court intervention there is a formal ‘fact finding’ process that requires the child welfare agency to present evidence of alleged maltreatment, and provides an opportunity for parents to present evidence in their own defense. For parents who rely on public defenders or other court-appointed attorneys for representation, these attorneys are not assigned to the parent until the court process is initiated.

Except in extreme situations, child welfare staff typically make a decision about whether to substantiate one or more types of maltreatment before they seek court intervention, and

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* During the family court process the child welfare agency is represented by its own attorney; depending on how services are organized locally, this can be an agency employee or an employee of the local prosecutor’s office.
the substantiation process is not formally connected to the family court’s processes. However, if during the investigation the agency anticipates seeking court intervention, the standards of the court, and even of individual attorneys and judges, are clearly on people’s minds from the outset:

*I have to say, I think that maybe some of [identifying maltreatment] goes back to court because ultimately, when we go down to court and file, it comes down to the evidence. It’s not based on what you feel or what you think or how you observe. It’s, “Do you have the evidence to support it?”* (Administrator)

While this view was held by the majority of participants, others felt that child welfare nevertheless kept the investigation/substantiation process separate from the court process, and were careful not to let one influence the other:

*I can’t even fathom a circumstance where the investigator and his or her supervisor does not substantiate under what they think it is. They don’t care what can be proved [in court]. They don’t care what can’t be proved. They call it as they see it. ... You’re talking about the investigator’s decision, which I feel is affected only by the facts. That’s my sense of it, that they’re true, honest, and try to do the best they can with making those assessments.* (Judge)

The issue of subjectivity within the family court system was also a consistent theme: just as there is variation in beliefs and perspectives among child welfare staff, there is variation in beliefs and perspectives among the attorneys who represent the agency in family court, and the judges and other family court staff who oversee the court processes. Child welfare staff get to know which attorneys and judges are more or less aggressive regarding different types of allegations, and can shape the information they will eventually present in court in a way that increases the likelihood that they will get the outcome they want. This was clear both to those who work for the agency and those outside of the agency, as shown in the two below comments from a former agency attorney (now agency administrator) and a family court judge:
When I was in-house counsel at [a different agency], I told you we had six attorneys. Caseworkers started to know and learn the proclivities of each and they would forum shop depending on what they wanted to see happen. (administrator)

You get so much subjectivity on so many different levels... What has that individual worker been faced with when going to court? That person could say, “Man, I thought this was this, but this judge feels it’s X. So, I’d better not go in with that because that judge always says, ‘That’s not X. It’s Y.’” (judge)

Judges and parent attorneys also have opinions about the practice of their local child welfare agency. At times judges expressed confusion and/or concern about a caseworker’s judgment or the child welfare agency’s decision-making regarding a particular child or family, feeling that the agency’s threshold for intervention is either lower or higher than they would like it to be. In some instances, judges felt that the agency’s perspective was too limited, and overlooked issues that required intervention:

*We get the same thing when we have our teenagers who come in with delinquency where we can really see that there’s something horrible in the life that they’re being forced to live, but it doesn’t seem to rise to the same level of risk assessment for the agency because... the agency is looking, are their physical needs being met? Is there food in the house? Do they have clothes to wear? That kind of stuff.* (judge)

while in other cases, judges felt that caseworkers were inappropriately seeking court intervention when it was not warranted:

*I have some workers—I might see a case, I’m like, “Oh.” I roll my eyes and think this is going to be junk, because they’re a junk investigator... they put in a lot of subjectivity in their decisions... I had one who just said, “The house was dirty.” It was evident the person—that caseworker and the family member—they just didn’t rub well together. I have to tell you a dirty house isn’t grounds to take a child.* (judge)

For the most part, parent attorneys described advising their clients to cooperate with the services the child welfare agency was offering, but when they disagreed with the child welfare agency’s decision-making, it was usually because they thought the agency had been overly aggressive:
I can remember a case where my client really didn’t provide the correct dental care for the children, and they said that they did an inspection of the house. These kids were five, six, and older, and I think there were three of them. They said things like, “Well, there was a battery on the floor, a double-A battery”... Taking a child out of the home for things like that, it seems bizarre to me. Maybe we should provide support services and education about dental care and so forth, or buy them a toothbrush, for crying out loud. Don’t take the kid out of the home. (attorney)

While parent attorneys can advocate for their clients in court, judges have more power to influence the outcome of cases that come before them. When their concern reaches a certain level, family court judges described prompting intervention, either through outreach to child welfare administrators or by taking action on their own:

I have to say sometimes I will get a report back and it says, “This is what happened...” I’m sitting there like, “And you’re not filing? I don’t understand.” Of course I have to share that with the attorneys that are involved. A lot of times they’re aghast too that there isn’t a filing, there isn’t a neglect filed... If it’s really egregious then I’ll say to the child’s attorney, “Well, then you should file.” (judge)

Despite the frustration that they do not always share the same perspective as child welfare regarding how a given case should proceed, generally judges acknowledged that child welfare staff are limited, by law and given their resources, in how much they can intervene:

“When we can see kids who have given up on life, we want them to have a different life, but that’s not how the agency views it, and I don’t blame them for that. They can’t re-raise every child.” (judge)

3.2.4.2. The outside looking in

After the family court, child welfare probably interacts the most with those systems whose staff are mandatory reporters of suspected child maltreatment: schools, medical institutions, and other child and family service providers. Child welfare staff are often put in the difficult position of understanding why another provider may have concerns about a child’s
living conditions but being unable to intervene because of the limitations of the law. To put it simply, bad parenting is not necessarily child maltreatment. This discrepancy can lead other service providers, such as schools, to have a low regard for their child welfare colleagues:

Well, at least in [our state], child welfare does not have a particularly stellar reputation among educators because we come from such dramatically different viewpoints. Education realizes that children learn best in a safe environment. ... They expect us to apply those same standards, but we obviously can't because that's not what the law. The law isn't ‘you've got to make the home environment as perfect as the school environment.' You've got to have a certain minimum level of parenting, but we're going to allow parents to make the decisions and live the lifestyle they like. Education sees this [as] downward—you know—“Here's our standard, what we think a kid should have. Here's what you think a kid should have.” (administrator)

The other thing that drives people a little bit crazy—but when you work here long enough you understand—the requirement is ‘minimal level of care,’ so the cases that are most difficult, I think, is when we're getting all these calls from the school and the community and how can you leave these kids there and look at this and—but it's minimal level of care. (administrator)

Another important constituency are political leaders, who oversee child welfare agencies, control their budgets, and have the power to hire and fire their leaders. For the most part, participants described this as an arm’s length relationship, given that the child welfare system usually stays below the general public’s radar. Political support for child welfare may be most important during times of scrutiny, following the severe injury or death of a child known to the system, and participants noted that political leaders’ responses can be influenced by their own interests:

The perception of when we had a high-profile case, how is that going to look at the ballot box when it comes to a [political leader’s] chance to get reelected? (administrator)

Another critical constituency is the broader public, which is asked to make the difficult decision of reporting suspected child maltreatment among their family, neighbors and other community members, and elects political leaders who oversee child welfare agencies and
ultimately are responsible for child welfare-related law. As noted earlier and described in more
detail in the below maltreatment type-specific sections, there can be a gap between the
public’s understanding of what constitutes maltreatment and the child welfare system’s legal
authority to intervene with families, leading to negative perceptions that child welfare
caseworkers face every day in the course of their work, and child welfare agencies struggle to
alter. This can happen with individual caseworkers, as described in the first comment below,
and on the community level, as described in the second:

Our front line [caseworkers] are the people who feel that the most. I mean, during our
last high-profile case, we had [caseworkers] who were knocking on doors and the
parents would open it, like, "You killed that baby." They really feel that. (administrator)

I’ve been in child welfare for 24 years in three [agencies] and I’ve noticed that 50 percent
of the population thinks that we overreact, 50 percent of the population thinks we
underreact, leaving zero to think that we’re doing it pretty good. ... There’s always that
wide range of opinion and so, when we’re establishing policy, we try to avoid responding
to the extremes on either side and we try to look at what does our community value? We
honestly do give more weight to the important stakeholders that have spent their
careers thinking about what they want—commissioners, courts, schools— but we are
responsive to the community. (administrator)

Child welfare professionals don’t only face this criticism at work; several participants described
being questioned even by their own families about stories they heard through the media, and
being in the difficult position of defending themselves and their agency while not being able to
share confidential information that could help outsiders to better understand why certain
actions were or weren’t taken:

If you don’t come from child welfare, even my parents, they’ll say, “Oh, my God. I heard
[the agency] was involved. You guys did nothing,” and I’m like, “Mom, it doesn’t work
that way.” (caseworker)

Now, with public perception... they’re fed a certain aspect, and only the sensationalized
cases, instead of all the day-to-day work that we do. Yes, because I’ve even had my own
family will—say a case hits the news, the first thing they do [is ask] “Is that your case?”
I’m like, “Why would you even think that would be my case? You have known (sic) me that I try to do my due diligence.” (caseworker)

Lastly, the child welfare system’s ability to effectively intervene with children and parents is impacted by the public’s regard for the families served by the system. As described by one participant, bias against child welfare system-involved families translates into a lack of support – and accompanying resources – for the system:

I think people get more worried about dogs and stray cats. I’m not kidding you. We have one shelter for homeless children, and we have probably 50 for cats and dogs. ... Even here at the court, they put out—I don’t know if you saw it when you walked in the front door. There’s water and food for stray cats in this neighborhood. ... I’m like, “Holy smokes. What the heck has this court become?” ... I really do think they’re crazier around here for animals and dogs than human beings. I think that’s because, also, there’s so many personal biases against who is a child welfare family: “not us, but it’s them.” There’s a lot of personal biases about them and who they are. (judge)

While the system’s decision-making may be criticized when children are hurt or worse, participants noted that this bias leads to a lack of public interest or investment in making broader systemic changes that are needed to protect more children:

There’s a general appreciation I think within society that you don’t want kids to get hurt. I don’t know if there’s as much of an appreciation for wanting parents to feel supported in their parenting. ... If there isn’t as equal investment an attention paid to supporting parents, then it’s going to be harder to keep kids safe. ... I think until such time as there is a real attention paid to the family and the parent, the reaction will be from society and from outside sources “What happened to this child and why? Who could've prevented it? Why couldn't someone have done something?” (judge)

3.2.5. Parent-caseworker relationship factors

The key informant interviews revealed that the various players in the child welfare system – caseworkers, supervisors, administrators, agencies, attorneys, court personnel, etc. – do not operate independently or exist in silos, but as described in many of the interview excerpts regularly interact with and are influenced by other system stakeholders. At the same
time, several themes emerged that explicitly sat within the context of the relationship between parents and caseworkers, who are the two (or more) people at the center of the maltreatment investigation process; these are described in more detail below.

3.2.5.1. Interacting with the system

Obtaining information about alleged maltreatment and assessing ongoing risk to children can be challenging given the inherent distrust that parents have for the child welfare system, as noted by one judge:

Well, I think the general perception of child protective work is that it is to remove children. I would venture to guess that if you were to ask 9 out of 10 people if [the agency] comes knocking at your door, why do you think they’ll come knocking for? I think the response is, they want to take my kids away. You have that looming largely over the relationship between any [caseworker] and a parent. (Judge)

To counteract this mistrust, many participants spoke about the importance of the parent-worker relationship. One point of emphasis was the child welfare system’s efforts to positively engage parents while maintaining a focus on the safety concerns identified in the child protection report:

I also don’t want to sound too commanding because the family is actually in charge. They’re the ones leading this investigation. I think, honestly, that that’s the biggest thing that puts people at ease regardless of caseworker or investigator, is telling them, “I am here to help you. I am here to find out what happened. You are the one that is essentially in charge of what happens during this case. It’s not me. It’s you.” (Caseworker)

I would say relationship is one of the more important things—develop a relationship and know how to interview, and to not be judgmental when you go in there, and to try to put your biases aside. It’s really hard sometimes going into a really disgusting home that you would never even let your dog or cat live in... We tell them, “You need to clean up. You need an entranceway. There needs to be an exit... so at least if something were to happen, you can get out there.” You can’t go in there and say, “This is disgusting, and how can you live like this?” (Administrator)
Several participants noted that a close relationship between parents and child protective caseworkers can be advantageous for parents, in that it makes them be seen as a whole person, makes the worker less likely to feel negatively toward the parent, and increases the likelihood that the investigation will be based on full information:

*If you don’t have a great relationship and you can’t gather the right information, then you would think the decision [about what happened to the child] may not be the best decision because you haven’t gathered all the right facts in either direction.*

(administrator)

*I think what influences that goes back to well, how’s the [caseworkers] actually receive the explanations been given by the parent. What filters are they using that would then believe X parent over Y parent. ... in years past when I [worked at the agency] and digging into [caseworkers’] analysis on cases that they received, sometimes it wasn’t really anything as glaring as race/ethnicity, sexual orientation, financial welfare. Sometimes it was just how the person engaged with them. Sometimes it was just a matter of I’m not cursin’ you out, but... I’m just going to sit here and answer the questions that you have for me and just be as... responsive as I can be. ... Sometimes it depended upon whether the person was very recalcitrant or very ‘I’m going to videotape you.’* (judge)

Despite the view that the quality of the caseworker-parent relationship can tilt an investigation in one direction or another, the child welfare professionals interviewed felt that in the end, decisions are based solely on facts and that a case can only proceed if there is enough evidence for it to do so:

*When it comes to being biased in decision-making, it’s very difficult because you have to look at the information that’s gathered... the information that was gathered is what they’re going to use to make a decision. ... They may not like the family, but... [if] the documentation is clear that the case is unfounded, there’s no way you can indicate an unfounded case if it’s not enough sufficient information there.* (administrator)

There was consensus that many child welfare-involved families have a complex set of needs, often stemming from or exacerbated by poverty, that are not always easily addressed.
Both parents and attorneys expressed appreciation for when caseworkers make the effort to understand the full context of a family’s life:

_There are some workers that are phenomenal. They do listen to the parents and do take into consideration what they’re saying or their past life experiences, and how that’s affecting them (sic) current situation, whether it’s past treatment by a parent or a boyfriend, or whatever it may be, but a lot [of caseworkers], they don’t. They’ll just, I think, truly minimize the statement and the perspective of the parent._ (attorney)

Conversely, parents and attorneys expressed frustration when they believed that there was no effort to understand the parent’s perspective or circumstances:

_They went into the house, and they was like, well, we got a call that you’re bad and this is what it’s going to be, and they removed my son immediately. ... There was no conversation to say what got you to this point, what happened, it was just like a straight removal._ (parent)

Several participants spoke about how the closeness of the parent-caseworker relationship, and the information that is exchanged in the context of that relationship, can also disadvantage parents because, unlike in the criminal justice system, child welfare-involved parents are not provided with legal representation from the start of their child welfare involvement:

_Let’s say I’m a mom. I have problems with stress. I may drink a little bit too much because I have problems with stress, and somebody makes a report. Here comes a caseworker... They talk to the mother, who then becomes my client, and the mother is talking to the caseworker like they’re best friends. She’s divulging all of this stuff that, had she been assigned an attorney, had she gotten representation from the outset, all of this information would not be—there’s no huge investigative team that I know of, but a lot of the information that [the caseworker] gets comes right from the client because they don’t know any better..._ (attorney)

When a parent is unwilling to openly share information with child welfare staff, that can be regarded suspiciously, leading to more aggressive responses from the child welfare agency: “... caseworkers will say there’s—I’m sure they don’t use these words, but there’s a negative
inference—’If you don’t cooperate, then you have something to hide,’ kind of thing” (attorney).

Most parents are left on their own, without the benefit of legal representation, to navigate this high-stakes relationship, potentially damned if they develop a close relationship with their caseworker, and potentially damned if they don’t.

3.2.5.2. Parent voice

The KIs participants described both individual and systemic efforts to empower parents and include them as equal partners in the decision-making process – to give them a “voice.” Despite this, the KIs revealed that the relationship between parents and child welfare professionals is inherently an unequal one. This fact was particularly clear to the parents and parent attorneys who participated in interviews:

During the investigation, it's still the same. It's kind of like, we received a call, these are the allegations on the call, we think this will help your family overcome these allegations... if they feel strongly about a removal, they will request a [meeting], and at that point is where you do have a chance to speak, but you're so scared as a parent. ... So, you're going into a room with people of authority using their power over you. So, they say you have a voice, and that you can speak, but who uses that authority against bigger authority, where you just took my kid? (parent)

... parents feel all sorts of different things that they can't disclose because it may be used against them, and that’s not fair at all. (parent)

There are also some cases, where they’ll come in, and the caseworker will say that, “Mom said that she’s been poppin’ pills since she was pregnant.” [Mom says] that she’s a liar. What judge in their right mind is going to believe a respondent as opposed to a caseworker... I mean, why would they even lie? (attorney)

Even genuine attempts to engage parents meaningfully may be undermined by the fact that the child welfare system is complex and generally encounters people at times of high stress or impairment, when they may not be able to process information given to them:

I don’t think they understand, at all. No one understands this system. Even when you’re hearing it, you’re not hearing it all. It’s just going—it’s like a fog going through your
head and part of you is going, “I can’t believe I’m even here.” No, I don’t think they understand. (judge)

It was fully explained to me back when my case had happened, but, at the time, I didn’t have a clear thought to even process what was told to me. I also think it’s important for the caseworkers to also understand sometimes, when you’re talking to... moms and dads, they may not be at their best at that moment. Some of them might be under the influence of many substances. Therefore, their judgment and their understanding as to what you’re saying to them is not going to be there, and you may have to come back multiple times and explain the same thing over, and over, and over again to them until they’re to a point where they get it. (parent)

At the same time, information about the child welfare investigation process can be withheld from parents until it is relevant, which to parents may feel like a lack of transparency and a game of ‘gotcha’:

The first introduction that the [caseworker] has with the parent, they’re not talking about [meetings that may happen at the agency]. They’re talking about okay, what happened, give me information. When they believe that it’s unsafe or that it’s a safety threat, then they invite you to [meet at the agency]. I think it may be that at that point where the parent would say well, why do I have to go, what is that about? That’s when it becomes the stick. Then beyond that... we’re going to file in court, but we’re not telling you what we’re seeking. At the [agency meeting], they’re supposed to tell [the parent] ‘we’re going to go to court today and we’re going to ask to have your children be taken away.’ Sometimes they do. Sometimes they don’t. (judge)

Parents can experience the child welfare system as an entity that moves forward on its own, leaving them without a chance to meaningfully affect the outcome of the investigation or, down the line, their court case. Even when they have legal representation, it can feel that the system is stacked against them and that no one is objective or on their side:

Yeah, so now that I am thinking about it, I always felt like we walked into the courtroom and everyone knows everyone. This attorney knows what that one’s thinking. That one knows what the judge is thinking and it was not that they were really on each other’s side, but it was like there was no middle person. (parent)

When asked whether the imbalanced relationship between parents and workers matters in the broader context of child welfare decision-making, professionals in the system
generally defended their approach, saying that parents are treated appropriately, while maintaining that the system’s bottom line is understanding what has happened to children:

“I think that they have a voice. Whether they think that they have a voice is different... They don't think [the system is] fair, but I think—I don’t think it’s unfair. Does that make sense? We're in the business of protecting kids. (attorney)"

3.2.5.3. Juggling hats

Part of what makes the process of identifying maltreatment challenging is the fact that child protective caseworkers play two roles: investigator and social worker. The investigator is tasked with collecting and evaluating information about the alleged maltreatment, additional safety concerns, and the family’s overall functioning, while the social worker is focused on engaging the parent and building enough trust to develop a plan that will support the family and keep the children safe. The management of these two roles can present challenges for both parents and caseworkers.

As described earlier, parents who have developed a close relationship with the social worker side of their caseworker may share information that the investigator side can use against them. For parents, is it challenging to navigate such a complex and unequal relationship: “It’s a Catch 22 because they’re required to speak to this caseworker to help them along, but that’s a person can either help you, or they can destroy you based on what information you give.” (attorney) Parents are offered help, but with conditions. While parents are not legally obligated to cooperate with a child protective investigation if there is no court involvement, that information is generally not proactively offered by caseworkers. If parents are aware of their rights and decline to provide information requested, caseworkers can frame
their refusal as “evasiveness” and quickly change the tone of the investigation, to one that is more adversarial and even coercive:

Now, if they refuse there’s concerns because they are being evasive. This is when we’ll have a big conference or a meeting in the office to discuss why they’re being evasive in regards to this report because we are trying to work with you, and we’re trying to give you the freedom to bring the stuff in. (caseworker)

In response, family members can feel that their only option is to comply with the agency’s requests, even when they are not legally required to do so:

I think there’s always pressure by [the agency] to be compliant with them regardless of whether they’re going to file, or if it’s going to be a non-court case. If they want something to occur prior to filing, they’ll say, “Well, if you don’t comply with this, we’ll have no choice but to file with the court.” I think that that freaks a lot of people out. They don’t want to be court involved. (attorney)

Managing this dual role can be challenging for caseworkers as well, and is handled differently across individuals. As described earlier, some participants felt that caseworkers are not transparent with parents about how the information they gather during their investigation may be used – perhaps out of a concern that it would be disruptive to their relationship, perhaps because they knew it could limit the information the parent chooses to share. Others described caseworkers as being clear with parents about their role and legal responsibility, despite the fact that it may alter the connection they have made:

I let them know that I am here to help you. However, if there are great concerns in regards to your child that we feel that it may warrant more intervention, I will have that discussion and it will be in a formal conference. I do let them know off the bat so that they are aware. I never not let a family know that. Some may receive it as a threat. And you’re not threatening them, you’re just letting them know that we may have to discuss it formally, and it may mean we have to put services in, or mandate you to services through court. (caseworker)
Several participants described ways the investigator-social worker balance can tip in one direction or the other, with consequences either way. Caseworkers know that prioritizing the investigation can negatively affect families:

Families feel like you’re embarrassing [them] in the community, and now everybody in the world knows, but I can’t get around that because the more information I gather, the more information I can decide whether this should be substantiated or not. I can’t substantiate something based off of one thing I just heard or what the report says because the report could be totally false. (caseworker)

At the same time, several participants expressed concerns that in their efforts to engage parents and/or their desire to be helpful and supportive, caseworkers may either be less attuned to, or minimize, child safety concerns. One reason this can happen is caseworkers’ sympathy for parents’ difficult life circumstances:

Then we have people over-identifying with families as well, right? ... Our families have really tough lives and those stories are difficult, and so we have [caseworkers] who are human, they want to help people. They don’t want to harm people. They understand that substantiating the case sometimes can be harmful. We have people who, unfortunately, without even knowing it, made decisions from that vantage point. It’s almost natural because we are social workers, right? (administrator)

Some participants noted that connections developed with parents can also affect caseworkers’ objectivity:

They’re missing things. They are giving somebody who they’ve developed a bond with the benefit of the doubt, whereas when I come in, I’m way more objective, and I’ll look at things, even if it’s my own client, because I’m not in their home. I’m not taking their kids to the park. It’s just a way more boundar[ied], different kind of relationship. (attorney)

Participants also noted that when caseworkers have positive relationships with parents, it may alter their threshold for substantiating alleged maltreatment and make substantiation less likely:
I think that [a caseworker], if they knew [a parent] positively, might be a little more lenient in terms of ‘well, maybe we’ll give them a stern talking to, we don’t have to indicate.’ (administrator)

In balancing these two roles, caseworkers have to tread a very fine line. They need to get close enough to the parent to be able to assess their ability to address identified safety concerns, but maintain enough of a distance to remain objective – all while knowing that parents are skeptical of their motives. While caseworkers seek to develop trusting relationships with parents, this trust (or lack thereof) goes in both directions:

In the typical course of things, it’s really [the caseworker] being able to trust that the parent will not harm the child. That very much plays into safety and this decision-making, but it’s very much influenced by that relationship. It’s a matter of do I trust that you won’t let the batterer come back in the home to subject you to more torture in the presence of your child? Do I trust that you won’t use because you’re engaged in a program and not putting your child in harm’s way? You can see it. In court, you can see it very clearly, because there’s a high level of distrust. (judge)

3.2.6. Maltreatment types

As described above, the maltreatment investigation process is complex and affected in different ways across the Decision-Making Ecology, some of which are specific to a given DME level and some that cut across levels. Similarly, when speaking about different types of maltreatment, interview participants identified some similarities and differences across maltreatment types. A common sentiment was that “abuse isn’t what people think it is, neglect isn’t always what people think it is” (administrator) – meaning there is a difference between how maltreatment is understood by the general public compared with how it is defined in state law. The below sections show how this gap plays out differently for each maltreatment type. As parents were not asked questions related to identifying different types of maltreatment
given the limitations of their personal experiences, the below results are based on the caseworker, administrator, attorney and judge interviews.

3.2.6.1. **Neglect**

Across the country, and in State B, neglect is by far the most common type of substantiated child maltreatment. When talking about neglect, the primary theme that came out of the KII's was the breadth of its definition, especially in State B, which covers actions that most ‘lay’ people would probably consider different types of abuse:

*We have far less abuse petitions filed than neglect petitions. Everything falls into the neglect realm. Neglect, it can be physical abuse, it can be sexual abuse, it can be emotional abuse. [Interviewer: “Explain that, how could neglect be sexual abuse?”] Touching, but not penetrating or something. ... It might be under neglect. Physical abuse [that would legally be considered neglect] is like excessive corporate punishment, but not causing a fracture or a threat to life. (Judge)*

For the most part child welfare staff in all four jurisdictions stated that most neglect is easy to identify (“you hear that word, and you understand what it is” (attorney)) and substantiate, because there are physical or tangible things one can point to, whether it be a home in “deplorable” conditions, a child without adequate clothing, or a parent who was absent from the home when the child protective report was called in. Other times participants spoke about situational neglect, which can change with the family’s circumstances and therefore be harder to categorize:

_Neglect is hard, though, because sometimes it’s is it neglect because of the family situation. ... A lot of times, we’ll have families that their electric is shut off. That’s because dad is in between jobs, but then while we’re involved, dad gets a job and the family’s doing great again. In that situation, it’s okay, at the time there was a problem, but there’s not now. (Caseworker)*

In having a broader definition than the other forms of maltreatment, neglect also appears to be the ‘fall back’ allegation when there is not enough evidence to substantiate
another type of maltreatment. Several participants posited that this could explain the high proportion of substantiated neglect in their state:

*Fifty percent or so are [classified as inadequate guardianship, a type of neglect], because you have some evidence, but not enough for a more specific indication. If they have it’s got to fit into one of these specifics, otherwise, it’s not indicat-able. (administrator)*

Another defining feature of neglect identified by participants is its intersection with poverty: “If you go to a home and there’s consistently no food, the past cases say they don’t have any food, that’s neglect.” (caseworker) Several participants in State B expressed concern, however, that the line between poverty and neglect is too blurry, and that poor families may be treated inappropriately by the system simply because of their lack of resources. In the first comment below, a judge provides an example of how the inclusion of information in court materials demonstrates bias against poor respondents; in the second comment, a caseworker notes how higher-income people are protected from system involvement:

*I’ve seen a predominant theme in a number of cases that are filed in court where in the allegations it’s alleged that the person is homeless. It’s so interesting because I’m like okay, well, the person is living in temporary housing. ... But if you’re homeless and living in temporary housing and there are these other things that are going on, they’re not filing a case because you’re homeless... so why is that even in the petition? ... Because it’s in there, I believe that it’s something that factored into either the analysis of the attorney who drafted the petition or the [caseworker] who came into facilitate it being drafted or both. (judge)*

*That’s the thing that we always complain about, and even when I go to court with cases, that a disproportionate of a lot of our cases [are there] because they may not have the socioeconomic level... where[as] those that have the resources, and have a high socioeconomic [level], they can either be protected by their own private attorneys and stuff like that. (caseworker)*

3.2.6.2. Physical Abuse

Participants also described physical abuse as being easy to identify and substantiate, because it leaves behind physical evidence that one can see: bruises, burns, broken bones.
I think physical abuse is always one that people pick up on pretty quickly, like mandated reporters, for example, schools, daycares, just other people in the community that would call [the hotline]. That’s a very easy one to pick up on. (attorney)

The challenge related to physical abuse that was identified by participants, particularly in State A,* is identifying the line between physical abuse and corporal punishment, which is generally not clear in state law:

*Physical abuse may be a little bit complicated because [our state] does permit corporal punishment and we do allow parents to actually harm their children if it’s for discipline. There’s an exclusion in our law that says that physical abuse is evidence of any injury or risk of injury except if it’s for physical discipline as long as the discipline isn’t unreasonable... [but] I guess if you’re asking is the difference between physical abuse and corporal punishment obvious, the answer to that is no. (administrator)*

According to participants, what distinguishes corporal punishment from physical abuse is whether it is “unreasonable” or “excessive” – but these distinctions also seem to be subject to interpretation. Given this, some agencies provide their staff with clearer guidance, even when it is inconsistent with state law:

*The rule of thumb that we teach our caseworkers is that the difference between corporal punishment and abuse is the presence of a mark. If you leave a mark, that’s abuse. [But] that actually isn’t the law in [our state]. There’s case law after case law that says that marks, handprints on the face, belt marks on the bottom, even a belt mark on the shin, courts have said is not abuse. (administrator)*

Participants felt that this operational definition – the presence of a “mark” – aligns with what the general public would consider physical abuse, even if it is not defined as such by their state.

Of course, one agency’s guidance to its staff can differ from another’s, based on differences in state law. There seems to be a reciprocal relationship between physical abuse

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* In State B ‘excessive’ corporal punishment is considered neglect.
and neglect, with the wideness or narrowness of what is considered neglect impacting those cases that are considered physical abuse:

_We have a lot of physical abuse cases, but we, in [our state], we only say it's physical abuse if it's severe physical abuse, and it has to be life-endangering abuse. If you have a belt mark, we would put that under neglect. That's why you see [our] neglect number is so high, because that includes what we—what many states probably would code as physical abuse, right?_ (administrator)

### 3.2.6.3. Sexual abuse

For the most part, sexual abuse is where the ‘things you can see’ standard breaks down: with the exception of a child having a sexually transmitted infection, a clear physical injury related to sexual assault, DNA evidence that was collected directly following the abuse, or photographic or electronic evidence of sexual exploitation—all of which are rare—there is usually not definitive proof that it has occurred, which makes substantiation difficult. In the below comments, participants describe similar experiences of not being able to move forward with a sexual abuse case based solely on a child’s allegation:

_It’s very difficult to prove, especially in children, because you need corroborating evidence. You can’t just have a child’s statement, you need to have physical evidence... It’s not like you could take that five-year-old who said that he was sexually abused last week or last weekend and take him to the hospital... Whatever abuse happened is not going to be evident._ (attorney)

_Typically, substantiated is a disclosure by the victim that, yes, this did happen, plus something else. Either the [alleged perpetrator] admits it. Or there’s some type of physical evidence. Or the doctor, a medical finding. Sometimes in sex abuse, it’s DNA evidence. It’s a disclosure, plus something._ (administrator)

_Sex abuse, as you can imagine, it’s usually not done out in the open, so then it’s the child’s word against the possible perpetrator, so then you’ve got to get corroboration from medical or from the child telling an adult, something like that. If it’s just the child saying it, that it happened, and the perp saying it didn’t happen, you can’t just use that._ (administrator)
Sexual abuse has the additional challenge of being difficult to identify in the course of an investigation unless the child has already told someone that it has occurred. A broken bone or dirty clothing, for example, would be obvious to a child’s teacher, but unless a child had been physically injured during a sexual assault there is generally no outward indication of the event—the teacher would only know about it if the child had proactively disclosed the abuse to him or her. Even when a caseworker has reason to believe sexual abuse has taken place, the child has to be willing and able to discuss the abuse in order for the efforts to identify corroborating evidence to move forward:

*If we get a case that we suspect it, usually somebody will say something, a family member will tip us off to something and then we’ll have a conversation. ... The child will have to disclose to some degree in order for us to do a CAC,* a Child Advocacy work[up]. We can’t just put in a child because, the Child Advocacy is very strict with their policy. You can’t just have a child [evaluated at a CAC] based on the hypothesis. (caseworker)

This can put child welfare agencies in a difficult position, because while a sexual abuse allegation cannot be further pursued without a child’s verbal confirmation of the event(s), the shame, secrecy and confusion that often accompany sexual abuse make disclosure less likely, as described in the first comment below, or recantation more likely, as described in the second comment, compared with other types of maltreatment:

*It just depends because... there are obviously behaviors and things that traditionally go along with sex abuse, but a lot of times, especially in young kids, we’re the last people that they want to tell. Sometimes, even though you know what’s happening, there’s nothing you can do because no one is budging.* (caseworker)

*Sexual abuse is one of those tricky things. I would say it’s 50-50 because... once they get to the CAC they’re so scared because they don’t know the process. All of these people all

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* Child Advocacy Centers (CACs) are multi-disciplinary settings that allow for a coordinated response to alleged child abuse; they have trained forensic interviewers that collect information for all involved agencies, keeping the child from being subject to multiple interviews.153
of a sudden come swooping down. There’s a detective. There’s me. There’s all this multidisciplinary team and social workers. Then they decide they don’t want to really talk or they may recant. (caseworker)

3.2.6.4. Emotional maltreatment

Emotional maltreatment makes up a very small proportion of substantiated child maltreatment in all but a small handful of states (see Table 4.1). Almost universally, KII participants said that this is due to the fact that it is very hard to prove, citing the need for first-person observation of it occurring:

Once again, going back to emotional maltreatment, that is definitely the hardest to substantiate, because like I said, you don’t have parents calling their kid names in front of you. (caseworker)

professional assessment:

I would say the hardest thing for us to ever have to prove in court is emotional neglect. It’s really hard to prove. You have to get a slew of medical or you know, a psychiatrist on the stand to prove all this. (caseworker)

or another tangible way to demonstrate that it has happened:

I would say that emotional abuse, it’s almost unheard of to be able to—unless it is in tandem with something that is tangible, that’s measurable, that’s visible, it’s almost impossible to pursue that, right? (attorney)

Some participants also described emotional maltreatment as being the type of maltreatment that is the most subjective:

Emotional maltreatment is by far the most difficult to substantiate because I guess there’s a level of subjectivity with all of it... what rises to that level? That can be different. [It] could vary from worker to worker or you know, unit to unit because it’s just so much more difficult to define what does that mean and what could we do about it. (caseworker)

One participant also asserted that emotional maltreatment is difficult to identify and prove because the way that it impacts its victims makes them less likely to be believed:
I think emotional abuse is almost one of the worst things you can do, but when you start talking about it, it sounds stupid. It’s the reason why all victims in domestic violence cases and civil protection cases usually come across as horrific whiny witnesses. They’ve been told that their feelings don’t matter for so long, they’ve been told they’re stupid for so long, when they try to articulate how bad something was and how they felt, they sound stupid. I feel that that’s the same way with the kids. When you describe mom is constantly yelling, calling her own son an asshole and not letting him have dinner at night, and then she comes back and says, “Well, he bit at his sister, and so he didn’t get dinner that night.” There’s always a response that emotional abusers have that belittles the circumstances, and I feel like it’s really hard to prove. (judge)

Even when emotional maltreatment is identified by child welfare staff, participants described it as being less likely to be named as a separate type of maltreatment:

The most recent case that I heard of that was really clear emotional abuse, of course. This child lost both of her parents, one died and one was a substance abuser, so she lived with her grandmother who didn’t like her. I mean, I have no other way to say it. She would outright say "I don't like this kid, I don't want her here." ... She eventually abandoned her. We filed a case and we indicated, but we indicated for inadequate guardianship and abandonment. ... It got folded into all the other things the grandmother did. (administrator)

When this participant was asked if the fact that the agency typically does not name emotional maltreatment as a separate type of maltreatment means that caseworkers are less likely to look for it, she said that was likely the case. This was confirmed by an attorney in the same jurisdiction, who posited that “I'm not sure that [the agency has] such an interest in pursuing [emotional maltreatment] because it's hard to define. It's hard to substantiate. Then I don’t think they know what to do with it.”

When describing the kinds of actions they considered to be emotional maltreatment, most participants spoke about cruel or threatening things the parent said to the child, or the disparate way one child was treated compared to other children in the same household:

I had this mom who had several kids and she was very emotionally abusive to this child. She would call him names. He hated it. She would swear at him. She purposely would—this sticks out in mind. We were sitting on her porch... and her one daughter comes
home and [the mother is] eating Pringles... and the [girl] asks for some Pringles. Mom gives them to her. The other child, the male child asks for Pringles and she... used a lot of choice words with him all for a simple question of, “Can I have some Pringles as well?” She would just demean him. She would—his biological dad was schizophrenic and so, she took that out on him. (caseworker)

As examined in more detail in the discussion section, while this understanding is consistent with the psychological literature and likely aligns with the ‘lay’ understanding of emotional maltreatment, it differs from the standards set out in both states’ legal definitions.
Figure 3.1: Percentage of instances of substantiated maltreatment determined to be neglect, by state and nationally, FFY 2016 (N=782,584)
Figure 3.2: Percentage of instances of substantiated maltreatment determined to be physical abuse, by state and nationally, FFY 2016 (N=782,613)
Figure 3.3: Percentage of instances of substantiated maltreatment determined to be sexual abuse, by state and nationally, FFY 2016 (N=782,692)
Figure 3.4: Percentage of instances of substantiated maltreatment determined to be emotional maltreatment, by state and nationally, FFY 2016 (N=782,919)
Figure 3.5: Mean child age in years at time of child protective investigation, by state and nationally, FFY 2016 (N=757,661)
Figure 3.6: Percentage of children who were part of a child protective investigation identified as Black/African-American, in 50 states and nationally, FFY 2016 (N=782,919)
Figure 3.7: Percentage of children who were part of a child protective investigation with a caretaker identified not having sufficient financial resources and/or receiving public assistance, in 38 states and nationally, * FFY 2016 (N=558,385)

* states excluded when <1% of children were identified as not having a caretaker with sufficient financial resources
Figure 3.8: Percentage of children who were part of a child protective investigation with a primary caretaker identified as having an alcohol or drug abuse problem, in 38 states and nationally,* FFY 2016 (N=500,256)

* states excluded when <1% of children were identified as having a caretaker with an alcohol or drug abuse problem
Figure 3.9: Percentage of children who were part of a child protective investigation with a caretaker identified as a victim of domestic violence, in 40 states and nationally,* FFY 2016 (N=560,129)

* states excluded when <1% of children were identified as having a caretaker identified as a victim of domestic violence
Figure 3.10: Number of child protective reports made per 1,000 children, by state and nationally, FFY 2016

Data source: Children’s Bureau

128
Figure 3.11: Number of child protective responses per 1,000 children, by state and nationally, FFY 2016

Data source: Children’s Bureau\textsuperscript{128}
Figure 3.12: Number of states with county-administered vs. state-administered or hybrid systems

Data source: Child Welfare Information Gateway

147
Figure 3.13: Percentage of population identified as black or African-American, by state and nationally, 2016

Data source: Census Bureau
Figure 3.14: Percentage of population living below the federal poverty line, by state and nationally, 2016

Data source: Census Bureau

149
Figure 3.15: Number of states that expanded Medicaid eligibility under the Affordable Care Act as of 2016

Data source: Henry J. Kaiser Family Foundation\textsuperscript{131}
Figure 3.16: Gini Index by state and nationally, 2016

Data source: Census Bureau
Table 3.2: Bivariate results comparing child/family variables by substantiated neglect, physical abuse, sexual abuse and emotional maltreatment

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean age of child (95% CI) by substantiated maltreatment type (N=729,885)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.4 (6.39-6.41)</td>
<td>7.06 (7.04-7.09)</td>
<td>10.78 (10.75-10.81)</td>
<td>7.63 (7.59-7.67)</td>
</tr>
<tr>
<td>No</td>
<td>8.3 (8.27-8.32)</td>
<td>6.72 (6.71-6.74)</td>
<td>6.39 (6.38-6.40)</td>
<td>6.72 (6.71-6.74)</td>
</tr>
</tbody>
</table>

**Child race by substantiated maltreatment type (N=729,762)**†

<table>
<thead>
<tr>
<th>Race</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>78.1%</td>
<td>25.9%</td>
<td>7.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Not black</td>
<td>79.8%</td>
<td>20.3%</td>
<td>10%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

**Family poverty by substantiated maltreatment type (N=550,412)**†

<table>
<thead>
<tr>
<th>Poverty</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>84.7%</td>
<td>21.4%</td>
<td>6%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Not poor</td>
<td>72.5%</td>
<td>25.3%</td>
<td>11.9%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

**Caregiver substance abuse by substantiated maltreatment type (N=460,831)**†

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD</td>
<td>85.1%</td>
<td>23.7%</td>
<td>3.1%</td>
<td>12.8%</td>
</tr>
<tr>
<td>No AOD</td>
<td>73.3%</td>
<td>23.9%</td>
<td>13%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**Caregiver domestic violence by substantiated maltreatment type (N=416,361)**†

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV</td>
<td>82.6%</td>
<td>21.4%</td>
<td>2.9%</td>
<td>18.3%</td>
</tr>
<tr>
<td>No DV</td>
<td>79.9%</td>
<td>22.7%</td>
<td>10.4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*p<.0001 for all values  
* T-test results  
† Chi-squared test results

Table 3.3: Bivariate results comparing child welfare system variables by substantiated neglect, physical abuse, sexual abuse and emotional maltreatment

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child protective reports per 1,000 children (95% CI) by substantiated maltreatment type (N=760,303)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>54.63 (54.57-54.68)</td>
<td>56.16 (56.04-56.27)</td>
<td>53.96 (53.77-54.15)</td>
<td>62.93 (62.75-63.12)</td>
</tr>
<tr>
<td>No</td>
<td>55.59 (55.47-55.71)</td>
<td>54.44 (54.38-54.5)</td>
<td>54.92 (54.87-54.97)</td>
<td>54.08 (54.02-54.13)</td>
</tr>
</tbody>
</table>

**Child protective investigations per 1,000 children (95% CI) by substantiated maltreatment type (N=760,303)** |         |                |              |                       |
| Yes                  | 35.12 (35.09-35.15) | 34.97 (34.92-35.03) | 33.69 (33.59-33.78) | 35.92 (35.82-36.02) |
| No                   | 33.35 (33.29-33.41) | 34.68 (34.65-34.71) | 34.85 (34.83-34.89) | 34.64 (34.61-34.66) |

**Child welfare system administration by substantiated maltreatment type (N=750,539)**†

<table>
<thead>
<tr>
<th>Administration</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>County-administered</td>
<td>81.9%</td>
<td>20.1%</td>
<td>9%</td>
<td>7.6%</td>
</tr>
<tr>
<td>State-administered</td>
<td>77.6%</td>
<td>23.8%</td>
<td>9.4%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

*p<.0001 for all values  
* T-test results  
† Chi-squared test results
Table 3.4: Bivariate results comparing state-level variables by substantiated neglect, physical abuse, sexual abuse and emotional maltreatment

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Emotional maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage (95% CL) of a state’s population that is black/African-American by substantiated maltreatment type (N=760,303)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Percentage (95% CI) of a state’s population that is below the federal poverty line by substantiated maltreatment type (N=760,303)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>States with and without ACA Medicaid expansion by substantiated maltreatment type (N=750,539)</strong>†</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expansion</td>
<td>82.3%</td>
<td>20.3%</td>
<td>8.3%</td>
<td>8%</td>
</tr>
<tr>
<td>No expansion</td>
<td>71.8%</td>
<td>27.7%</td>
<td>11.4%</td>
<td>9.6%</td>
</tr>
<tr>
<td><strong>State Gini index (95% CI) by substantiated maltreatment type (N=760,303)</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>466.4 (466.4-466.5)</td>
<td>460.9 (460.8-461)</td>
<td>460.9 (460.7-461)</td>
<td>458.8 (458.7-459)</td>
</tr>
<tr>
<td>No</td>
<td>457.6 (457.6-457.7)</td>
<td>465.7 (465.6-465.7)</td>
<td>465 (464.9-465)</td>
<td>465.1 (465.1-465.2)</td>
</tr>
</tbody>
</table>

p<.0001 for all values
* T-test results
† Chi-squared test results
Table 3.5: Association of child/family, child welfare and state-level factors with neglect (Neg), physical abuse (PA), sexual abuse (SA) and emotional maltreatment (EM) (N=248,654)

<table>
<thead>
<tr>
<th></th>
<th>PA vs. Neg OR (95% CI)</th>
<th>SA vs. Neg OR (95% CI)</th>
<th>EM vs. Neg OR (95% CI)</th>
<th>SA vs. PA OR (95% CI)</th>
<th>EM vs. PA OR (95% CI)</th>
<th>EM vs. SA OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child/Family Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Age</td>
<td>1.031^ (1.028-1.033)</td>
<td>1.198^ (1.194-1.202)</td>
<td>1.066^ (1.062-1.069)</td>
<td>1.162^ (1.158-1.166)</td>
<td>1.034^ (1.03-1.038)</td>
<td>0.89^ (0.886-0.894)</td>
</tr>
<tr>
<td>Child Race</td>
<td>1.41^ (1.374-1.445)</td>
<td>0.719^ (0.69-0.749)</td>
<td>0.928† (0.885-0.974)</td>
<td>0.511^ (0.489-0.534)</td>
<td>0.657^ (0.624-0.692)</td>
<td>1.25^ (1.177-1.329)</td>
</tr>
<tr>
<td>Family Poverty</td>
<td>0.662^ (0.645-0.679)</td>
<td>0.549^ (0.526-0.573)</td>
<td>0.712^ (0.68-0.745)</td>
<td>0.819^ (0.781-0.858)</td>
<td>1.074^ (1.023-1.127)</td>
<td>1.376^ (1.297-1.46)</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>1.089^ (1.059-1.119)</td>
<td>0.278^ (0.262-0.295)</td>
<td>5.935^ (5.699-6.181)</td>
<td>0.253^ (0.238-0.269)</td>
<td>5.459^ (5.221-5.708)</td>
<td>19.071^ (17.844-20.383)</td>
</tr>
<tr>
<td>Alcohol/Drug Abuse</td>
<td>0.588^ (0.571-0.606)</td>
<td>0.183^ (0.172-0.194)</td>
<td>0.468^ (0.448-0.489)</td>
<td>0.31^ (0.291-0.329)</td>
<td>0.795^ (0.758-0.834)</td>
<td>2.546^ (2.372-2.733)</td>
</tr>
<tr>
<td><strong>Child Welfare System Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County-Admin. System</td>
<td>3.962 (0.969-16.19)</td>
<td>6.114† (1.552-24.096)</td>
<td>0.531 (0.065-4.334)</td>
<td>1.495 (0.325-6.882)</td>
<td>0.134* (0.02-0.913)</td>
<td>0.072^ (0.024-0.21)</td>
</tr>
<tr>
<td>CPS Reports per 1K Children</td>
<td>0.996 (0.969-1.024)</td>
<td>0.99 (0.965-1.016)</td>
<td>1.013 (0.974-1.053)</td>
<td>1 (0.977-1.024)</td>
<td>1.018 (0.983-1.055)</td>
<td>1.013 (0.993-1.034)</td>
</tr>
<tr>
<td>CPS Referrals per 1K Children</td>
<td>0.999 (0.953-1.047)</td>
<td>0.991 (0.949-1.034)</td>
<td>0.956 (0.894-1.023)</td>
<td>0.986 (0.949-1.024)</td>
<td>0.952 (0.895-1.013)</td>
<td>0.983 (0.95-1.017)</td>
</tr>
<tr>
<td><strong>State Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Population Black</td>
<td>1.01 (0.957-1.066)</td>
<td>1.025 (0.975-1.077)</td>
<td>0.964 (0.894-1.04)</td>
<td>1.02 (0.978-1.063)</td>
<td>0.95 (0.886-1.018)</td>
<td>0.967 (0.93-1.005)</td>
</tr>
<tr>
<td>% Population below FPL</td>
<td>1.099 (0.916-1.318)</td>
<td>1.205 (0.9-1.613)</td>
<td>1.327* (1.024-1.719)</td>
<td>1.019 (0.841-1.235)</td>
<td>1.175 (0.928-1.488)</td>
<td>1.135 (0.996-1.295)</td>
</tr>
<tr>
<td>MA Eligibility under ACA</td>
<td>0.892 (0.32-2.487)</td>
<td>0.681 (0.253-1.833)</td>
<td>0.581 (0.143-2.369)</td>
<td>0.797 (0.334-1.904)</td>
<td>0.697 (0.192-2.534)</td>
<td>0.873 (0.424-1.798)</td>
</tr>
<tr>
<td>Gini Index</td>
<td>0.969 (0.936-0.1004)</td>
<td>0.969 (0.935-1.005)</td>
<td>0.984 (0.941-1.028)</td>
<td>1.002 (0.975-1.029)</td>
<td>1.016 (0.975-1.058)</td>
<td>1.013 (0.99-1.037)</td>
</tr>
</tbody>
</table>

Results from multinomial logistic regression, odds ratio estimates reflect adjusting for all covariates; the second variable listed in header was the referent value in the MLR model

*p<.05, †p<.01, ^p<.0001
4. **Discussion**

Decision-making in the child welfare system is a complex process that, as previous research has demonstrated and this study confirms, is influenced by multiple factors. This study also shows that the identification of child maltreatment is a process that can be broken down into multiple components, each of which are influenced by their own set of factors. I will first discuss the details of this process, and how they align with and add to Baumann’s DME\textsuperscript{194} framework. Then, I will explore what this research found regarding the identification of specific types of maltreatment, and how child/family, system and state level factors influence that process. Lastly, I will identify limitations to this study, and recommendations for child welfare administrators, policy makers and researchers.

4.1. *Decision-Making Ecology framework*

Although testing whether the DME framework is relevant to the identification of child maltreatment was not one of this study’s specific aims, this study supports the overall premise behind the DME: that child welfare decisions are influenced by multiple factors, and that there is an iterative relationship between child welfare outcomes and those contributing factors that applies to the maltreatment identification process. However, it also revealed that the DME framework as it stands does not fully capture the dynamic way different levels of the ecology intersect with each other (specifically through the relationship between parents and caseworkers), and how this intersection also influences the decision-making process. This study also demonstrated that child protective investigations can be broken down into multiple components, each of which are influenced by DME factors in their own way.
The first aspect is the investigation process more generally, regardless of the type of alleged maltreatment. In the KIIIs, participants identified multiple factors at the family, caseworker, agency and community levels that influence how child protective investigations proceed and their ability to determine what maltreatment has or has not happened to a child. As noted in section 3.2., the KIIIs also revealed that the factors do not exist in isolation, but rather have dynamic relationships across levels of the DME. This can happen in one of two ways; the first of these involves concepts that appear as a kind of ‘thread’ across multiple DME domains. An example of this is fear related to child maltreatment. Fear of missing a safety issue contributes to the emphasis on a family’s past child welfare history on the part of caseworkers, which can alienate parents, increase distrust and make them less likely to share information with child protective staff. Fear also influences how child protective staff approach investigations, making it more likely that their work will be thorough, but also potentially making their decision-making more conservative. Fear – both of children being harmed, and of the public reaction to children being harmed – can also impact agency-level policy and practice, for example encouraging community members to call in reports even if they are not certain that a child is being maltreated.

The second way the DME factors were shown to influence each other was through the relationship between parents and caseworkers, who are at the center of the child maltreatment investigation process. As described in section 3.2.5, the interplay between parents and caseworkers is complex, multi-faceted and bi-directional. Caseworkers do not just collect information from parents, take it back to their office, and use it to inform their maltreatment-related decisions. The decisions that they make happen in the context of a
relationship they develop, and are thus also influenced by the trust they have for parents and that parents have for them, the extent to which they feel comfortable managing the dual (investigator-social worker) nature of their role, and parents’ management of information about the investigation process that is provided or withheld throughout the investigation.

This complexity reveals limitations to the DME framework, which has often been applied to quantitative research where multiple factors are included in statistical models in order to isolate the influence that each factor has on child welfare decision-making. The KIIs revealed that it is not only impossible to isolate factors given the natural interplay between them, but that doing so misses the fact that such interplay (in this case the relationship between parents and caseworkers) can influence the decision-making process on its own.

Although this research did not set out to focus on the substantiation process, from the KIIs it is clear that it is not possible to fully separate it from the maltreatment identification process. The KIIs showed that while identifying maltreatment and substantiating maltreatment are separate processes, their relationship is not necessarily sequential, with identification coming first and substantiation following. As described in section 3.2.2.1., child protective caseworkers are often thinking of whether they have enough evidence to substantiate a given type of maltreatment from the outset of their investigation; in some cases, they are looking even further ahead and thinking about whether they have enough evidence to prove an allegation of maltreatment in court, which has its own standard of proof. In both cases, if a caseworker does not feel that the evidence is there the maltreatment may not be officially named, which would involve identifying it as a type of maltreatment in the state’s administrative system of record that is then marked as either substantiated or unsubstantiated.
Further complicating things is the fact that, in some cases, different types of maltreatment seem to have different standards of ‘proof,’ which impacts whether they are even officially identified, and if they are identified whether they are substantiated. From the KIIIs it seems that this is most relevant for suspected sexual abuse and emotional abuse, as discussed earlier in section 3.2.3.1.

Based on these findings, I am proposing a modification to the DME framework that captures the specific dynamics that affect maltreatment-related decision-making. As shown in Figure 4.1, this modification shows that identification and substantiation are separate processes that influence each other, and that they exist within the larger context of an investigation process, all of which are impacted by factors from the four DME levels. This modification also shows that factors within each DME level are not isolated, but rather are interconnected, as indicated by the nested ovals on the left-hand side of the figure. Lastly, this modification shows that the relationship between parents and caseworkers, represented by the overlap between the ‘case factors’ and ‘decision-maker factors’ ovals, has its own influence on the maltreatment decision-making process. I have kept the ‘reverse’ arrows that show the iterative relationship between child welfare outcomes and contributing factors thicker than the other arrows in the figure to show the outsize influence that both real and potential negative outcomes such as child deaths have on all players in the system, as described by many of the KII participants. In this updated figure, the original elements of the DME are in blue, and the modifications are in red.
4.2. **Child maltreatment identification**

The modified DME provides a conceptual picture of how factors at various ecological levels impact the maltreatment decision-making process; details of how these factors play out are discussed below.

4.2.1. **Child and family factors**

As summarized in section 3.1.3., the multinomial logistic regression found statistically significant relationships among most of the child/family predictor variables and the type of substantiated maltreatment. Based the literature summarized earlier, most of these relationships were in the direction one would predict. In many cases the KII participants affirmed and/or provided context that served to further explain/understand the MLR findings, as described below.

4.2.1.1. **Child age**

For the most part, the MLR analyses showed that older children were more likely to be identified as having experienced maltreatment – physical abuse, sexual abuse and emotional maltreatment – that, as described by some KII participants, usually require one to verbalize what has happened to them; conversely, given younger children’s physical vulnerability and dependence on their caretakers, it is also not surprising that they would be more likely be determined to be neglected compared with the other three maltreatment types. While all of these relationships were statistically significant, the only ones I consider to be practically meaningful (due to the size of the odds ratios) are those involving sexual abuse, which are of larger magnitude and are all in the direction one would expect given the research showing adolescents’ increased risk for sexual abuse and the challenges with securing a credible
account of the abuse from the child, which as discussed during the KII is more likely to happen with older children. Because of the particular challenges related to substantiating sexual abuse (described in section 3.2.6.3), it is not possible to know if the associations found in the MLR analyses reflect true differences between maltreatment that younger and older children experience, or whether they are a function of what types of maltreatment are more or less apparent to potential reporters and the extent to which younger vs. older children are able to verbalize what they have experienced.

4.2.1.2. Child race/ethnicity

Comparing substantiated maltreatment experienced by black and non-black children, the MLR analyses’ largest effect sizes were among comparisons involving physical abuse. In the literature, most studies have found that corporal punishment is more common among African-American families compared with white (and other) families. Past research has also shown links between corporal punishment and externalizing behavior, particularly among boys. Given that most child protective reports come from schools, where misbehavior would be apparent and of concern given its disruption to the classroom setting, a factor that may contribute to the higher incidence of substantiated physical abuse among black children is that if corporal punishment – and by extension physical abuse – is in fact disproportionately experienced by black children, and that abuse results in behavior that brings those children to schools’ attention at greater rates than other children, maltreatment reports made by those schools could be more likely for suspected physical abuse.

Another possible contributor to the differences in substantiated maltreatment between black and non-black children involves the source of the child protective report. While most
maltreatment reports come from schools, past research has shown that hospitals identify more cases of physical abuse than other types of agencies, \(^{158}\) and that hospital staff are more likely to report suspected abuse experienced by black children compared with white children, even when controlling for the severity of the injury. \(^{158,159}\) This factors could lead to black children being disproportionately reported for physical abuse compared with non-black children.

Interestingly, although some of the KII participants described disparate treatment of families of color within the child welfare system more broadly, they did not identify black families as having higher levels of physical abuse compared with other types of maltreatment. However, the relatively small effect sizes could mean that such group differences may be hard to identify; alternatively, while these group differences exist on the national level, they could be smaller or non-existent in the jurisdictions where the KIIs took place. An additional possibility is that social desirability bias \(^{160}\) (in this case the desire to not appear to stereotype based on race, especially given concerns related to racial disproportionality expressed during the interviews) led the KII participants to subconsciously deny differences in child maltreatment they may observe among different racial groups.

4.2.1.3. Family poverty

As described earlier, there has been substantial research documenting the relationship between a family’s financial ability to meet a child’s materials need and that child’s experience of neglect. \(^{40,41,45,151,161}\) Given this, it is not surprising that the MLR analyses showed that children from poor families were more likely to have been identified as being neglected than physically abused, sexually abused and emotionally maltreated compared with children from higher-income families.
Regarding the differences between physical abuse, sexual abuse and emotional maltreatment, one notable finding from the MLR analyses is that sexual abuse is less likely to be identified than the other two types of maltreatment among children from poor families compared with their higher-income peers. This is consistent with the literature showing that there does not appear to be a link between sexual abuse and family poverty.\(^{41}\) However, it is also possible that the research around poverty and maltreatment, and the assumptions that follow from that research, make potential reporters more attuned to signs of sexual abuse than other types of maltreatment among higher-income children, compared with children from poorer families, and/or less attuned to signs of neglect among children from financially secure families compared with poor children.

As described above with regard to a child’s race, these differences could mark actual differences in maltreatment between poor and higher-income families, and/or be artifacts of differences in maltreatment reporting, which research has found can be influenced by a range of biases.\(^{56,57,162–165}\) In the KIIs, participants described how higher-income families had access to resources that could make neglectful behavior less of a pressing safety concern, for example because other family members or caretakers were available to supervise the child, and thus go unreported or (if reported and investigated) be unsubstantiated. Conversely, poor families typically have more interaction with public systems, which as noted by several KII participants can put them under increased observation and may make community members more likely to err on the side of caution and report behavior that would not meet the reporting threshold among higher-income families.
The KII participants also described how caseworkers’ experiences can be very different when interacting with lower- versus higher-income families. Higher-income families’ access to resources – particularly legal resources – can make intervention more challenging for child protective staff. Given this, child protective staff may be more willing or able to intervene with higher-income families in the face of maltreatment (like physical and sexual abuse) that is deemed to present an immediate safety risk than with ‘lower level’ concerns associated with neglect. Similarly, when interacting with lower-income families, child protective caseworkers may be more focused on how the family’s financial circumstances affects the child’s material needs, and less apt to probe around other safety concerns.

4.2.1.4. **Domestic violence**

The KIIs revealed that domestic violence may be the family risk factor that is managed with the most variation across different child welfare agencies, and at times among different staff within the same agency.

As discussed in section 1.2.4., past research has identified a high degree of overlap between domestic violence and child maltreatment; while most of this research has focused on the co-occurrence between domestic violence and physical abuse there have also been findings showing that domestic violence co-occurs with other maltreatment types. There is also newer research focusing on the extent to which exposure to domestic violence is considered a type of maltreatment in itself by child welfare agencies, even when it is not defined as such in state law.*

* Only two states’ (New Hampshire and West Virginia) laws define exposure to domestic violence as a type of child maltreatment. Washington’s law notes that exposure to domestic violence against someone other than the child does not constitute maltreatment in and of itself.
The MLR analyses showed that neglect and physical abuse are both more likely to be determined to have taken place than sexual abuse among families experiencing domestic violence compared with families without domestic violence. Additionally, emotional maltreatment was nearly six times more likely to be identified than neglect, over five times more likely to be identified than physical abuse, and 19 times more likely to be identified than sexual abuse, among families experiencing domestic violence compared with families without domestic violence.

Based on these data alone, there is no way to know whether these figures represent the co-occurrence of various maltreatment types and domestic violence, or whether they are a result of agency policies and/or individual practices that, as described in section 3.2.1.3, categorize children’s exposure to domestic violence as one or more types of maltreatment, depending on the child’s proximity and/or response to the DV incident. However, the KII data suggest that, at least in some cases, child welfare agencies and child protective staff consider exposure to domestic violence to be harmful to children in and of itself, and use formal and informal methods of categorizing it as such, despite the fact that such methods are not reflected in state law – and the MLR findings (and other research) suggest that this mostly happens by calling it emotional maltreatment. (Emotional maltreatment is explored in more depth below, in section 4.3.) The one type of maltreatment that does not appear to have this kind of a ‘proxy’ relationship with domestic violence is sexual abuse, which makes sense given the nature of, and evidence needed to substantiate, sexual abuse. While such formal and informal methods may help individual children who are adversely affected by domestic violence between their caretakers, the absence of domestic violence in most states’ maltreatment laws
leaves children living in violent households – and the parent who is the victim of the abuse – vulnerable. This issue, and recommendations to address it, are explored in more detail in section 4.5.2.

4.2.1.5. Substance abuse

Although the KII participants’ experience was that opioid use, in particular, did not seem to be associated with any one type of maltreatment, but rather affected families across demographic groups and maltreatment types, the MLR found that neglect is more likely to be identified than other types of maltreatment among families with a substance-using caretaker compared with families without substance abuse issues. This is consistent with the literature, which as described earlier has found that substance use can make parents less attuned to and/or less able to respond to their children’s needs. The MLR analyses also showed that physical abuse is more likely to be identified than sexual abuse or emotional maltreatment among families with a substance using caretaker compared with families without substance abuse issues, which is also consistent with literature showing that substance use can lower caretakers’ frustration tolerance and make them more likely to react to their children punitively. As noted earlier, these differences could mark actual differences in maltreatment among substance-abusing families, and/or be the result of the fact that neglect and physical are easier to substantiate than other types of maltreatment, as described by many KII participants.

The largest association between substance use and a maltreatment type was with the comparison between emotional maltreatment and sexual abuse, where the children with a substance-abusing caretaker were over twice as likely to be determined to have been
emotionally maltreated than sexually abused compared with families without substance abuse issues. The reason behind this finding is unclear, but it may be related to the fact that, based on the KII participants’ report and the available literature, sexual abuse functions somewhat differently than other types of maltreatment and is less likely to be related to other family risk factors that child welfare agencies typically address.\(^{168,169}\)

4.2.2. Child welfare system and state factors

For the most part, the multivariate analyses did not find statistically significant relationships between the child welfare system and state-level variables and the outcomes of interest. The two exceptions to this are discussed briefly below.

There were three instances where how a state runs its child welfare system (county-administered or state-administered) was significantly associated with type of substantiated maltreatment.\(^*\) However, the breadth of the confidence intervals associated with these comparisons indicate that these estimates are not reliable, which is not surprising given that only nine states have county-administered child welfare systems, and five of those states\(^†\) were excluded from the MLR analyses because of missing data (see section 3.1.4.1). For this reason, I do not have confidence in the precision of these estimates.

There was one instance in which the percentage of a state’s population living below the federal poverty level had a significant association with maltreatment: for each one-percentage point increase in the percentage of a state’s population living below the federal poverty level,

\(^*\) Children from states with a county-administered child welfare system were 6.1 times more likely to be determined to be sexually abused than neglected (95% CI 1.552–24.096), 86.4% less likely to be determined to be emotionally abused than physically abused (95% CI 0.02–0.913), and 92.8% less likely to be determined to be emotionally abused than sexually abused (95% CI 0.024–0.21), compared with children from states with a state-administered child welfare system.

\(^†\) CA, CO, NC, NY and VA.
children were nearly 33% more likely to be determined to have been emotionally maltreated rather than neglected. (There were no significant associations between the percentage of a state’s population living below the federal poverty level and other types of maltreatment.) This is a counter-intuitive finding given the association between neglect and poverty. It could indicate that the threshold for reporting and/or substantiating poverty-related neglect is higher in places where poverty is more common, perhaps due to a shift in individuals’ ‘tolerance’ for neglect, which was discussed by some of the KII participants (though in a different context). However, it’s not clear why emotional abuse would be more likely to be identified when state-level poverty is greater but other types of maltreatment are not.

Although most of the child welfare system and state-level factors included in the multivariate analyses did not have statistically significant associations with the type of substantiated maltreatment, that does not mean that how child welfare systems are organized and operated does not impact the process of identifying child maltreatment. Two factors that were not included in the multivariate models, but were identified during the key informant interviews, are discussed below. In particular, these factors provide important context for researchers and policy makers using national child maltreatment data for the purposes of improving the understanding of and services provided to maltreated children and their families.

4.2.2.1. Alternative response

Although the KIIIs focused on various aspects of the child protective investigation process, in several of the interviews participants described how their agency’s alternative response protocol has impacted both their interactions with families and the profile of those families who are subject to a child protective investigation. The NCANDS defines alternative
response (AR), also called differential response, as: “The provision of a response other than an investigation that determines if a child or family needs services. A determination of maltreatment is not made and a perpetrator is not determined.”¹ As its name suggests, alternative response provides an alternative to a traditional child protective investigation in those cases where the reported concern poses less risk to the child.¹,¹⁷⁰ States and jurisdictions that employ alternative response* develop criteria for identifying AR-appropriate cases when the child protective report is received; typically such criteria include allegations, such as educational neglect, that do not pose an imminent risk to safety. Families on the AR ‘track’ receive an assessment from a caseworker, rather than an investigation, and referrals to appropriate services, which are voluntary. If an AR assessment identifies more serious maltreatment, cases can be shifted to the traditional investigation track, but otherwise AR families are not obligated to participate in the assessment process and there is no family court involvement. While AR cases are still associated with an initial allegation of child maltreatment, because there is no investigation there is no disposition of the allegation – it would not be substantiated or unsubstantiated, but instead it would be marked as ‘AR’ in the system of record.†

The goal of alternative response is to provide lower-risk families with the support they need in a more family-centered, strength-based way. Proponents of alternative response assert that such an approach can be more effective with the majority of families who are reported for alleged child maltreatment, and prevent children from unnecessarily coming into

* As of 2015, 29 states had legislation authorizing alternative response protocols; in some of these states AR is used state-wide, and in other states its use varies on the local level.† AR cases were not included in this study’s quantitative analyses.
However, alternative response has also raised concerns that it prioritizes parents over children, and that it risks leaving children in unsafe situations without any parental accountability or agency oversight.\textsuperscript{8,9}

Several of the jurisdictions that participated in the KII s use AR. While those KII participants who spoke about AR generally appreciated having a different option for working with families, some did express concerns that the emphasis on engaging and empowering families could lead to safety concerns being overlooked:

\textit{I will say that again... since we have started alternative response, I mean it’s great in theory and I know that many people in our agency think that it is—their opinion is that it’s great because it’s reduced our numbers of kids in custody... but then where’s the line when ... you’ve got newer workers and there’s this whole new wave of mindset that we’re going to leave kids in the home?} (caseworker)

\textit{That’s where I differ with [our state’s child welfare agency] because they believe in alternative response that can go on for 10 years and 10 years is an awful long time in a child’s life to be living in a very hostile or harmful relationship...} (judge)

Additionally, when asked if they thought families experienced the AR process much differently than a traditional child protective investigation, many said no: if a caseworker from the child welfare agency shows up at your house, you are still going to be fearful. The distinction between an assessment and an investigation can be a nuanced one, and for most families fear, anxiety and power-related dynamics will still come into play regardless of the label or language the agency uses.

In jurisdictions that use alternative response, because most families whose allegation is limited to neglect will receive an AR assessment rather than a child protective investigation, it is likely that the families who remain in the investigation track will be those with more severe allegations of physical and sexual abuse. This could affect both the investigation process and
county- and state-level aggregate data that are often used by researchers, policy-makers and administrators to show ‘what happens to children.’ If AR is newly introduced into a given county or state, or is operationalized differently following changes in local policy or practice (as happened in several of the KII jurisdictions), maltreatment data for that county or state could change substantially from one time period to the next, likely resulting in a smaller proportion of substantiated maltreatment being neglect following the implementation of AR. Such a change could make it look like maltreated children’s experiences in the jurisdiction have shifted dramatically, while the data are actually reflecting changes in how families are investigated.

4.2.2.2. Screening process

Before a child protective investigation begins, the report of alleged maltreatment is received by a hotline staff member, who determines whether it meets the minimum standard needed to be ‘screened in,’ or accepted and referred for either an investigation or (if available) an AR response. Additionally, the hotline staff member is responsible for translating a narrative description of the alleged maltreatment given by the reporter into one or more maltreatment types as defined by the agency and the state. For those reports that are screened in, both the narrative description and the maltreatment type are forwarded to the child protective caseworker through the agency’s administrative system of record.

As described in section 3.2.2.1, child welfare agencies train their child protective caseworkers to look beyond the initial maltreatment report, and include a broader assessment of the family’s functioning and child’s risk as part of their investigation. However, according to the KII participants, any concerns beyond the initial maltreatment report that are identified during the investigation would only be officially captured in the system of record if they are
substantiated. For example, if an original report alleged physical abuse, based on the school identifying bruises on a student, the information initially entered into the system of record could look like this:

**Narrative:** Johnson Elementary School called in a report of alleged maltreatment of Tommy, an 8-year-old boy. School reports that Tommy had bruises on his arms that were sore to the touch. When asked about how he got the bruises, Tommy said that the night before his mother had hit him with a wooden spoon and called him a stupid idiot for dropping the dishes after dinner.

<table>
<thead>
<tr>
<th>Alleged Maltreatment</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this scenario, during the course of the investigation the caseworker determined that the bruises were a result of corporal punishment that, according to state law, did not rise to the level of physical abuse, so would therefore be classified as neglect. The caseworker was also concerned about the parent’s name-calling, which according to Tommy happens whenever his mother is mad about something he does, and tends to make him so anxious that he keeps “screwing up” both at home and at school, which just makes her more angry, but based on her investigation she didn’t feel that she had the evidence needed to substantiate it as emotional maltreatment. As such, the electronic system would be updated as follows:

<table>
<thead>
<tr>
<th>Alleged Maltreatment</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016 Children’s Bureau data shows that, on a national level, children with substantiated maltreatment had an average of 1.16 maltreatment types substantiated,\(^1\) which suggests that any additional concerns that are part of the initial report or identified during the course of the investigation are generally not substantiated. Based on this and the KII findings, it appears that
additional concerns identified during the investigation, such as emotional maltreatment in this scenario, are likely not captured at all in the system of record.

This demonstrates the importance of how the initial allegation is categorized by hotline staff members. To explore the extent to which this categorization influences maltreatment data on a local level, I ran county-level univariate analyses for the nine states that have county-administered child welfare systems. Of these nine states, five (California, Minnesota, North Carolina, North Dakota and Ohio) have county-run hotlines, and the remaining four (Colorado, New York, Pennsylvania and Virginia) have centralized, state-run hotlines. As shown in Figures 4.2-4.10, for the most part those states with county-administered hotlines have much more county-level variation in substantiated maltreatment that states with centralized hotlines; the exceptions to this are North Dakota and Virginia. Because North Dakota has few counties with enough cases to be listed separately in the NCANDS, it is hard to reach any conclusions from its county-level data. Although Virginia has a state-run hotline, through communication with state child welfare staff I learned that many counties run their own hotlines as well, and for referrals received from the state county-level staff have the ability to change the maltreatment type from the one assigned by state staff, making its system a hybrid one with decision-making ultimately sitting with local staff (Program Manager, Virginia Department of Social Services, email communication, July 1, 2019).

Together, these data suggest that hotline staffs’ decision-making is not neutral, but instead may be influenced by the same kinds of agency-level factors that influence child

* Because of how data are de-identified in NCANDS, counties with fewer than 1,000 cases are not listed separately in these tables, but their numbers are included in the state total.
protective caseworkers’ decision-making described earlier, and that those factors can result in different decisions across jurisdictions that are operating under the same law. These data also suggest that the categorization done by hotline staff plays a critical role in driving the remainder of the maltreatment-related decision-making.

4.3. Emotional maltreatment

As described earlier, while the largest associations found in the MLR analyses involved emotional maltreatment, EM is by far the least identified and substantiated type of maltreatment in all but a handful of states (see Figure 3.4), and in the KIIs emotional maltreatment was described as being at times challenging to identify and almost always difficult to prove. What explains these seemingly discrepant findings?

In most working definitions of emotional maltreatment (also called psychological maltreatment) found in the literature, there are acts of commission (typically called emotional abuse) and acts of omission (typically called emotional neglect). A clear example of this is found in the Adverse Childhood Experiences study, where emotional maltreatment was captured both with questions related to emotional abuse (e.g., having a parent insult you or make you feel afraid of being harmed) and questions related to emotional neglect (e.g., not having felt loved or supported by family members).

Others have identified more nuanced components of EM. The American Professional Society on the Abuse of Children (APSAC) has identified five components of psychological maltreatment: 1) spurning (e.g., belittling, degrading, rejecting), 2) exploiting/corrupting (e.g., modeling, permitting or encouraging antisocial or criminal behavior), 3) terrorizing (e.g., threatening, frightening), 4) emotional unresponsiveness (e.g., ignoring or lack of warmth or
affection), and 5) isolating (e.g., preventing interactions with others). The American Academy of Pediatrics has identified nine behaviors that are forms of emotional maltreatment, which expand on the APSAC definition: 1) spurning, 2) frightening or terrorizing, 3) corruption, 4) absence of emotional responsiveness, 5) rejection, 6) isolation, 7) unreliable or inconsistent parenting (e.g., having conflicting demands/expectations), 8) neglecting medical, mental health and/or educational needs, and 9) exposing a child to domestic violence. It is not surprising that other forms of child maltreatment appear on some of these lists, as there is consensus in the psychological field that emotional abuse is “an inherent embedded element in all other forms of abuse and neglect.”

Many states’ legal definitions of emotional maltreatment, however, do not align with these definitions. Table 4.1 lists all 50 states’ statutory language related to emotional maltreatment. Although in some cases the language is vague (for example, Oklahoma’s statutes only note that “harm or threatened harm to a child's health or safety’ includes, but is not limited to, mental injury,” and Missouri’s statutes state “the term 'abuse' includes emotional abuse inflicted on a child by those responsible for the child's care, custody, and control”73), in many instances states’ definitions are broader-reaching than the definitions used in the psychological literature, while other states simply define emotional maltreatment as the emotional impact that other types of maltreatment has on children, rather than a separate set of actions. Of note, among those states that identify EM more often, some have broad EM definitions and some are more specific, suggesting that there is not a clear association between the specificity of a state’s EM definition and how often it is substantiated. Interestingly, when emotional maltreatment was discussed during the KIIIs, they did not fully align with State A’s
and State B’s definitions; while those states have fairly broad definitions of emotional maltreatment that encompass a wide range of emotional responses to parents’ actions or inactions, most interview participants described EM as specific acts such as parents calling children names, threatening them, or singling them out for negative treatment, which are more closely aligned with the psychological field’s conceptualization of emotional maltreatment.

This helps to unpack a phenomenon that was identified during the KIIs. For each type of maltreatment, there are three functional versions of its definition, 1) the state’s legal definition, which is codified in law and/or case decisions, 2) the agency’s operationalization of the state’s legal definition, which is communicated through training and supervision, and 3) the understanding of maltreatment held by members of the public (see Figure 4.11). The relationships between these definitions are modulated by factors such as clarity of the state law, transparency in communications with people external to the child welfare system, and cultural norms related to parenting; in Figure 4.11 these factors are represented by inverse red arrows.

The KIIs revealed that in most cases there is the most overlap between the state and agency definitions, which is as it should be given that agency practice is intended to follow the state law. As shown in Figure 4.11a, the closer the overlap, the weaker the influence of outside factors that could serve to make distinctions between state and agency definitions. However, in the case of emotional maltreatment, it appears that child welfare agencies’ operationalization of such maltreatment may more closely aligned with external (in this case, psychological) definitions (see Figure 4.11b), including in those jurisdictions that treat exposure to domestic violence as emotional maltreatment. Although it is not possible to know for
certain based solely on the findings of this study, one can postulate that if emotional maltreatment followed the pattern of other types of child maltreatment (as in Figure 4.11a), it might be identified and substantiated more often by child welfare agencies.

This seemingly unique understanding and handling of emotional maltreatment by child welfare agencies matters. Research has shown that emotional maltreatment can have damaging long-term effects, including emotional dysregulation, alterations in the stress response system, maladaptive coping mechanisms, disordered eating, poor adult relationships, anxiety, depression and negative self-association, and psychosis. Studies have also shown that emotional maltreatment is very common, perhaps the most common type of child maltreatment; given this, researchers have advocated for child welfare systems to be more aware of and responsive to emotional maltreatment. Although not all emotional maltreatment will come to the attention of child welfare systems, addressing emotional neglect and abuse among child welfare-involved families should be a focus of child welfare interventions. However, reviews of evidence-based parenting programs have found that most do not specifically address emotional maltreatment. This will likely continue to be the case as long as child welfare data (inaccurately) show that emotional maltreatment is effectively a non-issue for child welfare-involved families, to the detriment of both children and parents known to the system.

4.4. Limitations

There are several important limitations to this research. As described in section 2.1.4.1, there was a large amount of missing NCANDS data, which in some cases resulted in entire states being excluded from the bivariate and multivariate analyses. Additionally, as shown in
Table 2.1, a significant proportion of cases from included states were dropped from the analyses because they were missing data for one or more of the predictor variables. Given this, the quantitative findings cannot be generalized to all 50 states and should be applied with caution to those states that are included but have large amounts of missing data. Additionally, there may be unmeasured factors within states that affect both whether a case has complete data and the type of maltreatment that is identified.

This limitation is particularly important to keep in mind when considering this study’s domestic violence-related findings. As shown in Table 2.1, domestic violence was the variable with the most missing data: 10 states were excluded entirely, either because they were missing all DV data or because they had <1% valid responses for the DV variable, and an additional 18 states had between 13% and 95% of cases with missing DV data. Given this, the discussion regarding how states appear to use (other) maltreatment types as proxies for DV should be considered with this limitation in mind.

Another limitation relates to the likelihood that a given type of maltreatment will be substantiated. In general, only a small subset of maltreatment allegations are substantiated as the result of a child protective investigation. The percentage of allegations that are substantiated differ by maltreatment type, however: in 2016, across the country 12.9% of all incidents of alleged neglect were substantiated, compared with 5.5% of all incidents of alleged physical abuse, 2.6% of all incidents of alleged sexual abuse, and only 1.7% of all incidents of alleged emotional maltreatment. Further, these percentages differ substantially state-to-state. I attempted to control for these different proportions in the multivariate analyses by creating four variables that captured the percentage of allegations that are substantiated for each
treatment type, by state. However when these variables were added to the model, the positivity assumption – which requires that any individual has a positive (i.e., greater than zero) probability of receiving all values (e.g., yes or no) of a given variable (e.g., substantiated emotional maltreatment)\textsuperscript{190} – was violated. This happened because in two states (Idaho and Indiana) no alleged emotional maltreatment was substantiated, making the probably of having substantiated emotional maltreatment in those states zero. Given this, I was unable to generate model estimates controlling for the percentage of alleged maltreatment that was substantiated, by state and maltreatment type.

As noted earlier, this study only examined those types of maltreatment that are common to all states (neglect, physical abuse, sexual abuse and emotional maltreatment), so its findings cannot be applied to other types of maltreatment. An additional limitation is the fact that I did not control for the differences in how maltreatment is defined across states in the quantitative analyses, which as the KIIIs revealed can be significant. Doing so would have involved reviewing all states’ maltreatment definitions, categorizing them quantitatively (for example by level of narrowness vs. breadth), and including those variables in my multivariate models. However, as revealed in the KIIIs, simply relying on state regulations, which are often written in vague language, for such categorization would not have captured differences in how state definitions are operationalized on the local level; instead, doing so would have required additional qualitative research that was outside the scope of this study. Importantly, although this limitation applies to \textit{all analyses involving NCANDS data}, it has largely gone unmentioned in the child maltreatment literature.
It is also possible that there are other child welfare system-level or state-level factors (e.g., proximity of child protective services, child protective caseworkers’ caseloads, availability of substance abuse treatment services, criminal justice initiatives regarding domestic violence, etc.) that were not included in this study but do influence the identification and categorization of child maltreatment. Additionally, it is possible that some of the state-level variables that were included in the analyses (e.g., percentage of the population below the FPL) are in fact associated with different types of child maltreatment, but that because of states’ heterogeneity, county-level or even census tract-level analyses would have been required to see the association. Lastly, the NIS-4 showed that under 50 percent of maltreatment suspected by community professionals is reported to child welfare authorities, and it is possible that there are family-level, child welfare system-level and/or state-level factors (such as race, as summarized in section 2.2.3) that influence which children and families are the subject of child maltreatment reports, which could by extension affect the investigation process.

The qualitative arm of this study sought to generate findings that are transferrable, that is both credible and applicable to other members of the environment and/or population that were involved in the study. Based on the limited number of stakeholders in each category interviewed in each jurisdiction I was not able to achieve saturation, and it is possible that interviews with more people in each jurisdiction would have led to additional and/or contradictory findings. Given the frequent public criticism of child welfare systems, and the confidential nature of child welfare work, agency staff are often unable or reluctant to share information about their internal processes; in fact, as described in section 2.2.3.1, during the outreach process there were several jurisdictions that either declined to participate in the study.
entirely, or required lengthy approval processes and the repeated assurance of anonymity in order to do so. It is possible that those agencies and individuals who agreed to participate in this study differ in important ways from those agencies and individuals who did not agree to participate. However, reflecting on my experience of the KIIIs, I believe that my background as a child welfare professional,* and accompanying knowledge about and expressed interest in supporting the system’s work, fostered trust and created psychological safety for the KII participants, resulting in open and candid conversations about the reality of child welfare practice.

Additionally, doing interviews in only two states did not allow for the exploration of some patterns that were identified in the quantitative analyses; for example, in the several states that identify EM at a higher rate, there may be policy or practice issues that would have supported, expanded or altered this study’s findings. However, given that the KIIIs were conducted with a broad group of stakeholders in four different jurisdictions, and that responses were consistent across stakeholder groups and jurisdictions, I nevertheless have confidence in the transferability of these findings.

A broader goal of this study was not simply to describe the nuances of child protective practice in two states, but (when considered with the results of the quantitative analyses) prompt policy-makers and child welfare administrators across the country to examine their own states’ maltreatment-related decision-making processes. Despite the limitations described above, the strength of this study’s process and findings should compel such reflection and action, as described in the section below.

* I have worked in various roles for, or in partnership with, child welfare agencies for 20 years.
4.5. Recommendations

Accurately understanding what has happened to children whose alleged maltreatment has been reported to the child welfare system is a concern for child welfare administrators, policy makers and researchers. This section reviews issues that, based on the findings of this research, are relevant to each of these stakeholder groups.

4.5.1. Child welfare administrators

Child welfare agencies are entrusted with the responsibility of keeping children safe; doing so effectively depends on having accurate information about children’s and families’ experiences and needs. Although child maltreatment is defined at the state level, this study demonstrates that it is operationalized at the local level, including (in those states with county-run child abuse hotlines) by hotline staff. This creates opportunities within child welfare agencies for ensuring that accurate and complete data are entered into administrative systems, and within communities for ensuring that families and the broader public understand what actions constitute child maltreatment. Decision-making that is inconsistent, coercive or lacks transparency can erode trust with families and communities, and in some cases leave children in harm’s way. Recommendations related to these issues are discussed in more detail below.

During most of the KIIIs, data showing the variation in child maltreatment nationally and/or locally was shared and discussed with the participants. While most participants were surprised at the degree of variation, several asserted that it did not affect child welfare staff’s work with individual families, as once a family is involved with the system, regardless of the initial reason, there is an opportunity to conduct further assessment and provide needed intervention. This belief may help explain why most children have only one maltreatment type.
substantiated, as from staff’s perspective there is little incentive for or benefit to identifying additional types at the investigation stage. KII participants acknowledged, however, that in the aggregate the data do matter, as they identify priorities for policy makers and drive system-level decisions around funding, programming and research. As one stakeholder put it, “[inadequate data] makes it hard to see what the solutions are that relate to the problems, because if you can’t see the problems, you can’t see the solutions.”

Accurate data are also important because many child welfare systems are using ‘predictive analytics’ to inform their safety assessment process. Predictive analytics have been defined as “analysis that uses data, statistics, and algorithms to answer the question ‘Given past behavior, what is likely to happen in the future?’” In child welfare, predictive analytics help caseworkers and agencies to assess risk and better target interventions based on a family’s known characteristics. Although data-informed decision-making may be preferable to that based solely on personal experience or an amorphous idea of ‘best practice’ (both of which can vary among individuals), it will only be effective if the data themselves are complete, accurate and free of bias. Given this, child welfare agencies should have processes in place to ensure that all suspected and substantiated maltreatment is captured in their systems of record.

In the KIIs, child welfare administrators also described advantages in keeping maltreatment definitions broad and/or vague. As elaborated upon in section 4.5.2, vague definitions of maltreatment provide discretion on the local level; in addition, administrators and other stakeholders expressed concerns that being more specific about what is and isn’t child maltreatment could serve to depress reports of suspected maltreatment: “There isn’t a lot of
clear definition given to let people know why they’re calling the number, and that’s so as not to discourage the general populace from reaching out when they believe that a child’s in harm’s way.” (judge) However, the lack of transparency around what constitutes maltreatment comes at a cost. Without public education – for both parents and potential reporters of maltreatment – the distrust that exists between the child welfare system and communities whose members are disproportionately involved in the system will continue:

[Child welfare administrators] don’t respect people enough to think that if they told them something they would make a good choice, right? They just don’t think that it would be effective to go into communities and hold forums to say, “[In] this community 30 percent of families were investigated last year or over the last five years. That’s freaking crazy. So, what we really want to do is make sure people in this community absolutely know what is legally permissible and what is not and what can get you in trouble, what our calls are about... We want you to have the knowledge to not do those things and if you can’t stop doing them on your own, know where you can go get help where nothing will happen to you,” but they don’t do any of that stuff. I truly believe that they see that they basically, see poor families, and families of color, as unrepentant smokers. They’re like, “Oh, they should know.” It’s like, well, why should they know? (stakeholder)

While it is of course impossible to predict and categorize every action that may or may not constitute maltreatment, proactive outreach and clearer guidance from child welfare agencies could both serve to protect children, reduce potential bias among those reporting suspected maltreatment, and assure members of the community that the law is being appropriately and fairly applied.

Another factor that affects trust between child welfare agencies and community members is parents’ experiences of child protective investigations. Although this research did not identify variations in parents’ experiences by the type of alleged maltreatment, it did demonstrate that many parents do not feel that they have a true voice in the investigation process, despite agencies’ efforts to provide them with one. Parents’ fear associated with
losing their children can make their full participation in child welfare processes such as interviews, case conferences, court hearings, etc. challenging, if not psychologically impossible. In fact, even when child welfare staff spoke about the importance of engaging and empowering parents during the KIIs, that often came with an implicit or explicit reminder of the agency’s power over them.

In order to obtain accurate information about what has happened to children, and to intervene in families’ lives when – and only when – it is needed, it is critical that child welfare agencies reflect on their practices with parents and the role coercion plays in identifying maltreatment specifically, and the investigation process more broadly. Child welfare staff training should address how to minimize practices that make parents feel powerless and exacerbate past traumas that research has shown are common among child welfare-involved parents and contribute to child safety concerns. Additionally, child welfare agencies should recognize how much the parent-caseworker relationship impacts the maltreatment decision-making process and take measures, including providing supervision that explicitly explores caseworkers’ emotional reactions to parents specifically and the work more broadly, to minimize bias. Lastly, child welfare agencies should create opportunities to hear from parents directly on a routine basis – though mechanisms such as having parent advocates as members of their staff, incorporating speakers’ bureaus into training efforts, and supporting advisory councils – to ensure that their efforts to empower and partner with parents are having the intended effect.

This research also identified the important role that child protective hotline staff have in the maltreatment identification process. Given that hotline staff’s decision-making may be
influenced by the same kinds of agency-level factors that influence child protective
caseworkers’ decision-making, efforts to improve consistency and accuracy in decision-making
across child welfare staff should include both child protection caseworkers and hotline staff. In
those states with county-administered hotlines, child welfare administrators should examine
the level of variation across counties, examine local factors that may be driving that variation,
and better align hotline decision-making with state law.

Lastly, especially given existing concerns about the disproportionate representation of
certain racial and ethnic groups, and poor families, within the child welfare system, child
welfare agencies should track maltreatment determinations across subpopulations to ensure
that decisions are being made consistently, and share those data with the public. The
combination of more accurate data regarding maltreatment, and family characteristics and risk
factors such as race/ethnicity, alcohol and drug abuse, experiencing domestic violence, being
unemployed and having insecure (or no) housing, would provide child welfare agencies with
critical information about the families that are coming into contact with the system, and help
them and the larger social service system to respond to families’ needs in a more proactive
way, ideally reducing maltreatment and preventing child welfare system involvement whenever
possible.

4.5.2. Policy makers

While much of child maltreatment-related decision-making is influenced by agency
practice, this study demonstrates that state and federal policy makers, and other child welfare
organizations, have an important role to play in making it more accurate and consistent.
Current data are incomplete for various reasons, which may be addressed through improved
mapping of data between state and federal administrative systems and/or data entry practices on the local level. Additionally, state definitions of maltreatment vary considerably, do not capture all parental actions that may harm children, and in many cases are mis-aligned with public understanding of what constitutes different types of maltreatment. This affects policy and programmatic decision-making and creates the risk that children’s and families’ true needs are not addressed. Recommendations related to these issues are discussed in more detail below.

One of the challenges with this research was managing the degree of missing data, particularly among the child/family variables that appear to have meaningful relationships with different types of child maltreatment. It was not possible to discern how much of this issue can be attributed to the NCANDS data mapping process (meaning the relevant data exist in states’ systems of record but are not successfully transferred over to NCANDS), but this is important to examine in the event that it could be remediated. For those variables with large amounts of missing data, or data that appeared to be invalid – such as with domestic violence, as described earlier – there is an opportunity for states to examine their internal processes and better ensure that these critical family characteristics are both consistently and accurately captured in their own administrative systems, and transferred over to the NCANDS during the data mapping process so that they are reflected in national data. The National Data Archive on Child Abuse and Neglect, which houses the NCANDS, should also review the mapping processes from its side to determine if there are opportunities to increase the amount of valid data in the data set, particularly for those variables with large amounts of missing data.
An important finding of this research is the extent to which local maltreatment decision-making practice can vary, even within states. Part of the reason for this is vagueness in state definitions of maltreatment. In one of the KIIs, a child welfare administrator described this vagueness as intentional, as it provides local administrators with a large amount of discretion in how they administer their child protective systems. This administrator described this in political terms, with political leanings across different areas of the state influencing the extent to which child welfare agencies were comfortable “interfering” in parenting practices. While such an approach may meet the needs of child welfare administrators and local politicians, in doing so does it do a disservice to children and families, and the broader community that is invested in children’s safety?

On one hand, an argument can be made that having flexibility at the local level is appropriate, especially as it allows for the consideration of families’ and communities’ cultural norms. Local political officials are presumably much closer to, and much more familiar with, the customs and needs of their constituents, and can adjust their practices to take those needs into account. Small and/or marginalized communities (e.g., immigrants, religious groups) may be more receptive to child welfare intervention if they feel that their cultural practices are being respected. However, this level of variation also comes at a cost. Perhaps most importantly, it means that the help provided to – or withheld from – maltreated children is dependent on where they live and who their family is, which is at odds with the concept of equal protection under the law.

Broad and vague state laws also lead to parents and other community members being unclear about what behavior is considered harmful to children, thus, allowing for both the
occurrence of unreported maltreatment as well as the reporting of parents who are not maltreating their children. Additionally, this lack of clarity makes it likely that maltreatment will be repeated, even within those families who have contact with the system, as according to the KII participants many parents leave the system still unsure about what behavior is and is not permissible under state law. Broad and vague state laws may also give more discretion to individual decision-makers and therefore increase the level of variation in practice at the supervisor and caseworker levels.

Based on this research, another source of variation in practice appears to be the threshold for substantiating different types of maltreatment. Some types (e.g., physical abuse) follow a ‘things you can see’ standard, while others (e.g., sexual abuse, emotional maltreatment) are thought to require additional corroboration that may be difficult to obtain. Although different types of maltreatment of course function differently, these varying standards may serve to obscure the true experiences of children in the system.

These inconsistencies are ultimately experienced by multiple people and entities connected to the child welfare system: the children and families involved in investigations and the court processes and services that sometimes follow; providers and service systems that interact with the child welfare system, sometimes in the role of reporting suspected maltreatment; political leaders who are responsible for funding and overseeing the child welfare system; and the broader public, which relies on the child welfare system to protect the community’s children. Inconsistent practice, and a lack of transparency around what constitutes maltreatment, ultimately undermines all of these stakeholders’ confidence in the
child protection system, creating doubt as to whether it is applying the law fairly to all children and families.

Clearer definitions of maltreatment in state law could allow for easier operationalization on the agency level and thereby reduce inconsistency in practice; however, simply adjusting legal definitions could still leave a gap between the ‘professional’ (state and agency) and ‘public’ (external) understanding of child maltreatment. Figure 4.11 shows the alignment, or lack thereof, between state law, agency practice and external understanding of child maltreatment. These gaps have been identified by other researchers regarding neglect, but based on the findings of this research they clearly apply to all types of child maltreatment. Given this, in addition to making legal definitions of child maltreatment clearer and easier to operationalize, policy makers should align state law with public understanding of child maltreatment when appropriate, and educate the public about what actions constitute maltreatment in conjunction with child welfare administrators. (This may be most effectively done in partnership with local and national advocacy organizations, as described later in this section.) This is important for parents, service providers and community members, who may not be aware of what actions are considered to be maltreatment under the law, why (based on the available research) they are believed to be harmful, and alternative parenting strategies that (in the case of discipline that is physically and/or emotionally abusive) may be more effective. Such actions would more closely align state, agency and external definitions of maltreatment, as shown in Figure 4.11c.

Based on the findings of this research, this re-alignment may be most needed in the area of emotional maltreatment. As previously discussed, EM appears to have the largest gaps
between its state, agency and external definitions, and in most states an extremely small number of child protective investigations result in substantiated EM, despite research showing that it is fairly common among the general public,\textsuperscript{183–186} often co-occurs with most other types of child maltreatment,\textsuperscript{166} and has both short- and long-term effects on child and adult well-being.\textsuperscript{176–182} As noted earlier, most evidence-based parenting programs do not address EM, likely because child welfare data does not show that such a focus is needed among maltreating parents – a clear circular quandary. Clearer state definitions of emotional maltreatment that are better aligned with clinical definitions of EM could ensure that more emotionally maltreated children are identified and that they and their parents receive the support and intervention they need.

Another maltreatment type that merits policy makers’ attention is neglect. There is a public perception that neglect is a proxy for poverty, and both advocates and senior child welfare administrators have raised concerns that child welfare interventions are inappropriate and punitive responses to such poverty.\textsuperscript{203–207} While many forms of maltreatment can be exacerbated by poverty,\textsuperscript{208,209} this study shows that a family’s income can be associated with a family’s child welfare system involvement \emph{regardless} of what maltreatment has actually taken place, thereby creating an appearance of a poverty-maltreatment link that may not be completely accurate. Given this, statements about neglect being a proxy for poverty – and accompanying policy and practice recommendations – should be made with caution.

This study also shows that in some states, definitions of neglect include an almost endlessly broad range of actions, from leaving a young child alone, to excessive corporal punishment, to exposure to domestic violence, to sexual touching, to having a child born with a
positive toxicology test. If “neglect,” or even narrower terms such as “inadequate guardianship,” can mean one or more of any of these things, are these terms meaningful? Do they provide helpful information about why families are coming into contact with the child welfare system, and what interventions could address their issues and keep their children safe? Families, the system and the broader public would be better served by having more specific information about what forms of maltreatment children have experienced.

Another area in need of attention from policy makers is domestic violence. Child welfare agencies have long struggled with how to best protect children in families where there is DV, and in many cases have both blamed DV victims (usually mothers) for the impact of such violence on their children, usually by alleging some version of ‘failure to protect,’ while leaving them without protection from their aggressors.\textsuperscript{210} While there are legitimate concerns that classifying DV as child maltreatment could further victimize its victims,\textsuperscript{211} the lack of clarity in most states’ laws regarding how child welfare agencies should consider or respond to domestic violence is problematic.

As described earlier, many child welfare agencies and child protective caseworkers nevertheless appear to be classifying DV as child maltreatment, just by calling it different names. The current state of affairs makes it impossible to know whether domestic violence co-occurs with various maltreatment types, and/or whether the apparent co-occurrence is a result of agency policies that categorize children’s exposure to domestic violence as one or more types of maltreatment, and this knowledge gap makes it difficult to respond effectively, either on the individual or system levels. Additionally, this study and other research suggest that in the absence of state-level clarity, child welfare agencies, and individuals within those agencies,
make their own (inconsistent) decisions about how to best capture the impact of DV on children, which results in unreliable data.

Although this study focused on how child maltreatment is defined and understood by child welfare professionals, the dynamics of domestic violence speak to the need for child welfare agencies to address child maltreatment in the context of family well-being. Due to lawsuits and changing standards in the field, some child welfare agencies are increasingly viewing domestic violence-related child protective reports as ones that require a more family-focused approach. More consistency in how DV is identified and categorized by child protective staff, and reflected in child maltreatment data, would help child welfare agencies better serve both children and parents at risk of violence.

While these recommendations are targeted toward policy makers, who are responsible for making and interpreting state child maltreatment law, there is also an important role for those entities who influence child welfare policy and practice. National organizations such as Child Welfare League of America, Chapin Hall, the Annie E. Casey Foundation, Casey Family Programs and the National Children’s Alliance conduct and disseminate research, develop practice standards, and advocate for policy and practice change both within and outside of the child welfare system. Given their influence in the field, such organizations can play an important role in advancing the identification of child maltreatment as both a policy and programmatic issue, encourage efforts to make child maltreatment definitions more consistent within and across states, and ensure that phenomena such as domestic violence and emotional maltreatment are being identified and responded to effectively by child welfare systems. These organizations can also help to promote a research agenda that ensures that
those who use national child welfare data are informed about its limitations, and builds a knowledge base around the child maltreatment identification process and the factors that impact it, as described below.

4.5.3. **Researchers**

Child welfare policy makers and administrators depend on research to guide their prioritization and decision-making around child maltreatment. This study demonstrates that maltreatment-related decision-making is not a neutral process, but rather is impacted by a range of factors that merit further study. Given the variation in child maltreatment definitions across states, research in this area should identify ways to account for such variation, and further explore how neglect, emotional maltreatment and domestic violence are managed by child welfare agencies, including through the use of qualitative methods, which can identify and explore dynamics that are difficult to study quantitatively. Looking at data longitudinally and within states can also help to identify additional factors that influence maltreatment-related data and decision-making. Recommendations related to these issues are discussed in more detail below.

As described earlier in section 2, there has been a substantial amount of research documenting the lack of consistency in different types of child welfare decision-making, and the impact of numerous factors on different points in the decision-making process. This dissertation research demonstrates that the same level of scrutiny should be paid to the first decision, regarding what type of maltreatment children have experienced, that are made when families become known to the system.
Most broadly, this mixed-methods study demonstrates that child maltreatment is neither defined nor handled in a uniform way across the country, or even within states. Given this, research involving national child maltreatment data should account for – or at minimum acknowledge – the large differences in how states define different types of maltreatment, and how those differences impact the conclusions one can draw from national data. In particular, given the large proportion of substantiated maltreatment that is determined to be neglect on the national level, child welfare research should make it clear that such neglect can include actions, such as excessive corporal punishment and sexual touching, that typically fall outside of the layperson’s conceptualization of neglect.

Based on the univariate analyses (see Figure 3.1), it appears that the national neglect statistics are being driven by several large states that have high proportions of substantiated neglect. In one of the KII states, the large proportion of substantiated maltreatment that is determined to be neglect seems to be caused by the breadth of the state’s definition of neglect. As the scope of this study did not allow exploration of why substantiated neglect is so common in other states with high neglect numbers, given the interest in neglect on the national level\textsuperscript{200} this is an important area for future research.

While this research has identified several important factors that influence the maltreatment identification and substantiation process, and the relationships between some of these factors, additional research – particularly qualitative research, which as demonstrated by this study help explain both patterns and contradictions one sees in NCANDS data – is needed to more fully understand how these and additional individual, agency and system factors play out in the context of local child welfare decision-making. As demonstrated in this study,
isolating different factors’ influence through quantitative methods can obscure the impact that
the interplay between factors can have on decision-making processes, making frameworks such
as the DME limited in their ability to capture the complexity of child welfare decision-making.
Qualitative methods would also be particularly helpful in better understanding how child
welfare agencies identify and respond to domestic violence and emotional maltreatment,
particularly in those states where high rates of one or both cannot be explained by language
unique to their states’ laws.

This study used just one year of NCANDS data, but using multiple years of data would
allow one to better understand how a family’s past child welfare involvement affects decision-
making during subsequent child protective investigations, which seems particularly important
given the emphasis on family history in the KIIs. Longitudinal approaches would also allow one
to see how policy changes such as introducing alternative response (AR) protocols affect
changes in maltreatment data over time.

Given the differences in maltreatment definitions, and the availability of data on
children and families who are subjects of child protective investigations, it would likely be
fruitful to focus such research efforts within states, where legal definitions can be held constant
and state systems of record would have more comprehensive data on child and family
characteristics. Conducting research within states would also allow for the examination of
population factors (such as the percentage of the population that is below the FPL) that may in
fact influence child maltreatment identification but would only be identified using smaller units
of analysis (e.g., counties or census tracts).
The impact of AR protocols on the investigation process, and resulting data, was discussed earlier in this section. Given how a state’s use of AR from one time period to another can shift its maltreatment data, making it look like maltreatment patterns have changed when children’s experiences have remained consistent, AR protocols are an important factor for researchers using NCANDS data to acknowledge and explain to their audience, and when possible control for in their quantitative models.

This research also showed that like maltreatment decision-making, the hotline screening process is not neutral, but rather that the decisions made by hotline staff drive much of the subsequent decision-making, and are likely influenced by some of the same factors that affect child protective caseworkers. The screening process appears to be a practice area that has been overlooked in child welfare research, and could benefit from much more attention. In some jurisdictions, hotline staff also make decisions about which reports receive an alternative response, which does not seem to have been examined in AR-focused research.

Lastly, this and other research has showed that actual emotional maltreatment is likely more common than suggested by available child welfare data, which has led to a dearth of interventions for child welfare-involved parents that address EM. The field could greatly benefit from more information about what emotional maltreatment looks like in the context of other types of child maltreatment, what factors support increased identification and substantiation of emotional maltreatment, and knowledge about what types of interventions are effective in both supporting children who have been emotionally maltreated and helping parents change emotionally maltreating parenting practices.
Table 4.1: State definitions of emotional maltreatment

<table>
<thead>
<tr>
<th>State</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>'Mental injury' means a serious injury to the child as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner and the existence of that impairment is supported by the opinion of a qualified expert witness.</td>
</tr>
<tr>
<td>AL</td>
<td>The term 'abuse' includes nonaccidental mental injury.</td>
</tr>
<tr>
<td>AR</td>
<td>The term 'abuse' includes acts or omissions that result in injury to a child's intellectual, emotional, or psychological development, as evidenced by observable and substantial impairment of the child's ability to function within the child's normal range of performance and behavior.</td>
</tr>
</tbody>
</table>
| AZ    | The term 'abuse' includes inflicting or allowing another person to cause serious emotional damage to a child, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior, and such emotional damage is diagnosed by a medical doctor or psychologist, and the damage has been caused by the acts or omissions of an individual having care, custody, and control of a child. 'Serious emotional injury' means an injury that is diagnosed by a medical doctor or a psychologist and that does any one or a combination of the following:  
  • Seriously impairs mental faculties;  
  • Causes serious anxiety, depression, withdrawal, or social dysfunction behavior to the extent that the child suffers dysfunction that requires treatment;  
  • Is the result of sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, child prostitution, commercial sexual exploitation of a minor, sexual exploitation of a minor, or incest. |
<p>| CA    | A child is considered dependent if he or she is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others; as a result of the conduct of the parent or guardian; or who has no parent or guardian capable of providing appropriate care. No child shall be found to be a dependent person if the willful failure of the parent or guardian to provide adequate mental health treatment is based on a sincerely held religious belief and if a less intrusive judicial intervention is available. |
| CO    | The terms 'abuse' or 'child abuse or neglect' include any case in which a child is subjected to emotional abuse. 'Emotional abuse' means an identifiable and substantial impairment or a substantial risk of impairment of the child's intellectual or psychological functioning or development. |
| CT    | The term 'abuse' includes emotional maltreatment. |
| DE    | The term 'abuse' includes emotional abuse. 'Emotional abuse' means threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks, or cursing. |
| FL    | 'Mental injury' means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior. |
| GA    | This issue is not addressed in the statutes reviewed. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>HI</td>
<td>The term 'child abuse or neglect' includes acts or omissions that have resulted in injury to the psychological capacity of a child as is evidenced by an observable and substantial impairment in the child's ability to function.</td>
</tr>
<tr>
<td>ID</td>
<td>'Mental injury' means a substantial impairment in the intellectual or psychological ability of a child to function within a normal range of performance and/or behavior, for short or long terms.</td>
</tr>
<tr>
<td>IL</td>
<td>The term 'abused child' includes impairment or substantial risk of impairment to the child's emotional health.</td>
</tr>
<tr>
<td>IN</td>
<td>A child is a 'child in need of services' if the child's mental health is seriously endangered by an act or omission of the child's parent, guardian, or custodian.</td>
</tr>
<tr>
<td>IO</td>
<td>The terms 'child abuse' or 'abuse' include any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional.</td>
</tr>
<tr>
<td>KS</td>
<td>The term 'physical, mental, or emotional abuse' includes the infliction of physical, mental, or emotional harm or the causing of a deterioration of a child and may include, but is not limited to, maltreatment or exploiting a child to the extent that the child's health or emotional well-being is endangered. 'Harm' means physical or psychological injury or damage.</td>
</tr>
<tr>
<td>KY</td>
<td>'Emotional injury' means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment, as testified to by a qualified mental health professional.</td>
</tr>
<tr>
<td>LA</td>
<td>The term 'abuse' includes any act that seriously endangers the mental or emotional health of the child or inflicts mental injury.</td>
</tr>
<tr>
<td>MA</td>
<td>'Emotional injury' means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.</td>
</tr>
<tr>
<td>MD</td>
<td>'Mental injury' means the observable, identifiable, and substantial impairment of a child's mental or psychological ability to function.</td>
</tr>
<tr>
<td>ME</td>
<td>The term 'abuse or neglect' includes a threat to a child's health or welfare by mental or emotional injury or impairment by a person responsible for the child. 'Serious harm' includes serious mental or emotional injury or impairment that now or in the future is likely to be evidenced by serious mental, behavioral, or personality disorder, including severe anxiety, depression, withdrawal, untoward aggressive behavior, seriously delayed development, or similar serious dysfunctional behavior.</td>
</tr>
<tr>
<td>MI</td>
<td>The term 'child abuse' includes mental injury.</td>
</tr>
<tr>
<td>MN</td>
<td>'Emotional maltreatment' means the consistent, deliberate infliction of mental harm on a child by a person responsible for the child's care that has an observable, sustained, and adverse effect on the child's physical, mental, or emotional development. 'Mental injury' means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture. 'Neglect' includes emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child that may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.</td>
</tr>
<tr>
<td>MO</td>
<td>The term 'abuse' includes emotional abuse inflicted on a child by those responsible for the child's care, custody, and control.</td>
</tr>
<tr>
<td>MS</td>
<td>The term 'abused child' includes emotional abuse or mental injury.</td>
</tr>
<tr>
<td>MT</td>
<td>'Psychological abuse or neglect' means severe maltreatment through acts or omissions that are injurious to the child's emotional, intellectual, or psychological capacity to function, including acts of violence against another person residing in the child's home. 'Physical or psychological harm to a child' means the harm that occurs whenever a parent or other person responsible for a child's welfare induces or attempts to induce the child to give untrue testimony that the child or another child was abused or neglected by a parent or other person responsible for the child's welfare.</td>
</tr>
<tr>
<td>NC</td>
<td>The term 'abused juvenile' includes any child younger than age 18 whose parent, guardian, custodian, or caregiver creates or allows to be created serious emotional damage to the child. Serious emotional damage is evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others.</td>
</tr>
<tr>
<td>ND</td>
<td>A child is an 'abused child' when the person responsible for the child's welfare inflicts or allows to be inflicted upon the child a mental injury.</td>
</tr>
<tr>
<td>NE</td>
<td>The term 'child abuse or neglect' includes knowingly, intentionally, or negligently causing or permitting a minor child to be placed in a situation that endangers his or her mental health.</td>
</tr>
<tr>
<td>NH</td>
<td>The term 'abused child' includes any child who has been psychologically injured so that the child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect.</td>
</tr>
</tbody>
</table>
| NJ | The terms 'abused child' or 'abused or neglected child' include a child under age 18 who is in an institution and:  
  - Has been placed there inappropriately for a continued period of time with the knowledge that the placement has resulted or may continue to result in harm to the child's mental or physical well-being;  
  - Who has been willfully isolated from ordinary social contact under circumstances that indicate emotional or social deprivation. |
<p>| NM | The term 'abused child' includes a child who has suffered emotional or psychological abuse inflicted or caused by the child's parent, guardian, or custodian. |
| NV | 'Mental injury' means an injury to the intellectual or psychological capacity or the emotional condition of a child as evidenced by an observable and substantial impairment of his or her ability to function within his or her normal range of performance or behavior. |
| NY | 'Impairment of emotional health' and 'impairment of mental or emotional condition' includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggressive or self-destructive impulses, ability to think and reason, acting out, or misbehavior, including incorrigibility, ungovernability, or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent to exercise a minimum degree of care toward the child. |
| OH | 'Mental injury' means any behavioral, cognitive, emotional, or mental disorder in a child caused by an act or omission that is described in § 2919.22 and is committed by a parent or other person who is responsible for the child's care. |
| OK | 'Harm or threatened harm to a child's health or safety' includes, but is not limited to, mental injury. |
| OR | The term 'abuse' includes any mental injury to a child that shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child. |
| PA | The term 'child abuse' includes causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act. 'Serious mental injury' means a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that: • Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that the child's life or safety is threatened; • Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks. |
| RI | 'Mental injury' includes a state of substantially diminished psychological or intellectual functioning related to, but not limited to, such factors as failure to thrive, ability to think or reason, control of aggressive or self-destructive impulses, acting out, or misbehavior, which includes incorrigibility, ungovernability, or habitual truancy. The injury must be clearly attributable to the unwillingness or inability of the parent or other person responsible for the child's welfare to exercise a minimum degree of care toward the child. |
| SC | 'Mental injury' means an injury to the intellectual, emotional, or psychological capacity or functioning of a child as evidenced by a discernible and substantial impairment of the child's ability to function when the existence of that impairment is supported by the opinion of a mental health professional or medical professional. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD</td>
<td>The term 'abused or neglected child' includes a child who has sustained emotional harm or mental injury as indicated by an injury to the child's intellectual or psychological capacity, as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture.</td>
</tr>
<tr>
<td>TN</td>
<td>'Mental injury' means an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, with due regard to the child's culture.</td>
</tr>
</tbody>
</table>
| TX    | The term 'abuse' includes the following acts or omissions by a person:  
- Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;  
- Causing or permitting a child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning. |
| UT    | 'Harm' includes emotional damage that results in a serious impairment in the child's growth, development, behavior, or psychological functioning. 'Mental disorder' means a serious emotional and mental disturbance that severely limits a minor's development and welfare over a significant period of time. |
| VA    | The term 'abused or neglected child' includes any child younger than age 18 whose parents or other person responsible for his or her care creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon the child a mental injury or creates a substantial risk of impairment of mental functions. |
| VT    | 'Harm' can be caused by emotional maltreatment. 'Emotional maltreatment' means a pattern of malicious behavior that results in a child's impaired psychological growth and development. |
| WA    | This issue is not addressed in the statutes reviewed. |
| WI    | The term 'abuse' includes emotional damage for which the child's parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms. 'Emotional damage' means harm to a child's psychological or intellectual functioning. 'Emotional damage' shall be evidenced by one or more of the following characteristics exhibited to a severe degree: anxiety, depression, withdrawal, or outward aggressive behavior; a substantial and observable change in behavior or emotional response; or cognition that is not within the normal range for the child's age and stage of development. |
| WV | The terms 'child abuse and neglect' or 'child abuse or neglect' include mental or emotional injury of a child by a parent, guardian, or custodian who is responsible for the child's welfare, under circumstances that harm or threaten the health and welfare of the child. Imminent danger to the physical well-being of the child' includes substantial emotional injury inflicted by a parent, guardian, or custodian. |
| WY | The term 'abuse' includes inflicting or causing mental injury or harm to the mental health or welfare of the child. 'Mental injury' means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in his or her ability to function within a normal range of performance and behavior, with due regard to his or her culture. |
Figure 4.1: Modified Child Welfare Decision-Making Ecology: Child Maltreatment Identification and Substantiation

Legend:
Blue arrow/shape: from original DME framework
Red arrow/shape: DME framework modification
Circles: contributing factors
Boxes: decision-making processes
Hexagon: outcomes
States with county-administered child welfare systems and county-run child abuse hotlines:

Figure 4.2: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in California, by county and statewide (last column), FFY 2016 (N=80,917)*

In Figure 4.2-5.10, counties with fewer than 1,000 cases are not listed as a separate county, but their numbers are included in the state total.
Figure 4.4: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in North Carolina, by county and statewide (last column), FFY 2016 (N=7,192)

Figure 4.5: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in North Dakota, by county and statewide (last column), FFY 2016 (N=2,270)
Figure 4.6: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in Ohio, by county and statewide (last column), FFY 2016 (N=27,799)
States with county-administered child welfare systems and state-run child abuse hotlines:

Figure 4.7: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in Colorado, by county and statewide (last column), FFY 2016 (N=12,263)

Figure 4.8: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in New York, by county and statewide (last column), FFY 2016 (N=80,547)
Figure 4.9: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in Pennsylvania, by county and statewide (last column), FFY 2016 (N=4,317)

Figure 4.10: Percentage of instances of substantiated maltreatment determined to be physical abuse, sexual abuse, emotional maltreatment and neglect in Virginia, by county and statewide (last column), FFY 2016 (N=6,443)
Figure 4.11: Alignment of child maltreatment definitions

Figure 4.11a: Alignment of neglect, physical and sexual abuse definitions
Figure 4.11b: Alignment of emotional maltreatment definitions

Figure 4.11c: Ideal alignment between child maltreatment definitions
5. Conclusion

Identifying child maltreatment appears to be a straightforward process – as one KII participant said, people’s perception is “I’ll know it when I see it.” Even studies examining the lack of consistency and validity of various types of child welfare decisions have largely failed to question whether first decision that is made by child welfare staff – what happened to this child? – is correct.

However, this dissertation research demonstrates that child maltreatment decision-making is the antithesis of straightforward – instead, it is a complex, emotional and often subjective process that is influenced by multiple factors at the family, caseworker, agency and community levels, both separately and in combination. States’ maltreatment definitions differ, sometimes substantially, and their maltreatment laws can be both broad and vague, providing agencies and caseworkers with discretion in how to apply them to individual families’ circumstances. Based on this research, it appears that standards for substantiating maltreatment can also differ by type of maltreatment, which likely contributes to the lopsidedness of the national (and some states’) data, which consistently show very large proportions of children experiencing neglect, and much smaller proportions of children experiencing other types of maltreatment.

Child welfare agencies have a number of approaches and systems in place to ensure compliance with state laws and consistency across staff: training, supervision, team decision-making and quality assurance were all mentioned by KII participants and seen as a kind of insurance against poor and/or variable practice. However, as one interview participant
described it, “to have it standardized, I think, doesn’t make necessarily make it more correct, but it makes it more uniform... [but] you could be uniformly wrong.”

Child welfare administrators and policy makers should be more curious and reflective about what their system’s data mean and why they might look different from a neighboring office, county or state. During the key informant interviews, a common response to seeing the variation in maltreatment decision-making was first ‘wow, how can that be?’ which was then followed by something to the effect of ‘well, we do it right here.’ Agencies’ internal systems provide a confidence in existing processes that, this research shows, may not be founded if the goal is to truly understand what has happened to a child and what kind of help his or her family needs to be safe.

The reliability of data certainly matters on the aggregate level, as it drives policy and programmatic decisions being made today, as well as the work of researchers and practitioners looking to develop better approaches to supporting children and families in the future. But it also matters on the individual level. Many forms of maltreatment are associated with secrecy and shame, and if left unaddressed can impact one’s health and well-being over the life course. Children deserve to have their experiences recognized, understood and responded to effectively and in full. Parents deserve to receive the help and support that they need to keep their children and family safe. Terms such as “neglect” and “inadequate guardianship” function as euphemisms that in describing nearly everyone, help no one.

In addition to more self-reflection, child welfare administrators and policy makers should embrace more transparency. Child welfare agencies are entrusted with an enormous responsibility: to keep a community’s children safe, and enormous power: to separate children
from their families. With this responsibility and power should come accountability. Families and communities should have access to information that would help them better address safety concerns before child welfare intervention is needed, and to assess whether child welfare intervention is applied appropriately and fairly across the community. Particularly given concerns around disproportionality within the child welfare system, as noted in the recommendations section these data should be tracked and made available by subpopulation.

But this accountability does not run in just one direction, from child welfare agencies to the public; accountability and responsibility for keeping children safe should be shared. In the KII, several participants noted a lack of public support for ‘those’ families, whether they are characterized by being ‘bad’ parents, acting-out children, poor families, immigrants, people of color, etc. Similarly, there is a level of disregard for child welfare agencies among both other social service providers and the general public; as one KII participant put it, “50 percent of the population thinks that we overreact, 50 percent of the population thinks we underreact, leaving zero to think that we’re doing it pretty good.” Child welfare agencies function under laws, regulations and policies that political leaders – and ultimately the public – establish. The extent to which they are able to, or choose to, intervene in families’ lives is a reflection of the broader public’s beliefs and priorities regarding all children’s safety.
Appendix A: Child Protective Investigation Workflow

While there is a great deal of variation in how child welfare services are organized and delivered in different states and counties, most jurisdictions follow a similar process in receiving child protective reports, making decisions about how to investigate alleged maltreatment, and providing services to the child/family following the conclusion of the investigation process. The below flow chart and associated notes illustrate this process.
1. Reports of suspected child maltreatment are either accepted (screened in) or not (screened out) by hotline staff. Reports that are screened in include a narrative description of the alleged maltreatment and identified maltreatment type(s).

2. In jurisdictions that employ alternative response, screened in referrals are assessed and determined to require ‘traditional response,’ which includes a child protective investigation, or ‘alternative response,’ which focuses on providing support to the family and does not result in a maltreatment finding.

3. Traditional response investigations result in a decision whether to substantiate or not substantiate the initial alleged maltreatment and any additional maltreatment identified during the investigation.

4. In jurisdictions that do not use alternative response, all referrals that are screened in result in child protective investigations.

5. If imminent safety concerns are identified among alternative response referrals, they would be transferred to the traditional response process.

6. During the investigation process, child protective staff make determinations about the alleged maltreatment, and assess for other types of maltreatment that may have occurred. When maltreatment is substantiated, there are several pathways the case could follow, depending on the severity of the maltreatment and the assessment of ongoing risk to the child. In the most serious cases, children can be removed from their homes and placed in foster care; this decision would need to be approved by the court. In other situations, the child welfare agency will keep the child at home but request that the court mandate some kind of services and/or supervision to ensure the child’s safety. If the threat to the child’s safety has been eliminated (e.g., the perpetrator of the abuse has been arrested or otherwise removed from the home), the agency may make referrals to services in the community that the family can access on a voluntary basis.

7. For cases that are not substantiated, depending on the assessment of the child’s and family’s needs, the agency may refer them to services in the community, which would typically be accessed on a voluntary basis.

To note, while some of the above-described steps involve court intervention, details about that process are not included above because they are legally separate from the decision to substantiate alleged maltreatment.
Appendix B: Child welfare administrator interview guide

Thank you for agreeing to participate in this interview, which is part of my dissertation research. I am interested in looking at the different factors that influence the process of identifying and labeling different types of child maltreatment, which based on available data seems to differ a lot between states. By maltreatment I am referring to the various kinds of neglect and abuse that children experience. I am speaking to people who work in or with the child welfare system in two states to get different perspectives on this process.

As described in the consent form you signed, this interview is entirely voluntary, and if you become uncomfortable during the interview we can take a break, or stop entirely at any time. Your name will not be attached to anything you say. I will be recording this interview, which will allow me to look back and get all the details of our conversation, but your name will not be mentioned on the audiotape, and the things you tell me will not be shared with anyone else at your agency.

Before we continue, do you have any questions for me?

Ok. The first topic I want to ask you some questions about is the process of identifying different kinds of maltreatment during the process of a child protective investigation.

- What kind of training do your CPS workers get on how [your state] defines different types of child maltreatment?

- In addition to looking at the type of maltreatment that was mentioned in the child protective report, do our CPS staff look for other types of maltreatment as well?

  Probe: If they find other types of maltreatment, how would that information be captured? (E.g., would they endorse two maltreatment types in the data system?)

- In your experience, are some types of maltreatment easier to identify than others?

  Probe: [If yes], which ones, and what makes them easier to identify? So for [those that would therefore be harder to identify], do your staff get any additional training/guidance either formally or informally?
One of the things I’ve been looking at in my research is how child and family characteristics are associated with different types of maltreatment. Some of the family characteristics I’m looking at are the presence of domestic violence, and the presence of substance abuse. In your experience, are any of these family characteristics linked with specific kinds of maltreatment?

Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

I’ve also been looking at factors such as a family’s race/ethnicity and class, or income. In your experience, do maltreatment types seem to differ across those lines?

Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

The next topic I want to hear more about is the process of substantiating maltreatment.

What is the process for substantiating maltreatment in your office? Who is involved in the substantiation decision (e.g., supervisor, manager, legal staff)?

Probes: If there is disagreement about what to substantiate, who ends up making the final decision? Are CPS staff given feedback when there is disagreement with their supervisor or others regarding what to substantiate?

Are some types of maltreatment easier to substantiate than others?

Probe: Which ones, and what makes them easier to substantiate? Are there types of maltreatment your agency tends not to substantiate as much as others? Why?
The next thing I want to ask you about is \textbf{parents' role in identifying and substantiating maltreatment.} By “parents’ role” I mean how workers’ interaction with parents during a child protective investigation influences the identification and labeling of different kinds of child maltreatment.

- How does information collected from parents contribute to the identification of child maltreatment?

- What formal and informal opportunities do parents have to contest an allegation of maltreatment (e.g., during conversations with CPS, during family team meetings, in court)?
  
  \textbf{Probe}: How is this process communicated to parents? Do you think it is consistent across workers? Do you think the parent’s attorney or other advocates have a role in this process?

- Do you think that individual workers’ relationships with parents affect the identification and labeling of maltreatment? If so, how? If not, why not?

I also want to hear about the \textbf{legal system's role in making decisions about child maltreatment}.

- In [your jurisdiction], what implicit or explicit role does the court have in substantiating maltreatment?

- Are there times that there disagreement between your agency’s staff and the judge around maltreatment decisions?
  
  \textbf{Probe}: When this happens, in what direction do you typically disagree? Is it consistent or does it differ depending on the judge?
The last topic I want to ask you some questions about is how the decisions you make regarding identifying different types of maltreatment are affected by things at the agency level.

- Are there external pressures in your [jurisdiction] (from political leaders, the media, etc.) to substantiate maltreatment? What are they? Do they differ by maltreatment type?

- When talking about substantiated maltreatment, [your state/jurisdiction] has [details from the data] compared with other states/jurisdictions. These charts show how [your state/jurisdiction] compares with other states/jurisdictions regarding how often it substantiates neglect, physical abuse, etc. What’s your reaction to these data? Do you think some of the things we’ve talked about might contribute to these differences? [RECAP POINTS THAT HAVE COME UP DURING INTERVIEW]

Those are all of the questions I have for you. Is there anything else about the process of identifying and substantiating child maltreatment you want to share with me?

Thank you so much for taking the time to speak with me, it will be very helpful to my dissertation work, and I hope it will help the child welfare field overall!
Appendix C: Child protective caseworker interview guide

Thank you for agreeing to participate in this interview, which is part of my dissertation research. I am interested in looking at the different factors that influence the process of identifying and labeling different types of child maltreatment, which based on available data seems to differ a lot between states. I am speaking to people who work in or with the child welfare system in two states to get different perspectives on this process.

As described in the consent form you signed, this interview is entirely voluntary, and if you become uncomfortable during the interview we can take a break, or stop entirely at any time. Your name will not be attached to anything you say. I will be recording this interview, which will allow me to look back and get all the details of our conversation, but your name will not be mentioned on the audiotape, and the things you tell me will not be shared with your agency’s administrators.

Before we continue, do you have any questions for me?

Ok. The first topic I want to ask you some questions about is the process of identifying different kinds of maltreatment during the process of a child protective investigation. By maltreatment I am referring to the various kinds of neglect and abuse that children experience.

- When you were hired as a child protective caseworker, what kind of training did you get on how [your state] defines different types of child maltreatment?

- When you are first meeting a child and family, in addition to looking at the type of maltreatment that was mentioned in the child protective report, do you look for other types of maltreatment as well?

  Probe: If you find other types of maltreatment, what happens then? How is that information captured? (E.g., would you endorse two maltreatment types in your state's system of record?)

- In your experience, are some types of maltreatment easier to identify than others?

  Probe: [If yes], which ones, and what makes them easier to identify?
One of the things I’ve been looking at in my research is how child and family characteristics are associated with different types of maltreatment. Some of the family characteristics I’m looking at are the presence of domestic violence, and the presence of substance abuse. In your experience, are any of these family characteristics linked with specific kinds of maltreatment?

Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

I’ve also been looking at factors such as a family’s race/ethnicity and class, or income. In your experience, do maltreatment types seem to differ across those lines?

Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

The next topic I want to hear more about is the process of substantiating maltreatment.

What is the process for substantiating maltreatment in your office? Who is involved in the substantiation decision (e.g., supervisor, manager, legal staff)?

Probes: Do you get feedback from your supervisor about your ability to/the process of identifying and substantiating maltreatment? Is it discussed during your supervision? When there is disagreement about what maltreatment you’re able to substantiate, who typically “breaks the tie”?

Are some types of maltreatment easier to substantiate than others?

Probe: Which ones, and what makes them easier to substantiate? Are there types of maltreatment that you see but tend not to substantiate? Why?

Speaking generally based on your experience working in the system, do you think there are times that the substantiation doesn’t reflect what actually happened to a particular child?

Probe: [if the answer is positive] In what way are these decisions off target? Why do you think they end up being off target?
The next thing I want to ask you about is **parents’ role in identifying and substantiating maltreatment.** By “parents’ role” I mean how workers’ interaction with parents during a child protective investigation influences the identification and labeling of different kinds of child maltreatment.

- In your office, how does information collected from parents contribute to the identification of child maltreatment?

- What formal and informal opportunities do parents have to contest an allegation of maltreatment (e.g., during conversations with CPS, during family team meetings, in court)?

  **Probe:** How is this process communicated to parents? Do you think it is consistent across workers, or does everyone do it differently based on their own style? How do you think the parent’s attorney or other advocates influence this process?

- Do you think that your relationship with a parent affects the identification of maltreatment? If so, how? If not, why not?

I also want to hear about the **legal system’s role in making decisions about child maltreatment.**

- In [your jurisdiction], what role does the court have in substantiating maltreatment?

- Have there been times when you disagreed with a judge’s regarding what maltreatment happened with a particular child? [If yes] can you tell me a little about a time this happened? When this happens, typically in what direction do you disagree – do you think the judge is more or less strict in determining what kind of maltreatment took place than you are?
The last topic I want to ask you some questions about is how the decisions you make regarding identifying different types of maltreatment are affected by things at your agency.

- When you experience times of high stress on the job - for example, when you are carrying a high caseload or have a case that has gotten media attention - do you think that impacts how or whether you identify maltreatment? If so in what way?

- Do you think there are pressures within your agency that impact the identification and substantiation of maltreatment?

  Probe: [If yes], can you talk more about these pressures? What are they, and do they differ by type of maltreatment?

Those are all of the questions I have for you. Is there anything else about the process of identifying and substantiating child maltreatment you want to share with me?

Thank you so much for taking the time to speak with me, it will be very helpful to my dissertation work, and I hope it will help the child welfare field overall!
Appendix D: Family Court judge interview guide

Thank you for agreeing to participate in this interview, which is part of my dissertation research. I am interested in looking at the different factors that influence the process of identifying and labeling different types of child maltreatment, which based on available data seems to differ a lot between states. I am speaking to people who work in or with the child welfare system in two states to get different perspectives on the process.

As described in the consent form you signed, this interview is entirely voluntary, and if you become uncomfortable during the interview we can take a break, or stop entirely at any time. Your name will not be attached to anything you say. I will be recording this interview, which will allow me to look back and get all the details of our conversation, but your name will not be mentioned on the audiotape, and the things you tell me will not be shared with anyone else.

Before we continue, do you have any questions for me?

Ok. The first topic I want to ask you some questions about is the process of identifying and substantiating different kinds of maltreatment during the process of a child protective investigation. By maltreatment I am referring to the various kinds of neglect and abuse that children experience.

- In your experience, are some types of maltreatment more likely to be identified than others?
  
  Probe: Which ones, and what do you think makes them more likely to be identified? Why do you think other types of maltreatment are less likely to be identified?

- In your experience, are some types of maltreatment more likely to be substantiated than others?
  
  Probe: Which ones, and what do you think makes them more likely to be substantiated? Why do you think other types of maltreatment are less likely to be substantiated?

- One of the things I’ve been looking at in my research is how child and family characteristics are associated with different types of maltreatment. Some of the family characteristics I’m looking at are the presence of domestic violence, and the presence of substance abuse. In your experience, are any of these family characteristics linked with specific kinds of maltreatment?
  
  Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?
I’ve also been looking at factors such as a family’s race/ethnicity and class, or income. In your experience, do maltreatment types seem to differ across those lines?

Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

Speaking generally based on your experience working in the system, do you think the substantiation decision is generally “right” – that is, reflects what actually happened to a particular child?

Probe: [if the answer is negative] In what way are these decisions off target? Why do you think they end up being off target?

The next thing I want to ask you about is parents’ and the court’s role in the maltreatment identification and substantiation process. By “parents’ role” I mean how a parent’s interaction with child welfare and judicial staff influences the identification and labeling of different kinds of child maltreatment.

In [your jurisdiction], what role does the court have in maltreatment decision-making? What parts of the process are you actively involved in, if any?

I imagine parents usually come to court with different amounts of experience and knowledge about how the substantiation process, and the child welfare system more generally, work. What things are in place in your [jurisdiction] to prepare parents for the court process and help them advocate for themselves?

Probe: Do you think [those things] happen consistently across the board? If not, what makes things different case-to-case?
Do you think that the effectiveness of a parent’s lawyer affects the identification and substantiation of maltreatment? If so, how do you account for that in court to make things consistent and fair across the board?

Are there times that there is disagreement between you and the agency staff around maltreatment decision-making?

Probe: When this happens, how do the differences get resolved?

If parents do contest allegations of maltreatment in court, can you describe how this process typically plays out?

The last topic I want to ask you some questions about is how the decisions you make regarding identifying different types of maltreatment are affected by community-level factors.

In [your jurisdiction], do you think there are external pressures (from political leaders, the media, etc.) around identifying and substantiating maltreatment? What are they? Do they differ by maltreatment type?

Probe: As a judge, how do you handle these pressures?

When talking about substantiated maltreatment [your state/jurisdiction] has [details from the data] compared with other states/jurisdictions. These charts show how [your state/jurisdiction] compares with other states/jurisdictions regarding how often it substantiates neglect, physical abuse, etc. What’s your reaction to these data? Do you think some of the things we’ve talked about might contribute to these differences? [RECAP POINTS THAT HAVE COME UP DURING INTERVIEW]

Those are all of the questions I have for you. Is there anything else about the process of identifying and substantiating child maltreatment you want to share with me?

Thank you so much for taking the time to speak with me, it will be very helpful to my dissertation work, and I hope it will help the child welfare field overall!
Appendix E: Parent attorney interview guide

Thank you for agreeing to participate in this interview, which is part of my dissertation research. I am interested in looking at the different factors that influence the process of identifying and labeling different types of child maltreatment, which based on available data seems to differ a lot between states. I am speaking to people who work in or with the child welfare system in two states to get different perspectives on the process.

As described in the consent form you signed, this interview is entirely voluntary, and if you become uncomfortable during the interview we can take a break, or stop entirely at any time. Your name will not be attached to anything you say. I will be recording this interview, which will allow me to look back and get all the details of our conversation, but your name will not be mentioned on the audiotape, and the things you tell me will not be shared with anyone else.

Before we continue, do you have any questions for me?

Ok. The first topic I want to ask you some questions about is the process of **identifying and substantiating different kinds of maltreatment** during the process of a child protective investigation. By maltreatment I am referring to the various kinds of neglect and abuse that children experience.

- Can you tell me a little about your experience working with parents who have been accused of child maltreatment, including how long you’ve been doing this work?

- In your experience, are some types of maltreatment more likely to be identified than others?
  
  **Probe:** Which ones, and what do you think makes them more likely to be identified? Why do you think other types of maltreatment are less likely to be identified?

- In your experience, are some types of maltreatment more likely to be substantiated than others?
  
  **Probe:** Which ones, and what do you think makes them more likely to be substantiated? Why do you think other types of maltreatment are less likely to be substantiated?
• One of the things I’ve been looking at in my research is how child and family characteristics are associated with different types of maltreatment. Some of the family characteristics I’m looking at are the presence of domestic violence, and the presence of substance abuse. In your experience, are any of these family characteristics linked with specific kinds of maltreatment?

  Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

• I’ve also been looking at factors such as a family’s race/ethnicity and class, or income. In your experience, do maltreatment types seem to differ across those lines?

  Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

• From your perspective, who seems to take the lead on the substantiation decision (e.g., the CPS, CW leadership, the judges)?

  Probe: If there is disagreement about what to substantiate, who ends up making the final decision?

• Speaking not about any individual client, but generally based on your experience working in the system, do you think the substantiation decision is generally “right” – that is, reflects what actually happened to a particular child?

  Probe: [if the answer is negative] In what way are these decisions off target? Why do you think they end up being off target?
The next thing I want to ask you about is **parents’ role in the maltreatment identification and substantiation process**. By “parents’ role” I mean how a parent’s interaction with child welfare and judicial staff influences the identification and labeling of different kinds of child maltreatment.

- How does information collected from parents contribute to the identification of child maltreatment?

- What opportunities do parents have to formally or informally contest an allegation of maltreatment (e.g., during conversations with CPS, during family team meetings, in court)?
  
  **Probe:** How is this process communicated to parents? Do you think it is consistent across workers? Do you think the parent’s attorney or others influence this process? Do you have a chance to?

- From your perspective, do you think that workers’ relationships with parents affect the identification and labeling of maltreatment? If so, how?

I also want to hear about the **legal system’s role in making decisions about child maltreatment**.

- Do you think that the effectiveness of a parent’s lawyer affects the identification and substantiation of maltreatment?

- Do you think there are things that affect parents’ decisions around contesting an allegation of maltreatment?
The last topic I want to ask you some questions about is how the decisions you make regarding identifying different types of maltreatment are affected by agency-level factors.

- Do you think there are external pressures in [your jurisdiction] (from political leaders, the media, etc.) to substantiate maltreatment? What are they? Do they differ by maltreatment type?

- When talking about substantiated maltreatment [your state/jurisdiction] has [details from the data] compared with other states/jurisdictions. These charts show how [your state/jurisdiction] compares with other states/jurisdictions regarding how often it substantiates neglect, physical abuse, etc. What’s your reaction to these data? Do you think some of the things we’ve talked about might contribute to these differences? [RECAP POINTS THAT HAVE COME UP DURING INTERVIEW]

Those are all of the questions I have for you. Is there anything else about the process of identifying and substantiating child maltreatment you want to share with me?

Thank you so much for taking the time to speak with me, it will be very helpful to my dissertation work, and I hope it will help the child welfare field overall!
Appendix F: Parent interview guide

Thank you for agreeing to participate in this interview, which is part of my dissertation research. I am looking at the different factors that influence the process of identifying and labeling different types of child maltreatment, which based on available information seems to differ a lot between states. By maltreatment I am referring to the various kinds of neglect and abuse that some children experience at home.

I am speaking with people involved with the child welfare system in two states to get different perspectives on the process. As a parent who has past experience with the system, I think your perspective on this process is very important. To the extent that you are familiar with other parents’ experiences, please draw on that knowledge as we talk – but if there are questions you don’t think you can answer, that’s fine, just let me know that.

As described in the consent form you signed, this interview is entirely voluntary, and if you become uncomfortable during the interview because our conversation brings up difficult memories we can take a break, or stop entirely at any time. Your name will not be attached to anything you say. I will be recording this interview, which will allow me to look back and get all the details of our conversation, but your name will not be mentioned on the audiotape, and the things you tell me will not be shared with anyone else, including people at your child welfare system. At the end of the session, I have a Target gift card to thank you for the time you spend with me today.

Before we continue, do you have any questions for me?

Ok. Most of my questions are about the process of identifying and substantiating maltreatment. By identifying maltreatment, I am referring to a child protective worker’s process of learning that a type of abuse or neglect has happened. By substantiating maltreatment, I am referring to the process of “proving” that that type of abuse or neglect has happened – sometimes people say the report was “indicated.” Do you have any questions about those terms?

- Based on your experience, what is the process in [your jurisdiction] of identifying maltreatment?

- Based on your experience, what is the process in [your jurisdiction] of substantiating maltreatment?

- How does information collected from parents contribute to these processes?
- Do you think that workers’ relationships with parents affect the identification and substantiation of maltreatment? If so, how?

- One of the things I’ve been looking at in my research is how child and family characteristics are associated with different types of maltreatment. Some of the family characteristics I’m looking at are the presence of domestic violence, and the presence of substance abuse. In your experience, are any of these family characteristics linked with specific kinds of maltreatment?
  
  Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

- I’ve also been looking at factors such as a family’s race/ethnicity and class, or income. In your experience, do maltreatment types seem to differ across those lines?
  
  Probe: [If specific connections are mentioned] Why do you think [family characteristic] is linked with [maltreatment type]?

- Based on your experience, do you think the system usually “gets it right” – that is, their decision reflects what actually happened to a particular child?
  
  Probe: [if the answer is negative] In what way does the system not get these decisions right? Why do you think they end up being off target?

- What formal and informal opportunities do parents have to contest an allegation of maltreatment (e.g., during conversations with CPS, during family team meetings, in court)? How is this process explained to parents? Based on your experience do you think it is consistent across workers?

- Do you think the parent’s attorney, or anyone else, influences this process? [If yes] in what way?
● In your experience, do parents typically contest allegations of maltreatment? Can you describe what happens when parents contest allegations in court?

● Do you think there are things that affect parents’ decisions around contesting an allegation of maltreatment? For example, do you think parents are more likely to regain custody of their children quickly if they don’t contest an allegation?

Those are all of the questions I have for you. Is there anything else about these issues that you want to share with me?

Thank you so much for taking the time to speak with me, it will be very helpful to my dissertation work, and I hope it will help the child welfare field overall!

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7. Bibliography


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