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# Maine Child Welfare NCANDS Data: An available tool in efforts to reduce child maltreatment

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**Maine Child Welfare NCANDS Data:**

**An available tool in efforts to reduce child maltreatment**

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This paper fulfilled the capstone requirement for the

Master in Public Policy and Management.

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### **Maine Child Welfare NCANDS Data:**

#### **An available tool in efforts to reduce child maltreatment**

#### **Introduction:**

Child abuse and neglect, collectively known as maltreatment, is a costly, disturbing, and prolific problem in the United States. According to Xiangming, Brown, Florence, & Mercy, “The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion” (2012, p. 156), and although we have made progress in decreasing physical and sexual abuse, we have concurrently seen a rise in neglect, and most alarmingly child fatalities disproportionately affecting children under the age of four (Stroud & Petersen, 2012). The Children's Bureau (HHS) 2003 publication, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* asserts that, “the consequences of child maltreatment can be profound and may endure long after the abuse or neglect occurs. The effects can appear in childhood, adolescence, or adulthood, and may affect various aspects of an individual's development (e.g., physical, cognitive, psychological, and behavioral). These effects range in consequence from minor physical injuries, low self-esteem, attention disorders, and poor peer relations to

severe brain damage, extremely violent behavior, and death” (Goldman, 2003, p. 35). The Child Welfare Information Gateway publication, *Long-Term Consequences of Child Abuse and Neglect* (2013), further emphasized that, “the impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences. In reality however, it is impossible to separate the types of impacts. Physical consequences, such as damage to a child’s growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems, such as sexually transmitted diseases, cancer, and obesity” (p.2). The impacts of maltreatment can, in many ways, be immeasurable and profound. Child abuse and neglect is a serious and immediate social problem that is leaving in its wake generations of wreckage and wasted human potential while exhausting scarce federal and state resources.

These devastating impacts beg the question of what we know about the causes and precipitating factors of child abuse and neglect and how that knowledge influences our interventions. In the State of Maine in 2012, The Annie E. Casey Foundation reported in their Kids Count Database that, 4,046 children were substantiated victims of child abuse and neglect. This number of victims has been stubbornly rising over the last decade. There were 3291 substantiated maltreatment victims in 2005, which rose to 4579 in 2013. Of the 4,046 children in 2012 that were substantiated victims, 1,654 were placed in the care and custody of the Maine Department of Health and Human Services (DHHS) after being determined to be in living situations so unsafe, that remaining with their family would place them in imminent danger of substantial and immediate harm. These high, and largely stagnant numbers in

Maine parallel state statistics seen nationwide. These numbers are tracked and frequently reported on in research, and in the development of policies relating to specific child welfare intervention efforts. One recently discovered precipitating factor is recurrence. Recurrence of abuse has been identified as an important variable in identifying future abuse and as a reliable predictor of child fatalities. Putnam-Hornstein (2011) contends that, “Findings indicate that after adjusting for risk factors at birth, children with a prior allegation of maltreatment died from intentional injuries at a rate that was 5.9 times greater than unreported children (95% CI [4.39, 7.81]) and died from unintentional injuries at twice the rate of unreported children (96% [1.71, 2.36]). A prior allegation to CPS proved to be the strongest independent risk factor for injury mortality before the age of five” (p.163). In addition to recurrence, caretaker risk factors, and family composition are also variables, which if known by the caseworker and supported by available resources and policies, could potentially better protect children. In regards to the importance of identifying risk factors, Palusci (2011) argues that, “Assessing the utility of these few data elements in predicting recurrence is important for states and communities to build programs and understand their effectiveness in responding to the needs of young children and families.” (p. 1375). He further asserts that, “State CPS agencies have identified recurrence risks ranging from 1-2% for ‘low risk’ families to over 50% for ‘high risk’ families over five years” (p. 1374). By not developing programming interventions in recognition of these evidence supported predictive variables, we risk the inevitable continuation of rising child abuse rates and fatalities. The importance of accurate Child Welfare Data cannot be underscored, if we can predict with great accuracy which children will likely be victimized, then we should be able to design targeted abuse prevention programs that will have a greater impact. In light of this research this capstone attempts to better understand child maltreatment, recurrence, and the current

child welfare service structure in Maine. This is achieved by examining specific Maine child welfare data to answer three questions:

1. How frequent is repeat child maltreatment in Maine?
2. Are their specific known indicators such as drug abuse, alcohol abuse, and domestic violence that predispose a child to abuse and recurrent abuse?
3. What services are the victims of abuse in Maine receiving? Are the services offered to repeat victims and first-time victims different in any way?

### **Method:**

These questions were explored by employing a mixed methods approach, which utilized two types of investigation. First, the primary focus of this study was a quantitative analysis of Maine child welfare data extracted from the National Child Abuse and Neglect Data System (NCANDS). Secondly, to better understand factors that may have influenced the Maine child welfare data and to better understand anomalies and scope, semi-formal interviews were conducted with a former supervisor of the Department of Health and Human Services and the individuals who compile and store Maine State child welfare data. These involved multiple conversations with the former DHHS supervisor and emails with specific questions about the data set with the data base administrators.

NCANDS<sup>1</sup> is a federally funded data collection effort sponsored by The Children's Bureau in the Administration on Children, Youth and Families, Administration for Children

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<sup>1</sup> There are four other notable reporting systems used as sources for National Child Welfare Data: The Adoption and Foster Care Analysis and Reporting System (AFCARS), and The National Youth in Transition Database (NYTD), the National Survey of Child and Adolescent Well-Being (NSCAW), and the Fourth National Incidence Study (NIS-4). These will not all be reviewed here. States and Federal child welfare administrators monitor child

and Families, within the U.S. Department of Health and Human Services. The Federal Child Abuse Prevention and Treatment Act (CAPTA) established NCANDS in 1988. NCANDS is a nationwide effort to combine and compare all State child welfare data, including case level data, for all children receiving an assessment or investigation by Child Protective Services. The resulting State submissions are stored in the complementarily titled, National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University. The NDACAN (2014) website describes the database as a resource to promote scholarly exchange among researchers in the child maltreatment field. Data elements in NCANDS include the demographics of children and their perpetrators, types of maltreatment, investigation of assessment dispositions, risk factors, and services provided as a result of the investigation or assessment. NCANDS data are also compiled annually into the associated publication of the U.S. Department of Health and Human Services, The Child Maltreatment Report. This report is frequently used to steer child welfare policies.

The creation of NCANDS as a national database was largely a result of federal funding that became available in 1993 incentivizing states to develop Statewide Automated Child Welfare Information Systems (SACWIS), and again in 1994 to create their Adoption and Foster Care Analysis Reporting Systems (AFCARS). The combination of these two enticements clearly demonstrated the beginning of a technology ramping up in Child Welfare that had never been attempted before. “States could choose a stand-alone AFCARS system for which the federal government would match 50% costs or receive a 75% federal match for a SACWIS that integrated AFCARS requirements into a larger comprehensive system

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welfare in general, and there associated programs in large part, with the assistance of these databases and their resulting reports. They are also used within states to track the efficiency and success of their work with children and families, to track trends, and to inform policy and administrative decisions.

that also included: systems operated under the Title IV-A program (AFDC/TANF), the National Child Abuse and Neglect Data System (NCANDS), systems operated under Title XIX (Medicaid), as well as systems operated under Title IV-D (child support enforcement). Most states have opted for the SACWIS alternative” (Courtney, M. 2004). Maine used this funding to develop their SACWIS system aptly named the Maine Automated Child Welfare Information System (MACWIS). The MACWIS system serves as the single source for NCANDS data from Maine.

The architect of the MACWIS system, The Sybase Company, describes it in the following way, “MACWIS serves as the single repository for all Maine child welfare information to assist case workers in the recording, tracking, and processing of child welfare functions. More than 1,000 users have access to MACWIS, and at any time during the day, 400 users are actively using the system. The system is the single repository for all electronic child welfare information and actively manages 850,000 identified persons as well as 30,000 resources...Prior to the launching of this project, most information on children in care was paper-based and fragmented, which caused issues with overall business process effectiveness and efficiency”. Maine is frequently identified as “being ahead” of most states in its attempt to create and administer its SACWIS system. This is reflected in its high marks on the State and Federal Child and Family Services Review (CFSR). The Federal Government assesses and monitors the overall performance of child welfare agencies in regards to outcomes and goals through CFSR. Among the Key Findings in the 2009 Maine CFSR, in regards to data collection included, “MACWIS can readily identify the status, demographic characteristics, location, and goals for every child in foster care”. What is most notable about this process of data collection is that it creates specific data expectations for States. These expectations then push forward the processes within individual agencies that dictate which data fields



must be captured, and which can be left empty, and still meet federal expectations. Accurate execution of these federal expectations and standards had a direct influence over federal funding streams to state child welfare programs.

The sample used in the quantitative analysis portion of this capstone was Maine NCANDS data for 2011. This was extracted using SPSS from a data file that included all national NCANDS data. The unit of analysis consisted of child-level data and encompassed all documented substantiated and unsubstantiated cases of abuse to Maine's DHHS. This resulted in a total sample of 10,873 cases. This was then reduced down to 7,267 cases after de-duplicating the sample so that each child was only represented once. The key variable of interest in this data set was repeat victims of maltreatment. The standard univariate and bivariate analyses were conducted to answer the research questions. This included, descriptive statistics to assess basic demographics, caretaker risk factors, maltreatment type, services provided, and evidence of recurrence of abuse to individual children. Descriptive statistics were also used to assess the quality of the data in terms of missing information. Bivariate analyses were conducted to compare prior child victims to first-time victims in terms of the characteristics of their abusers, their caretakers, household demographics and services provided. Specifically, cross-tabulation and chi-square tests were used in the analysis.

## **Findings:**

### **Basic Demographics**

Table 1.1 represents known Maine child maltreatment victims in which abuse was substantiated versus unsubstantiated. This variable, and all others capturing the basic demographics of child victims, had very few or no missing information. This ability of the

MACWIS system to accurately compile and report on demographics is also reflected in the aforementioned CFSR findings. This strongly suggests that demographic information is entered for all cases in which an abuse investigation is indicated.

In the State commentary portion of the Child Maltreatment Report 2011, Maine reports that, “The State does not have two tracks (for substantiated cases of abuse). The State assigns some low-severity reports to alternative response programs under contract with community agencies. There are alleged victims and alleged maltreatments in these reports, but the alternative response agency makes no findings of maltreatment. Alternative response assessments are not documented in the SACWIS system and they are not included in the NCANDS Child File. During 2011, 1,842 reports were assigned for alternative response assessment” (p.165). This means that of the unsubstantiated cases, an additional 1,842 children were living in situations that warranted enough concern by a child welfare investigator to necessitate the involvement of a contracted community agency as a follow up measure. This means that of all the investigated cases, caseworkers concluded 5448 had evidence of abuse or warranted a referral, and 5425 cases did not. For the purposes of this inquiry only the 3606 substantiated victims were analyzed.

**Table 1.1                      Number of Child Victims by Report Disposition**

<b>Child Victim by Disposition</b>	<b>Frequency</b>	<b>Percent</b>
<b>Substantiated</b>	3606	33%
<b>Unsubstantiated</b>	7267	67%
<b>Total</b>	10873	100%

Maltreatment Type in NCANDS is defined as the primary maltreatment determined by the child welfare investigator and substantiated under State law. As illustrated in table 1.2 in the vast majority of the 3606 substantiated abuse cases, 63%, were determined to be neglect, followed by 22% experiencing physical abuse, and 7% involving sexual abuse.

**Table 1.2 Maltreatment of Substantiated Victims by Type**

Maltreatment Type	Frequency	Percent
Physical Abuse	805	22.3%
Neglect or Deprivation of Necessities	2288	63.4%
Sexual Abuse	256	7.1%
Psychological or Emotional Maltreatment	184	5.1%
No Alleged Maltreatment	67	1.9%
<b>Total</b>	<b>3600</b>	<b>99.8%</b>
System Missing	6	.2%
<b>Total</b>	<b>3606</b>	<b>100%</b>

As shown in Table 1.3 substantiated child victims in 2011 were about as likely to be male 51%, as female 49%.

**Table 1.3 Child Victims by Gender**

	Frequency	Percent
Male	1824	50.6%
Female	1778	49.3%

<b>Unknown or Missing</b>	4	.1%
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Table 1.4 demonstrates that there is no missing data and a response to the question child's age was entered for every case. It also indicates that 36.4% of child victims were 3 years old or younger. 49.2% were 5 years old or younger. The .3% of children noted here as unborn were likely women who were substantiated of abuse against another child while pregnant. So the unborn child was counted. Under current State law Maine does not investigate child abuse complaints on fetuses, or of pregnant women, unless an older child who is already born is being investigated.

**Table 1.4 Substantiated Child Victims by Age**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
<1	488	13.5%
1	262	7.3%
2	297	8.2%
3	266	7.4%
4	247	6.8%
5	219	6.1%
6	201	5.6%
7	216	6.0%
8	200	5.5%
9	151	4.2%
10	163	4.5%
11	132	3.7%
12	170	4.7%

13	153	4.2%
14	139	3.9%
15	128	3.5%
16	97	2.7%
17	61	1.7%
18 or Older	5	.1%
Unborn	11	.3%

The typical living arrangement of a child who is an abuse victim, as seen in table 1.5, is in a coupled household. Married Parents and Parent and Cohabiting Partner represented 53.8% of the cases. Followed by Single Parent (mother only) households at 36.2%.

**Table 1.5 Household Composition of Child Victims**

Arrangement	Frequency	Percent
Married Parents	854	23.7%
Parent and Cohabiting Partner	1085	30.1%
Single Parent (mother only)	1306	36.2%
Single Parent (father only)	177	4.9%
Non-Parent Relative Caregiver	96	2.7%
Non-Relative Caregiver	25	.7%
Group Home or Residential Facility	6	.2%
Other setting	51	1.4%

<b>Unknown</b>	6	.2%
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**Research Question #1: How frequent is repeat victimization in Maine?**

Of the substantiated count of child victims in 2011, nearly 60% were repeat victims of maltreatment. Table 1.6 represents children entered into the NCANDS database that had been previously investigated for maltreatment by the DHHS. Those that were first-time victims comprised 41% of the total count.

**Table 1.6                      Number of Repeat Child Victims in 2011**

<b>Prior Child Victim</b>	<b>Frequency</b>	<b>Percent</b>
<b>Yes</b>	2145	59.5%
<b>No</b>	1461	40.5%
<b>Total</b>	3606	100.0%

In assessing this question I contrasted these results to the CFSR for the same year. The CFSR and NCANDS are based on the same child welfare data extracted from the MACWIS System. For Maine in 2011 the CFSR indicated only 4.3% of children were repeat victims within a 6-month period. This paints a very different picture than the 60% of children in substantiated cases who were repeat victims in this dataset. Accounting for this dramatic difference is that this dataset counts all recurrence as a repeat, not only within a 6-month period. It is simply a different way to cut the data and in doing so leads to radically different conclusions. Where one might assume based on the 6-month statistics that recurrence is not an issue the data here demonstrates it is a problem for more than half of the substantiated cases.

**Research Question #2: Were their specific known indicators that predisposed children to recurrent abuse?**

The data used in this investigation determined that in households with caretakers engaged in substance abuse, and most significantly in households where domestic violence was present there was an increased likelihood of repeat abuse. It is additionally important to note when reading the results that in the NCANDS data set the variable Substance Abuse is referring to illicit drugs not alcohol abuse. Alcohol abuse is treated as a separate variable.

Table 2.1 was also evidence of a well-populated variable with only .1% of the data missing. It indicates that nearly 20% of the children in substantiated abuse cases were living in a household with at least one caretaker who was a chronic alcohol abuser. This number appeared low to me. In interviewing the former DHHS staff it is notable that alcohol abuse is notoriously difficult to test for unlike substance abuse.

**Table 2.1      Caretaker Substance Abuse in Households with Child Victims**

Caretaker With Alcohol Abuse Characteristics	Frequency	Percent
<b>Yes</b>	718	19.9%
<b>No</b>	2884	80%
<b>Total</b>	3602	99.9%
<b>System Missing</b>	4	.1%

In table 2.2 it is noted that the number of caretakers in households substantiated for abuse had a substance abuse rate of nearly 30%.

**Table 2.2      Caretaker Substance Abuse in Households with Child Victims**

Caretaker With Drug Abuse Characteristics	Frequency	Percent
<b>Yes</b>	988	27.4%
<b>No</b>	2614	72.5%
<b>Total</b>	3602	99.9%
<b>System Missing</b>	4	.1%

Table 2.3 indicates nearly a third of all caretakers in substantiated abuse cases were actively involved in a domestic violence relationships. Domestic Violence is defined in this dataset as a relationship that involves physical or emotional abuse by one spouse or parent figure on the other.

**Table 2.3 Domestic Violence in Households with Child Victims**

Households with Domestic Violence	Frequency	Percent
Yes	1162	32.2%
No	2440	67.7%
Total	3602	99.9%
System Missing	4	.1%
Total	3606	100%

### **Bivariate Analysis**

In analyzing households with a repeat child victim and domestic violence, versus households with a first-time victim and domestic violence, a chi-square test of independence was performed. The relationship between the variables repeat victim and domestic violence



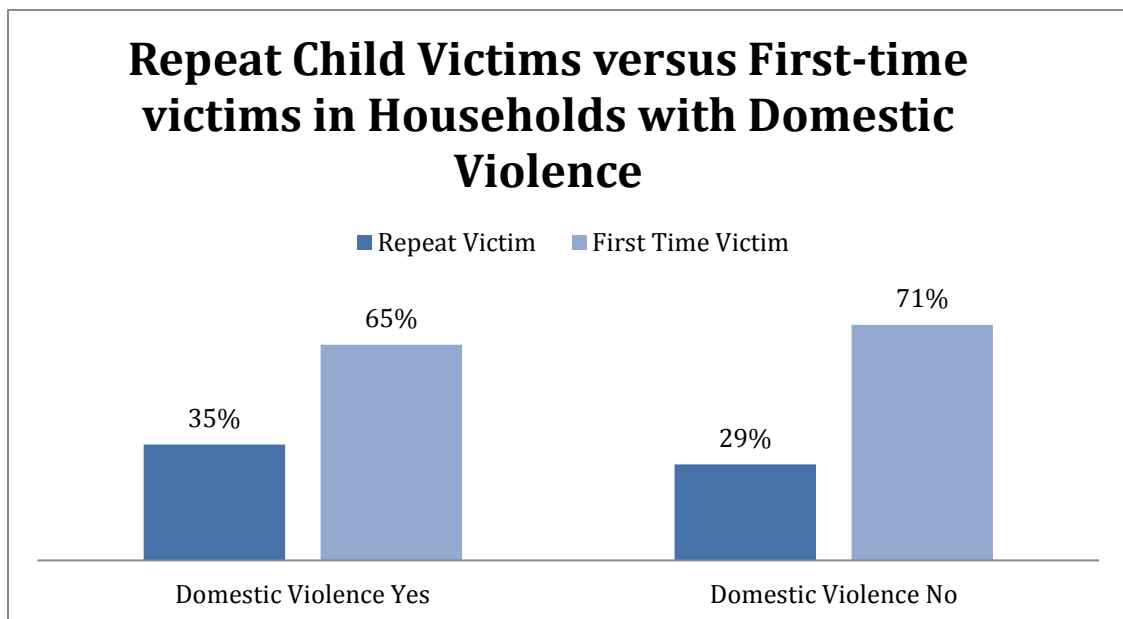
in household was found to be significant,  $X^2$ ,  $N=3606 = 13.37$ ,  $p < .05$  (.000). In households where domestic violence issues have been identified children are more likely to be repeat victims of abuse. 35% of children in household with domestic violence were repeat victims versus 29% of first-time victim. In further analysis after controlling for parent drug abuse and alcohol abuse this is still significantly correlated with repeat maltreatment.

**Table 3.1 Repeat Child Victims Versus First-Time Victim in Households with Domestic Violence**

Repeat Victim	Domestic Violence		Total
	Yes	No	
Yes	742	1402	2144
No	420	1038	1458
Total	1162	2440	3602

In households investigated with a repeat child victim and a caretaker identified as

**Chart 3.1**

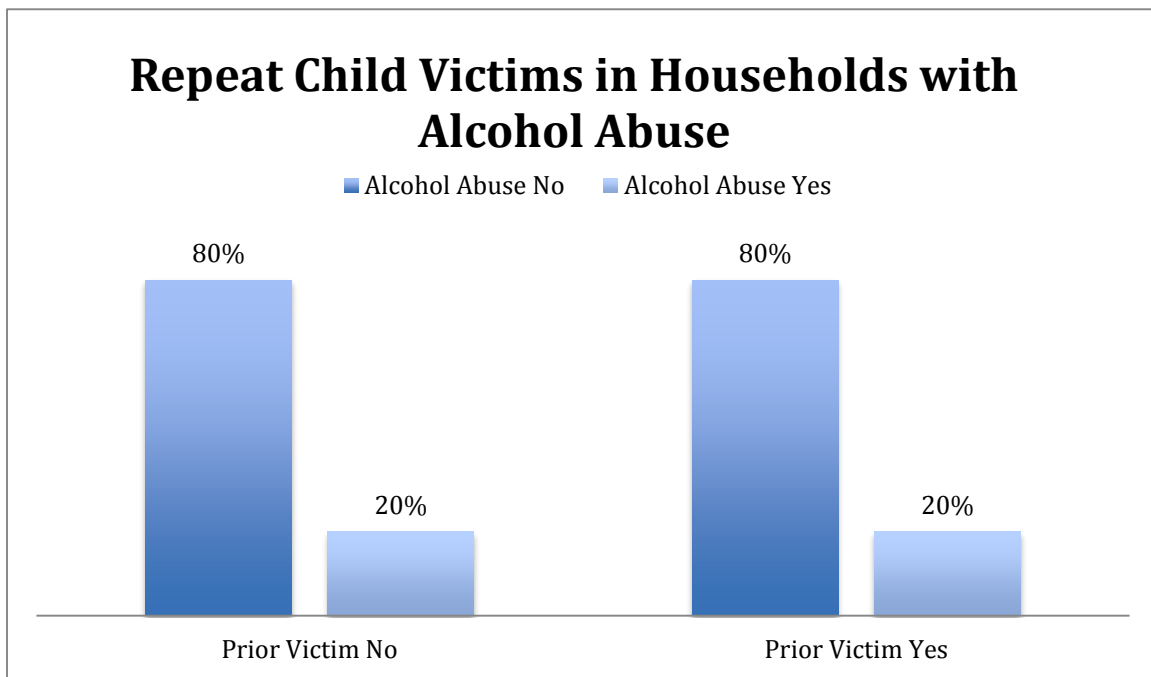


abusing alcohol a chi-square test of independence was performed to examine this relationship and found the relationship was not significant with a p-value > 5, specifically  $X^2(1, N=3606) = .009, p=.926$ . This finding is not reflective of what is indicated in national research.

**Table 3.2 Repeat Child Victims Versus First-Time Victim in Households with Caretaker Alcohol Abuse**

Repeat Victim	Alcohol Abuse Caretaker		Total
	Yes	No	
Yes	426	1718	2144
No	292	1166	1458
Total	718	2884	3602

**Chart 3.2**

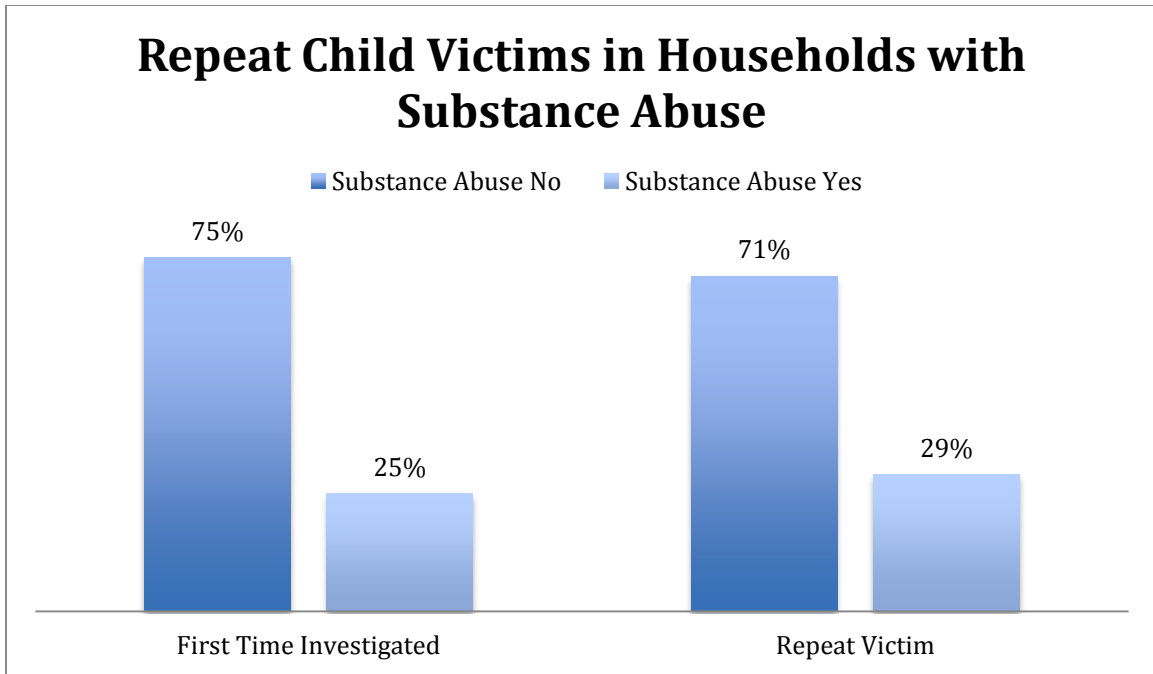


In households investigated with a prior child victim versus a first-time victim and substance abuse a chi-square test of independence was performed to examine the relationship. These variables are significantly correlated,  $X^2(1, N=3606 = 13.37, p<.05 (.000)$ . Although these percentages are relatively close to one another, in households where caretaker substance abuse was identified children are more likely to be repeat victims of abuse. 29% of children in a substantiated abuse case with a caretaker engaged in substance abuse were repeat victims versus 25% of first-time victim.

**Table 3.3 Repeat Child Victims Versus First-Time Victim in Households with Substance Abuse**

Repeat Victim	Substance Abuse Caretaker		Total
	Yes	No	
Yes	621	1523	2144
No	367	1091	1458
Total	988	2614	3602

**Chart 3.3**



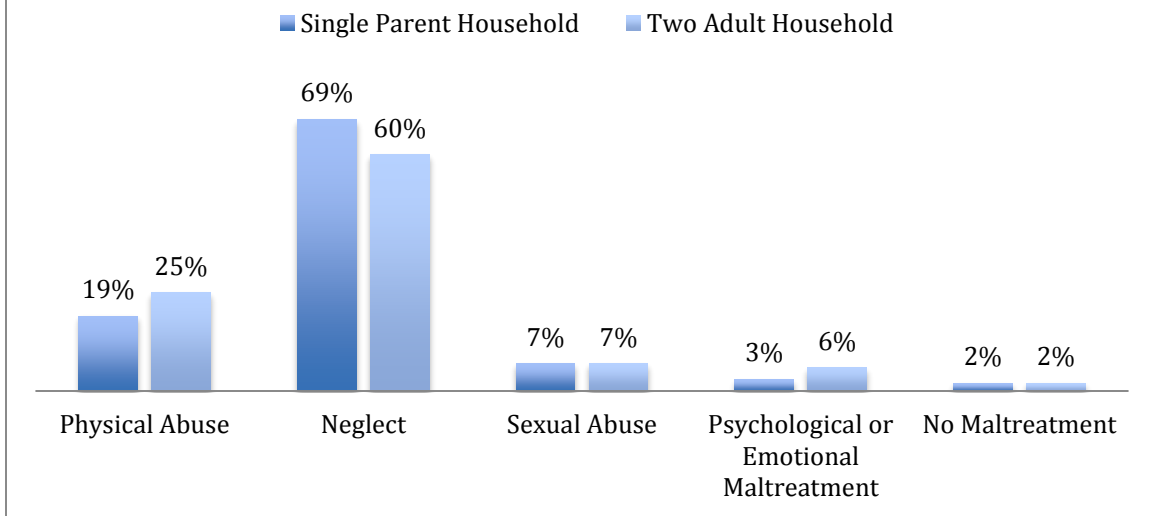
In analyzing household composition by maltreatment type as indicated in Table 3.4, a significant relationship between family composition and maltreatment type,  $X^2(4, N=3606) = 41.857, p < .05 (.000)$ , signifying that single parent households are most likely to be indicated in cases of neglect and neglect is the most cited type of abuse in substantiated cases.

**Table 3.4 Household Composition by Maltreatment Type**

	Physical Abuse	Neglect	Sexual Abuse	Psychological or Emotional Maltreatment	No maltreatment
Single Parent Household	277	1025	101	51	26
Two Adult Household	528	1263	155	133	41

**Chart 3.4**

## Household Composition by Maltreatment Type



**Research Question #3: What services are victims of abuse receiving? Is there a difference between what prior victims and first-time victims receive for services?**

As indicated in tables 4.1 – 4.3 there was not any usable data in these fields to determine what services individuals or families are receiving. This missing information in the area of services and also financial status limits the ability to identify risk factors and the ability to analyze what implementation efforts are working for either classification of victims. In conducting additional research it was found that the Maine data represented here includes, “only services that were paid for by a service authorization are included in Child File data. The State does not have a mechanism for tracking services provided to families when those services are paid for by another funding source or free” (The Administration for Children, Youth, and Families: Children's Bureau, 2011, p.166). This means that the majority of the services families receive are not tracked. An additional effort was made to

use the family variable of Household Financial Problem as a need indicator. Similar to the services variables, and as noted in Table 4.4, this data was also not useable.

**Table 4.1 Family Support Service in Households with a Child Victim**

Family Support Services	Frequency	Percent
Yes	1	.0%
No	3605	100%
Total	3606	100%

**Table 4.2 Case Management Services in Households with a Child Victim**

Case Management Services	Frequency	Percent
No	3606	100%

**Table 4.3 Public Assistance in Households with a Child Victim**

Public Assistance	Frequency	Percent
No	3606	100%

**Table 4.4 Financial Problem in Households with a Child Victim**

Financial Problem	Frequency	Percent
No	3606	100%

## Discussion

Maine’s NCANDS data has the inherent ability to tell us unique child welfare information that could significantly improve the ability to respond appropriately to

maltreatment reports, better assess which children are at risk, and allow for the strategic use of limited funds where they will have the most impact. As demonstrated in this research Maine NCANDS data is currently proficient in accurately counting basic demographics but it has not made the concerted leap to using its available fields to inform daily practice.

Fallon et al, 2009, reported, “The purpose of a child maltreatment surveillance system is to provide data on a timely basis in order to inform all interested stakeholders about the trends and risks impacting children and families. An effective identification system provides the ability to develop the tools to make strategic funding decisions and target interventions” (p. 78). Variables in NCANDS that could help support this ideal include: child victim data such as basic demographics and recurrence rates, caretaker risk factors, family needs, and services provided. The following discussion explores how the statistics compiled here align with current child maltreatment research, which strongly suggests that a better understanding of the data by frontline practitioners could significantly increase child safety, and support a more efficient child welfare systems.

The most striking finding in this report is the disturbingly high occurrence of repeat maltreatment. When re-victimization rates are expanded beyond the seemingly arbitrary 6-month window as required in the CFSR child recurrence rates are 60%. This high-rate could be the result of many factors at work in DHHS policy, some based on significant system changes over the last decade. In 2001 a five-year-old girl named Logan Marr who was staying in a State sanctioned foster home died as a direct result of abuse from her foster mother. The foster mother Sally Schofield was a former DHHS child welfare caseworker. The result of this widely publicized and tragic case was a series of changes in Maine’s child welfare policy and practice. The former DHHS supervisor I interviewed was at DHHS during this time and in the years following the tragedy. There was a strategic overhaul of

business as usual which required more frequent visits to foster homes and moved practice in line with the idea that children are best served in their families of origin whenever possible. The rates of children removed from their families by DHHS dropped by half over the ten years following Logan's death. The push to keep children in their homes however may be a policy pendulum that has swung too far. In the 2011 Child Maltreatment Report it is noted that nationally 81.2% of all perpetrators of child abuse are parents, with foster parents representing only .2% of abusers. Given this fact, the question now becomes if parents rights to keep their children in their home have begun to infringe on a child's right to a safe home and in cases of fatalities, a life at all. If more than half of the identified victims in Maine have already been previously involved in substantiated cases this raises concern over whether these children are safe, and if our current intervention strategies are appropriate.

In analyzing the caretaker risk factors of alcohol abuse, substance abuse, and domestic violence this group of variables could be helpful to frontline staff, administrators, and policy makers because they have been identified in research to be predictive of abuse. "A retrospective study of maltreatment experience in Chicago found children whose parents abused alcohol and other drugs were almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who were not substance abusers" (Goldman & Salus, 2003, p. 28). With the disproportionate and concerning rise in neglect rates, as the most likely type of abuse alcohol abuse and substance abuse variables are of specific concern. Goldman and Salus (2003) additionally found that, "all types of maltreatment, and particularly neglect, to be more likely in alcohol-abusing families than in non-alcohol-abusing families." (p. 30). Research on substance abuse and child maltreatment correlations is extensive, in research completed by Dubowitz et al (2011), "The finding that maternal substance use increases the likelihood of a maltreatment report is consistent with



other reports (Chaffin, Kellerher, & Hollenberg, 1996; Connell et al., 2007; Leventhal et al., 1997; Ondersma, 2002). Substance use often involves a lifestyle commitment to acquiring and using drugs. Thus, substance-using women may be “unavailable” to their children. (p. 102). Substance abuse is a particular concern in Maine. As rates of illicit drug use; specifically heroin or prescription opioid painkillers are on an upswing in the State. Maine leads the nation in opiate abuse statistics (Haskell, 2011). In cases where alcohol or substance abuse is a factor the ability to connect research to practice could be invaluable in the lives of abused children. These variables have been demonstrated to accurately indicate where children are most at risk and where caseworkers should be the most diligent in their supervision of these cases.

Marital conflict and domestic violence are also frequently seen as predictive of child maltreatment. In this research it was the most significant correlation when compared to recurrent victims. “According to published studies in 30 to 60 percent of families where spouse abuse takes place, child maltreatment also occurs” (A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice, 2003, p.50). “Children in violent homes may witness parental violence, may be victims of physical abuse themselves, and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears” (A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice, 2003, p. 51). Research strongly demonstrates that witnessing domestic violence can have profound emotional and psychological consequences. It is the expectation of child welfare that the abused parent will remove himself or herself from this situation and in doing so protect their child from being exposed to this violence. Domestic violence indicators when used in concert with other specific variables in NCANDS can be used when assessing for predictive factors of abuse for the very young, and arguably the most vulnerable children.

“Using information from eight U.S. states with continuous data in NCANDS during 1995–1999, we found that caretaker emotional problems, violence between the caretakers, and prior physical abuse of an infant predicted increased additional physical abuse before age three” (Palusci, 2005, p1375). A greater understanding and increased access to this information could help child welfare practitioners identify situations where children are at the greatest risk and allow them to target their intervention accordingly.

In the failed attempt to analyze service variables within the data set I found no useable data. These empty variables raise concern that we do not know what has been provided to families who successfully avoid repeated abuse of children, or conversely those that abuse again. Without this data, our continued approaches of providing services as varied as, child care, housing, health insurance, and beyond to families with child protective cases is a perhaps noble, but not necessarily an efficient way to decrease abuse. In interviewing the former DHHS Child Welfare Supervisor I asked, what happens if you can't find something that a family needs, like housing. Can you say no, is it fair to expect the family to figure it out? Affordable housing in Maine is at a premium and household composition as well as household stability are particularly compelling variables in abuse research. It was explained to me that Caseworkers really are not allowed to say no to a client need like that, that is just not how the system works. The expectation of the caseworkers is that they will find a way to meet the need regardless of the reality. In part due to these efforts many programs that could help specific families end up with long wait-lists and are unable to work with the most willing or most appropriate. In the world of social services few if any providers are mandated to find, and utilize, as many resources as State child welfare agencies. The intent of the unique position of child welfare service providers is to create a resource network that supports families to remain intact, while

reducing incidents of child abuse, and increasing stated child welfare outcomes. Among these expected outcomes is that the vast majority of children remain in their homes of origin. The lack of current service information in NCANDS makes it impossible to research how available resources align with family needs and where more services need to be developed. Given the lack of data it is impossible to hypothesize if this method is working for children or families.

In 2004, Courtney, Needell, & Wulczyn noted in their research on accountability that, “The benefits (and challenges) of working with administrative data in child welfare has been well documented (Born, 1997; Courtney & Collins, 1994; Drake & Johnson-Reid, 1999; English, Brandford, & Coughlan, 2000; George, 1997) Over time, administrative data has taken on an increasingly important role in the evaluation of child welfare services” (p.1142). The two major concerns frequently cited in working with the data are reliability and validity. Both validity and reliability are notable concerns of some of the NCANDS data examined here, namely in the alcohol abuse statistic. The wide and varied reproduction of this information, and the importance of the issue of child maltreatment, makes these issues notably significant. These inconsistencies were also highlighted in the U.S. Government Accountability Office publication, *States Face Challenges in Developing Information Systems and Reporting Reliable Child Welfare Data*. In 2003 the GAO testified to the House of Representatives that they concluded as a result of a state survey of child welfare agencies, that several factors were preventing states from ensuring reliable data on children’s experiences, “Almost all of the states responding to our survey reported that insufficient caseworker training and inaccurate and incomplete data entry affect the quality of the data reported to HHS. Although most states reported these as separate factors, HHS and the states we visited found that insufficient training and inaccurate and incomplete data entry are

often linked... state officials told us that training is typically one of the first programs cut when states face tight budget restrictions” (p.15). This again expresses the idea that caseworkers are expected to do more than is likely feasible given the limited resources. The validity of the data entered is also a concern as the process of collecting the data involves interviewing and assessing families typically in crisis. Given the circumstances typically surrounding child welfare investigations, families may not have a stake in sharing accurate information as the custody of their children or possible reporting of illegal activity is at risk. The increased pressure on caseworkers in Maine to keep families intact may also factor into under-reporting. Accurate data is also reliant on consistent interpretation from families on variables such as their personal substance abuse use, domestic violence involvement, or questions that can quickly become complicated, such as family composition. Also noted in the GAO report was that caseworkers have a limited amount of time to spend inputting this data, “Caseworkers, supervisors, and managers in the 5 states we visited reported that additional factors, such as difficulties balancing data entry with the time they spend with families and children, contributed to inaccurate or incomplete data entry” (2003, p17). Coupling this with the difficulty many States have had in developing their data collection systems it is not surprising that there would be some concerns about the data represented in the NCANDS reports. It is questionable the current ability of NCANDS to be valid, meaningful, and useful as a nationwide indicator although it is consistently used to steer Child Welfare policy.

### **Recommendations**

There is no silver bullet that will help us help every family and child that is affected by child abuse and neglect. However, one of the tools we do have as a result of

technological advances of the last 20 years is readily accessible data. As demonstrated in this report this data can be used to better understand the problem as well as develop programs that effectively and efficiently target the needs of families, children, and child welfare administrators. This can only be realized however if the data can be determined to be reliable and valid. By making data a greater priority, the state Maine has the ability to influence current dismal and unimproving child welfare statistics, with the additional benefit of providing a cost savings to the State. Putnam-Hornstein and Needell reported that, based on risk factors available in all infant birth records, they could predict that a child characterized by seven risk factors had an 89% likelihood of being reported for maltreatment before the age of five... And if you can predict with this level of accuracy which kids will be reported for abuse and neglect, you should be able to protect a lot of kids, at least if you are willing to make use of this information". Implementing this research finding mentioned here to help stem the tide of rising abuse and neglect rates could largely depend on our ability to better collect data while also making it useable for caseworkers. Current research has blamed the caseworker for the inability to collect the data, and the administrator's for the inability to use the data. This capstone postulates that it is the data collection tools and associated technologies that need to be dramatically simplified to make these necessary and life saving changes. Child Welfare Agencies have profound missions to execute. In agencies across the country mission statement axioms include the safety and protection of children as well as support of healthy family functioning. These goals are challenging and frequently seen in direct opposition to one another within individual households. The agencies executing these missions are fraught with controversy, red tape, and good intentions while also consistently lacking the financial stability to produce outcomes intended by their many mandates. A financial incentive at the national level to create user-friendly data collection and assessment

systems for social workers based on current NCANDS variables would be necessary to achieve the technological advance.

The most recent reauthorization of CAPTA was on December 20, 2010. The legislation reauthorizes CAPTA for fiscal years 2011 through 2015. “CAPTA is the sole federal child welfare program focusing only on preventing and responding to allegations of child abuse and neglect. While the law does not change the federal definition of neglect, it strongly encourages states to review their state laws, practices, policies, and procedures to ensure children are protected. The legislation passed on a bipartisan basis. In their committee report on the law, the Senate Health, Education, Labor, and Pensions (HELP) committee had three primary goals in reauthorizing CAPTA:

- Improve program operation and data collection over time
- Improve systems for supporting and training individuals who prevent, identify, and respond to reports of neglect, abuse, and maltreatment of children
- Strengthen coordination among providers who address the challenges associated with child abuse, maltreatment, and neglect as well as dating and domestic violence

All three of these goals could be realized through the development of capable and useable technology based on the existing NCANDS variables. The recommendations for Maine based on this research and in light of these overarching federal CAPTA goals are the following;

1. Invest in software that works for child welfare practitioners, not child welfare practitioners who work for software. Currently practitioners are expected to spend an inordinate amount of time entering data when they are also being pulled to meet with and

assess children and families at risk. It is not surprising the data may lose in this tug-of-war for attention. For this reason technology must first be useable for caseworkers. This data system should additionally involve a feedback loop that helps caseworkers identify specific variables like, abuse recurrence, substance abuse, and domestic violence. An advanced scoring system that works with the caseworkers comprehensive assessment is technologically feasible. This type of system would help indicate if a child is at increased risk and would give caseworkers the ability to tailor implementation based on that information.

2. Additional research needs to be done on Maine's high recurrence rate as represented in NCANDS data. This lack of research is likely a result of the lifetime recurrence rate not being required in federal monitoring. However, a greater understanding of recurrence could inform practice and reduce abuse rates. Victim recurrence rates need to be tracked more closely and perpetrator recidivism rates need to be quantified. This recommendation would require further study by the State data administrators. Given the correlations between recurrence and future maltreatment a better understanding of this variable could help the state develop more efficient implementation efforts.

3. Begin tracking services and using underutilized fields in the NCANDS database. Fields that were noted in this research to be currently underutilized were, family needs, and most notably services provided. Knowing this information could help us understand what is working in our efforts to help families and what is not. Capturing this information would serve to not only help administrators better understand the relationship between needs and resources it would also strengthen coordination among providers who address the challenges associated with maltreatment.

By implementing these recommendations the State of Maine will better serve the states child abuse victim population. It would additionally help us better understand the needs of the families involved in child abuse and neglect, and would dramatically enhance and support the work of caseworkers who are rarely given the resources they need to do a nearly impossible job. Current practice expects caseworkers to have an ability to see into the future to insure the safety of children and while many who have done the work for years have demonstrated that ability, improvements in technology, tracking, and data usage could impart that ability across all workers. Most importantly it is my assertion that by implementing these recommendations we would most certainly see a reduction of child abuse and neglect.



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