

Unacceptable Risk Factors in Child Maltreatment: Formulations from Caseworkers

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Abstract

Approximately one million children are victims of maltreatment are assessed and placed in the child welfare system. The purpose of the current study was to identify caseworker perceptions of (a) reasons for youth removal from a home environment and (b) the parameters of intolerable problem categories that prompt such decisions. Four categories of maltreatment were generated to account for over 70% of the caseworkers' 249 reasons identified for youth removal using structured interviews. Within each category, perceptions of risk factors identified as intolerable for allowing youth to remain in the home were identified for each of the categories. Results may help providers to target the areas in which future program development and treatment delivery efforts should be directed. Keywords: Maltreatment, caseworker decision-making, treatment motivation, risk-assessment.

The Department of Social Services division of Child Protective Services (CPS) serves those individuals who are in need of protection from potentially abusive settings. More than three million referrals are made to child protective services throughout the United States for child abuse and neglect each year (Children's Bureau Administration on Children, Youth and Families, 2002). Out of these referrals, roughly one million children have been as the victims of substantiated abuse and neglect, with reports of maltreatment ranging from neglect to physical and sexual abuse. Caseworkers are mandated, by law, to protect children from abuse and neglect from any individual who is responsible for the child's welfare, including biological parents, foster parents, grand parents or any other individual who takes responsibility. In providing protection, Child Protective and Preventive Services have two main functions: (a) protection of a child and his/her best interests and (b) family preservation.

Of the three million child maltreatment cases reported each year, an estimated 55% receive services to prevent abuse and neglect, with one-fifth of these children placed in foster-care or group homes and institutions (Children's Bureau Administration on Children, Youth and Families, 2002). The length of time a child can spend in foster care is alarming, however, and raises issues about what procedure or decision-making process caseworkers adhere to in determining whether or not a child should be returned to his/her home. Some youth spend over two years in out-of-home placement (Ansary & Perkins, 2001). How a caseworker decides when a child's removal from the home is appropriate and in the best interest of the child should be examined in order to better serve maltreated children.

The decision-making process for frontline CPS workers is not an easy one. In an analysis of the decision-making process in which social workers undertake, Proctor (2002) noted that social workers are considered experts in their field and are, thus, responsible for making sound practical decisions that rely heavily on their knowledge. However, these decisions are compromised by a variety of factors, ranging from time constraints to lack of available information on which to make these decisions. Child protective professionals faced with growing criticism about the decision-making procedures utilized when a child has been placed in an unfit home or stays in the system too long have been forced to examine their practices. Several models have been implemented in order to reduce the error rate among CPS workers and to make the decision-making process less painstaking. The CPS worker must use judgment to determine what is in the child's best interest as well as how to maintain the ethical standards set forth by the agency. The rate of error may be high for CPS workers if they fail to adhere to a decision-making

model. To help reduce personal bias, structured risk-assessment systems have become more popular among social workers (Baird, Wagner, Healy, & Johnson, 1999; Gelles, 2000a). This more formalized method of gathering data is designed to assist the CPS worker with assessing the risk for future abuse/neglect with minimal subjectivity.

Schuerman, Rossi, and Budde (1999) asserted that a more formalized method of decision-making is indeed needed, in part due to the increased concern by family preservation advocates on the excessive out-of-home placements of abused and neglected children. Schuerman et al. (1999) found that there was a lack of consensus between the experts and CPS workers on placement decision in response to case vignettes of serious maltreatment issues. However, experts had higher consensus compared to frontline workers, suggesting that caseworkers' experience may not necessarily positively influence their objective expertise. Nonetheless, future studies need to assess caseworkers' priorities of what criteria are important in order to understand the decision to reunify a family.

CPS workers often compile data using instruments that have no predictive validity (Baird et al. 1999). There are two primary types of risk-assessment systems designed to target family reunification criteria objectively: (a) consensus-based and (b) actuarial based. Consensus based systems involve criteria based on expert opinions of client characteristics that may predict high risk status for future abuse or neglect by the individual. Actuarial systems involve identification of families at low, medium, and high risk based on base rate occurrence data from examination of characteristics of prior offenders (Baird et al, 1999). Consensus-based systems rely heavily on the CPS caseworkers' past clinical experience, but tend to do very poorly when predicting outcomes without use of empirically supported instruments (Baird et al 1999).

Rossi, Schuerman, and Budde (1999) examined several characteristics that may affect child placement in maltreatment cases. These variables included persons living in the home, type of complaint, victim demographics, and the response of persons involved with the investigation. When deciding placement for an abused or neglected child, CPS workers placed the most emphasis on previously recorded complaints on the family (Rossi et al., 1999). Families that have had previous complaints of child maltreatment had a greater chance of having their children removed and placed in alternative homes. Secondly, Rossi, et al. (1999) concluded that the type of complaint, whether physical or mental abuse, did not influence the decision of placement. Thirdly, families who showed interest in change and possessed some household income were more likely to receive family preservation services and less likely to be recommended for placement (Rossi, et al. 1999). This data suggests the need to examine motivation as a criterion for reunification. Nelson, Mitriani, and Szapocznik (2000) also identified factors that facilitate successful reunification which include: (a) environmental stability, (b) a supportive family, and (c) a willing mother.

The current study examines the reasons caseworkers identify as critical for removal of a child from the home and how the thresholds within these categories affect decisions made by CPS caseworkers. In the current study, the following questions were addressed: (a) what are the categories of behavior that are identified by caseworkers as important factors in the decision to reunify a family? and (b) what are the behaviors associated with the unacceptable level of risk that accompanies the decision to reunify a family?

Method

Subjects

Participants (N=41) included employees from the Department of Social Services in Charleston, Berkeley, Dorchester, and Richland counties in South Carolina. Slightly less than two-thirds of the workers were African-American (61%) and all others were Caucasian (39%). Workers were all female with a mean age of 34 years, 4 months and a mean of two years and 10 months of experience in their current positions.

Dependent Measure

In order to examine the threshold for removal and factors affecting family reunification analyzed for this study, the primary question asked of caseworkers was: “Now consider all cases that you have worked on involving the recommendation for a child not to return to the home – against family reunification. List all of the reasons the children in all cases were not returned to their home and the threshold for removal, meaning the level at which the circumstance is intolerable for the child to remain in the home.”

Procedure

The director of research at the Department of Social Services granted permission for the graduate assistants in the project to interview child protective caseworkers. The project was then introduced to one of each of four site directors in our local area. Once permission was granted by the site directors, names of subjects who met criteria (e.g., role in job required them to make decisions related to youth removal from the home) were solicited. Caseworkers were contacted by phone to introduce the project and arrange for an appointment if the caseworker was interested in participating in the study. At the onset, the purpose, procedures, risk, and benefits of the project were reviewed and consent was solicited from caseworkers. Time for completion was approximately one hour. Responses to the interview were recorded and then coded into discrete categories and entered into a database by a trained rater. Definitions of categories developed for the study were utilized for training.

Reliability

Two graduate students were trained to accurately code responses to the interview and enter them into a database. Reliability checks were conducted on twenty five percent of completed interviews. Inter-observer agreement was calculated by dividing disagreements by agreements and multiplying by 100. Inter-observer agreement for reason for child removal and threshold level were 97% and 98% respectively.

Results

For the 249 free form reasons identified by CPS caseworkers as the basis for removing the child from the home, fifteen categories were created (in addition to an “other” category). Endorsements for all categories are presented below in Table 1:

Table 1.

Percentage Endorsement of Categories for Reasons for Child Removal from Home

Reasons a Child Might be Removed from Home	Percentage Endorsement
Neglect	32.9
Physical abuse	14.9
Sexual abuse	12
Substance abuse/addiction	12
Related to main factors	8.8
Other	8.3
Domestic violence	3.6
Mental health issues	2.4
Parenting issues	2
Finances	1.6
History related factors	1.6
Treatment issues	1.2
Child related factors	.8
Cooperation with DSS	.8
Responsibility	.4

In the current study, only the most highly endorsed four categories the majority (71.8%) of all responses were examined. The four categories encompassing over 70% of all responses included: (a) neglect (32.9% endorsement); (b) physical abuse (14.9% endorsement); (c) sexual abuse (12% endorsement); and (d) substance abuse/addiction (12% endorsement). The family-specific/other category of responses captured 13% of all responses.

One hundred seventy-seven responses of intolerable markers were generated for the four primary categories of maltreatment. Sixty-five responses of intolerable markers were related to the category of neglect. Percentage endorsements for intolerable risk factors for the category of Neglect (See Table 2 below) were noted in the following subcategories: (a) Poor Supervision/Inadequate Caretaker – 26.2%; (b) Educational Neglect – 1.5%; (c) Conditions of Home – 19.9%; (d) Medical Neglect – 16.9%; (e) Inadequate/Lack of Housing – 15.4%; (f) Physical Neglect 3%; and (g) Nutritional – 3%. The following subcategories received no endorsements: General Neglect, Lack of Clothing, Emotional Neglect, and Too Many People in and out of Home.

Table 2.

Percentage Endorsement for "Intolerable" Threshold Markers for Physical Abuse

Threshold Subcategories	Percentage Endorsement
Poor Supervision/Inadequate Caretaker	26.2
Medical Neglect	18.5
Condition of Home	16.9
Inadequate/Lack of Housing	15.4
Physical Neglect	3
Nutritional (Lack of Food)	3

Thirty intolerable marker responses were related to the category of Physical Abuse. For this category, the following percentage endorsements were noted for the subcategories (See Table 3 below): (a) Reference to Severity of Abuse (e.g. marks above the waist, broken bones in infants) – 43.3%; (b) Evidence of Physical Abuse – 20%; (c) Treatment Issues – Compliance – 16.7%; (d) Treatment Issues – Willingness – 6.7%; (e) Treatment Issues – Completion – 6.7%; (f) Risk or Threat of harm due to Physical Abuse – 3.3%; and (g) Child Afraid to Return to Home – 3.3%.

Table 3.

Percentage Endorsement for "Intolerable" Threshold Markers for Physical Abuse

Threshold Subcategories	Percentage Endorsement
Reference to Severity of Abuse	43.3
Evidence of Physical Abuse (bruises, welt, etc.)	20
Treatment Issues- Compliance	16.7
Treatment Issues- Willingness	6.7
Treatment Issues- Completion	6.7
Child Afraid to Return Home	3.3
Risk or threat of Harm due to Physical Abuse	3.3

Thirty-seven responses of intolerable markers related to the category of Sexual Abuse were identified. For this category the following percentage endorsements were noted for subcategories (See Table 4): (a) Perpetrator still in Home – 46%; (b) Believing/Blaming the Child – 19%; (c) Treatment Issues – Compliance – 10.8%; (d) Perpetrator no longer in home/access to Child – 8.1%; (e) Allegations of Sexual Abuse – 2.7%; and (g) Protection Issues – 2.7%.

Table 4.

Percentage Endorsement for "Intolerable" Threshold Markers for Sexual Abuse

Threshold Subcategories	Percentage Endorsement
Perpetrator Still in the Home	46
Believing/Blaming Child	19
Treatment Issues- Compliance	10.8
Perpetrator No Longer in Home/has Access to Child	8.1
Treatment Issues- Willingness	5.4
Evidence of Sexual Abuse	2.7
Allegations of Sexual Abuse	2.7
Protection Issues	2.7
Child Exposed to Pornography or Sexual Activity	2.7

Forty-five responses of intolerable markers were noted as related to the category of Substance Abuse were identified. For this category the following percentage of endorsements were noted for subcategories (See Table 5 below): (a) General Drug Use – 29%; (b) Treatment Issues – Compliance – 22.2%; (c) Treatment Issues – Willingness – 17.8%; (d) Treatment Issues – Completion – 15.6%; (e) Prenatal Exposure – 4.4%; (f) Exposure to Drug Activity or Paraphernalia – 4.4%; (g) Relapse – 4.4%; and (h) Arrested or Convicted – 2.2%.

Table 5.

Percentage Endorsement for "Intolerable" Threshold Markers for Substance Abuse

Threshold Subcategories	Percentage Endorsement
Using	29
Treatment Issues- Compliance	22.2
Treatment Issues- Willingness	17.8
Treatment Issues- Completion	15.6
Relapse	4.4
Exposure to Drug Activity or Paraphernalia	4.4
Arrested or Convicted	2.2

Discussion

The results of this study are unique in that their identification of those prominent categories of maltreatment behaviors that serve as a threshold. In comparing the data collected in this study on reasons for child removal with national data on child abuse and neglect, correspondence in the magnitude of each type of maltreatment can be noted: (a) Neglect 32.9% vs. 63% (NCANDS; National Child Abuse, April 2002); Physical Abuse 14.9% vs. 19% (NCANDS;); and Sexual Abuse 12% vs. 10% (NCANDS).

According to Leung and Cheung (1998), skills, knowledge, and attitudes are essential in predicting outcomes for families who have been reported and for which abuse/neglect has been substantiated. These training components impact a caseworkers' threshold level through influencing the decision-making process of CPS workers. This study is important in its identification of problematic sub-categories of parenting that stand out as alarms to caseworkers for danger. Specifically, this study also broadened the typical categories (i.e., neglect, physical abuse, sexual abuse) of maltreatment to emphasize substance abuse as a factor that plays a major role in a caseworker's decision to remove a child from the home. This data can help readers to fully appreciate the services needed to support families with deficits in these critical areas.

In the area of physical abuse, the physical evidence of abuse comprised only 20% of all intolerable markers for the category, while 43.3% of intolerable markers related to a reference to the severity of the abuse. This data suggests that, unless the severity of abuse is high, as indicated by the use of force that impacts an area above the waist or that results in broken bones, children may not be removed from a home environment. The data may also reflect the habituation to the widespread practice of introduction of corporal punishment in our country and the need to attenuate responsibilities based on this normative practice. Statistics indicating that 23% of intolerable thresholds identified in this category related to treatment motivation issues may also underscore the reluctance of parents to acknowledge or take actions to change such practices. The results may point to the shortage of out of home placements for children removed from homes and a resulting need to raise the threshold for what constitutes substantive risk to youth. Perhaps the few spots available for youth placed out of home must, necessarily, be reserved for families with more severe forms of physical abuse. Regardless, data suggest the need for stronger parent education campaigns related to heightened awareness of child rights and the inappropriateness of corporal punishment that is delivered with enough force to be categorized as physical abuse.

In the area of sexual abuse, 48% of the intolerable markers were related to the perpetrator remaining in the home following a child's disclosure of abuse. Blaming or failing to believe the child was the second most commonly endorsed situation identified as intolerable circumstances for the child to remain in the home. This data suggests a need for interventions aimed at increasing assessment.

Overall, endorsements of treatment compliance issues comprised 23% of the threshold markers for physical abuse, 16% of the threshold markers for sexual abuse, and 39% of the threshold markers for substance abuse. In fact, treatment compliance issues in general comprised over 50% of the "intolerable" markers in the substance abuse category. This suggests that CPS workers highly value factors related to motivation toward ameliorating parenting deficits and base their decision for a child's removal on them. Risk factors for families resistant to change or sustain change for any significant period of time include poverty, sexual abuse, antisocial characteristics and early aggressive tendencies, and a history of social isolation (Gelles, 2000b).

It is noteworthy that Substance Abuse/Addiction tied with the percentage endorsements for Sexual Abuse at 12%. Interestingly, "using" was only endorsed by 29% of caseworkers as an intolerable marker. It appears that DSS caseworkers consider failure to successfully secure follow through help with

an addiction a more serious threat to safety of youth than the initial identification of a substance abuse problem. In other words, once the parent has been made aware of the problematic nature of the substance abuse, caseworkers view it as critical that they engage in successful treatment. Moreover, such individuals should be placed in programs with interventions should be evaluated for efficacy. Gelles (2000c) has noted that the failure to appropriately evaluate child welfare programs accounts for much of the inefficiency of child welfare systems.

The range of responses between respondents for results from the threshold question in this study suggests that caseworkers have varying degrees of tolerance. In some instances, such as Sexual Abuse, as many as nine different endorsed threshold levels were identified, with perpetrator still being in the home having the highest endorsement rate at 46%. This suggests that the decision-making process varies among caseworkers as well, and that a more uniformed approach to decision-making may need to be examined and trained.

One such uniformed approach to decision-making is a model identified as the Family Group Decision-Making (FGDM; Holguin, n.d.). FGDM engages family networks in decision-making and establishes plans with members to keep their children safe from future abuse/neglect as well as providing their needs. Using this model CPS caseworkers and families develop a relationship that is based on cooperation, collaboration, and communication (Holguin, n.d.). FGDM provides the family with private time where the family reflects on information presented and then renders a decision about reunification, which then is presented back to the caseworkers for discussion and approval. More agencies are beginning to implement a more accurate system; however, more research needs to be conducted in order to establish its validity and reliability.

The use of classification and regression trees (CART) in determining critical decisions, such as the decision to investigate a report, have also been utilized with success (Johnson, Brown, & Wells, 2002) with success. CART analysis uses hard science formulaic methods of prediction based on regression equations and predictor and criterion variables of high- and low-risk groups to estimate risk of negative outcome (Johnson, Brown, Wells, 2002). CART allows a caseworker to analyze potential outcomes associated with certain risk factors. Although CART adds objectivity to the decision making process, it is not error proof. For example, some data may be missing from the analysis that could affect the decision and its outcomes. Further studies need to be conducted in caseworker decision-making with the goal of developing a more reformed model for reunification decision-making.

It is clear that the child welfare system, like any system, depends on the expertise of their employees; however, such a system may rely too heavily on opinion and not on empirical data. Inconsistency in the decision-making process may be attributed to an unstructured decision-making system and varying thresholds among CPS caseworkers. It becomes inherent for professionals to identify the basis of caseworkers' decisions and the threshold level for which caseworkers decide it is best not to attempt to reunify a family, either immediately after removal following temporary placement. Some agencies utilize risk assessments to determine an acceptable amount of risk that does not rise above their threshold for risks associated with abuse/neglect. Although caseworkers can receive training on how to utilize risk assessments, the threshold level for problems being so severe to be considered unacceptable is difficult to train because of the nuances of decision-making.

This study had several limitations that can be used as reference for future assessment and research of the decision making process. First, the study was conducted with a small sample size, which may not be representative of the general population. Therefore, interpreting this data is limited to cases of child abuse/neglect in the South. Secondly, some workers were relatively inexperienced, having a mean of 2 years, 10 months, having little or no exposure to decision-making regarding the need to reunify a family.

Future research conducted in this area needs to be more expansive, addressing categories that affected some of the decisions that were made, and examining the referral process by CPS caseworkers for additional services (e.g., job placement). Research is also needed to identify all possible threshold levels with empirical evidence to support them so that they can be incorporated into a model of training for risk factors. Also, future research needs to expand the sample size for better representation and generalization beyond the scope of one region. Strategies for helping families to overcome substance abuse treatment issues, including lack of finances, as a barrier for family reunification should also be examined. Furthermore, future research is needed to better understand the “whys” behind the decision-making process in order to develop decision-making and/or risk-assessment models to prevent further injury or unwarranted placement of abused/neglected children.

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