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ABSTRACT

"Examination of the Predictive Validity of Risk Assessment Screening"

by

Patricia Mary Morressy

Child Protective Services (CPS) have been under growing pressure to implement risk assessment systems over the past ten years (Dueck, H. J., English, D.J., Depanfilis, and Moote, G.T. (1993). This emphasis has come largely from the increasing number of reported allegations of child abuse and neglect (Doueck, et. al.) However, increasingly individuals involved in custody battles use the CPS reporting system to retaliate against one another. Because these reported cases require the action of CPS, the increase in allegations has overburdened the system. As a result, resources have diminished and challenges to screeners to make accurate risk assessments have been stretched (Doueck, et.al.). "The resultant strain on the protective services system has lead some authors to question whether the system is capable of helping those children who are in most need (Wexler, R., 1990, Doueck, H.J., English, D.J. Depanfilis, D. and Moote, G.T. 1993)." Consequently, a method of structuring the risk assessment process is needed to enable agencies to improve workload pressures through a comprehensive method of classifying cases by risk assessment to accurately predict future mistreatment raises serious questions and needs to be further examined.

The research question posed by this study is to what degree is risk assessment screening a prediction at the time of intake? The statement derived from this question is stated in a positive directional format: Risk assessment screening will accurately predict the risk assessment findings verified during the intake process.

A systematic random sample of 60 was made of county case records opened between July 1, 1993 and June 30, 1994 were reviewed at county Department of Social Services offices in San Bernardino and Rancho Cucamonga, California. The analysis of the study's hypothesis and classification of additional findings made use of Kendall's Tau-b (a method of cross tabulation analysis), Discriminate Analysis, Chi Square and Multiple Regression Analysis. The antecedent variable is risk assessment and the consequent variable is risk assessment intake code. The amount of association found between the consequent and antecedent variables was significant at the .001 ($p < .001$), the null hypothesis was rejected, concluding that the risk assessment screening code is screening code is significantly associated with the risk assessment intake code.

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EXAMINATION OF THE PREDICTIVE VALIDITY
OF RISK ASSESSMENT SCREENING

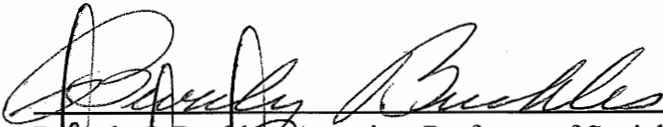
by

Patricia Mary Morrissey

A Thesis in Partial Fulfillment
of the Requirements for the Degree of Master of Social Work

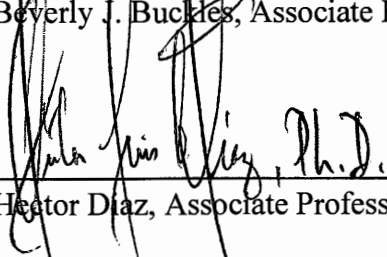
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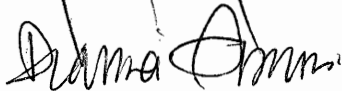


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Introduction

"Child Protective Services (CPS) have been under growing pressure to implement risk-assessment¹ systems over the past ten years (Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993)." This emphasis has come largely from the increasing number or reported allegations of child abuse and neglect (Doueck, et al). However individuals involved in custody battles, increasingly use the CPS reporting system to retaliate against one another. Because many of these reported cases require the action of CPS, the increase in allegations has overburdened the system. As a result, resources have diminished and challenges to screeners to make accurate risk assessments has been stretched (Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993). "The resultant strain on the protective services system has led some authors to question whether the system is capable of helping those children who are most in need (Wexler, R., 1990; Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993)." Consequently, a method of structuring the risk assessment process is needed. This would enable agencies to improve workload pressures through a comprehensive method of classifying cases by level of risk, allowing workers to target the most serious cases first. However, the ability of risk assessment to accurately predict future mistreatment raises serious questions and needs to be further examined. Despite widespread treatment and the

¹Risk assessment has been generally defined as an educated prediction of maltreatment of a child based upon a careful examination of pertinent data. "The purpose of risk assessment is to support decisions to open a case for services, remove a child from home or return a child. It is not intended to assist in determining if abuse has occurred. Instead it is an attempt to project into the future rather than describe the past (Palmer, p. 1, 1988).

mandate that some measure of risk assessment should be utilized, uncertain reliability and validity of current instruments have limited the usefulness and implementation of available models (Doueck, et al.). Specifically, little is known about the success ratio of the initial risk assessment screening to accurately classify cases by levels of risk. As such, the research question posed by this study is: What is the degree of association between the consequent variable Risk Assessment Intake Code and the antecedent variable Risk Assessment Screening Code? The statement of hypothesis derived from this question is stated in a positive directional format. That is: "The Risk Assessment Screening Code² will accurately predict the Risk Assessment Intake Code determined during the intake process." Because of the intrinsic inclusion of multiple risk factors in the determination of both risk assessment codes, the predictive value of a broad range of possible impinging factors on screening decisions will also be examined.

This descriptive study utilizes the theoretical underpinnings of the problem-solving approach to casework practice (Compton and Gallaway, 1984, in Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993). The ecological orientations influenced by Bronfenbrenner (1979) and the delineation of opposing environmental forces affecting potential change as conceptualized by field theory (Lewin, 1951) are also used to understand the complex nature of interactive conditions affecting risk assessment.

²It should be noted that the Risk Assessment Screening Codes and Risk Assessment Intake Codes examined in this study are the initial code given to cases at the time the first referral (i.e., first phone call, walk-in or mail-in reporting risk and the first subsequent intake) completed for each case.

Literature Review and Conceptual Framework

Contributions from problem-solving approach to casework practice

The problem-solving approach to casework practice is conceptualized as a person with a problem coming to a place where he or she is offered help through intervention. The practice application of this theoretical framework is to assist motivated individuals to begin cognitive and interactive work. This approach utilizes blended theories to produce an understanding of the human psychosocial phenomenon when faced with conditions which challenge normal functioning. This eclectic view relies on the essences of ego psychology; Dewey's (1933) rational problem solving; role theory and symbolic interaction. By combining these perspectives, assessment begins with identifying and explaining the nature of the problem and then focuses on aspects of the personality involved in the problem. Next, the client's motivation, capacity and opportunity for change is evaluated with the goal of enhancing the client's coping in effectively carrying out social tasks and relationships.

The ancestors to problem solving process are typically thought to be rational thinking by John Dewey (1933) and field theory by Lewin (1951). As such, Dewey describes the thought processes of human beings when confronted with a problem. Dewey's work has been used for the purpose of clarifying rational thinking, goal directed thinking and problem-solving strategies. Field theory by Lewin (1951) is most influential in developing a view of the group (person in environment) as an entity in motion toward goals. This movement is further identified as positive

valences (movement toward positive goals) and negative valences (involving movement away from negatively valued goals). This theory has contributed to an understanding of problem-solving as it identifies the presence of forces affecting choices both within and without of the social group.

One of the clearest presentation of the interrelationships between problem solving theory and its conceptual and practical linkage to other models pulls from the work of Helen Harris Perlman (Roberts and Nee, eds., p. 173, 1970) and Lydia Rapoport (Parad ed., pp. 211-17, 1965). Rapoport (Roberts and Nee, eds., p. 174, 1970) further asserts the compatibility between crisis theory, general role-transition states, social networks, and groups. As such, the "conditions put forward to facilitate 'problem-solving during a state of crisis' are: 1) clarification and formulation of the problem, 2) expansion and management of feelings, facilitated by 'explicit acceptance by the helping person of the disordered affect, the irrational attitudes or negation responses, and 3) the use of both interpersonal and institutional resource."

At the heart of on-going risk-assessment is a short-term problem solving approach which makes use of tools of crisis intervention, empowerment, and capacity building. This is evident in "compulsory" referrals with high-risk families which require special handling in the first encounter. According to Perlman (Roberts and Nee, eds., p. 175, 1990), "problem-solving (with modification shaped to individual diagnosis) is particularly useful for working with unwilling and alienated persons. This suggests a 'hard-to-reach' or 'go-get-um' treatment model that works

well with those who are disadvantaged and deficit-suffering.³ What is repeatedly demonstrated in work with multi-deficit families is the necessity for small rewards swiftly realized if there is to be a continued problem-solving effort." This approach combines the realities of the excessive cost of long-term treatment efforts, the demand for and duplication of services, and research that suggests that there is no difference in the efficacy of short-term and long-term treatment. According to Haley (p. 9, 1976), "if therapy is to end properly it must begin properly--by negotiating a solvable problem and discovering the social situation that makes the problem necessary."

Now it is known that the best for treatment is one that allows the social group to respond to attempts to bring about change (Haley, p. 12, 1976). As such, the problem-solving approach applied through risk assessment does not focus upon the biopsychosocial organization of the total personality, as it does not aim at personality change or reorganization. Rather, it postulates that certain aspects of personality have become super or subordinated in relation to certain roles or crucial stresses and that these may be rendered helpful in making the desired or necessary changes in behavior as well as changes in the attitudes of convictions that govern behavior. Therefore, the content of intervention in problem-solving has two major focuses, often overlapping. The first focus is the beginning, ongoing, and continuous appraisal and reappraisal of the person's motivation, capacity, and opportunity to put

³"These are problems of differences in communication capacities, in capacities for impulse control, in the valuing of action versus talk, in the need for immediate rather than postponed rewards, in the frequent distrust of relationship and therefore the incapacity to sustain it--and so on."

himself or herself into working on the problem at hand. The second focus is the finding and assessment of what factors thwart motivation, capacity or opportunity (Roberts and Nee, eds., pp. 164-165, 1970)." The totality of this method relies on the ability of the worker to differentiate and hierarchically order only those family dysfunctions that place the child at risk. This approach requires the worker to be constantly aware of his/her own value and cultural orientations which may get enmeshed with the need to save the child. As such, the hyper-vigilante worker is at risk of over reaction and intrusion in to the cultural privacy of the family system. "This means that in a problem-solving approach workers set aside their own values and ideas about how they would like to see things happen in the family. They allow the family's needs to be the focus of the change efforts (Sandal-Buckler, Sulcate, Albert, & Robs, p. 92, 1993)."

Risk Assessment in San Bernardino County

Risk assessment is a process used to assess the level of risk to a child who is reported for alleged abuse or neglect both during the initials screening and throughout the casei a case is indeed opened. It is also a tool that measures factors present in abuse and neglect situations considered important in describing the current safety of the child. These factors include the characteristics of the reported abuse and neglect, the competence and availability of the caregiver and the environment in which the child and the family exist (Harris, 1987).

Information is received by the screeners at Child Protective Services either through the hot-line (an after-hour's emergency number), walk-ins, mailed reports and letters, or during the county's business hours through the established telephone reporting system. The screeners must subsequently classify the level of reported risk, thus determining response type and timing for each case. How quickly the response is made depends on the level of alleged risk that exists for the child. The most critical issue is the age of the child. A child under 5 years of age will require a more immediate response than a ten year old child. This is guided by the view that the very young child is less able to protect himself/herself, has fewer contacts outside the home, and is more likely to sustain more serious injuries. Consequently, the screener (master's level social workers are the screeners) also determines the level of expertise required of the responding social worker who makes first contact with the child. Cases indicating immediate response (e.g., sexual abuse allegations) are referred to a master's level social worker. A lower risk referral may be deemed a ten-day response which means that the first contact may occur any time within ten days and may be assigned a social worker II (i.e., a bachelor level worker).

When examining the severity and frequency of physical injury or sexual abuse which has been inflicted on the child, the more serious and frequent the abuse, the higher the level of risk to the child. In addition, an escalating pattern of abuse in terms of severity may require the level of risk be correspondingly increased. Generally, if abusive behaviors have occurred in the past, they have a high probability of being repeated in the future. When assessing the severity and/or

frequency of abuse, caseworkers must consider the following variables and determine: 1) whether weapon or instrument was used to inflict the harm, 2) if the nature of discipline or caretaker action was sadistic, violent or bizarre, 3) if the child's injury was the direct result of the caretaker's desire to inflict injury or pain, 4) if the abuse to the child has escalated in severity over time and was administered over a period of time, and 5) if permanent harm/damage has occurred and/or there is a probability that future harm may occur. The following provides a paradigm commonly used levels of risk assessed at both the point of screening and intake (Moore, San Bernardino County, 1994).

Physical Abuse

High Risk:

1. Non-accidental injury to an infant;
2. Substantial and serious injuries exist;
3. Parent(s) has threaten to kill the child;
4. Preschool child with serious injuries.

Any child or children who are less than 5 years of age are considered to be at a higher risk for physical abuse. When the child has severe/chronic physical handicap or disability that makes him or her totally unable to care for and protect himself or herself, or totally restricts his/her daily activities, he or she is also considered to be at a high risk for abuse. In addition, a child who is significantly delayed in one or more developmental areas and may not recover even with treatment is felt to be at high risk for physical abuse. This potential for increased

chance of abuse occurs even if the child is moderately or severely mentally delayed (Fresno, p. 31, 1994).

Moderate Risk:

1. Superficial injury to a preschool child;
2. Indications of previous serious injury, but current situation is vague;
3. A placement or filing may be necessary.

A child who is 5 to 9 years of age with a moderate physical and/or mental handicap or disability that restricts some daily activities and/or subsequently requires frequent adult assistance to care for and protect himself or herself, is considered to be at moderate risk for abuse. This would also apply to a child who has chronic illness that is not life threatening, but requires regular medical care. Further, if the child is delayed in one or more developmental areas, requiring some treatment by specialists the child's risk for potential physical abuse is considered moderate (Fresno, p.31, 1994).

Low Risk:

1. Minor or vague risk to school age child;
2. Vague information about prior abuse, nothing current;
3. Parent/teen conflict with few or no serious injuries.

A child 10 years of age and older is considered to be at lower risk for physical abuse. A child who has no physical/mental handicap or disability, a child who is generally healthy; an/or has minor health problems which are being addressed

medically is considered at a lower risk for being physically abused. In addition, a child who exhibits no evidence of developmental delay and is mature enough to care and protect him or herself falls into this low risk category (Fresno, p.31, 1994).

Sexual Abuse

Sexual abuse risk level is determined by the examination of the following variables:

High Risk:

1. Indication of substantial danger which require immediate assessment.

Moderate Risk:

1. Allegations of previous sexual abuse, but immediate situation is vague or unknown.
2. Allegations of sexual abuse, but no immediate crisis.

Low Risk:

1. Non-familial and non-household sexual abuse where the primary issues involve parental follow-up. (Note: Social Worker II's or B.A. level social workers are not assigned to sexual abuse referrals. Exceptions require supervisors approval.)

Neglect

High Risk:

1. Medical conditions which, if untreated, could lead to death or permanent injury;
2. Reports of severe failure-to-thrive;
3. Any indication that an infant is at immediate risk.

If a child's basic material needs have not been met, assessment begins with identifying the source/s of neglect. Considerable attention is given to the parent's absence and/or incapacity to provide for the child. Among the possible causes associated with the caretaker's capacity may be substance abuse, ignorance of the child's needs, intentional withholding of available resources, poor household management skills resulting in sheer lack of resources. An expanded review of the factors contributing to neglect reveals that "the failure of a caretaker to provide for a child's material needs most often results from poverty (Fresno, p. 45, 1994)." When extreme environmental and economic deprivation is found, the worker is required to apply sensitivity in distinguishing between the caretaker's failure to provide and the parent's inability to provide. In either event, a high risk factor warranting protection of the child is required if the caretaker is not able to meet the minimum food, shelter, hygiene, educational, and medical needs of the child; the child has suffered physical harm or illness from marginal living conditions; the child is belittled and/or shunned by the caretaker; and the child has been frequently left unsupervised resulting in injury, illness or any other clear or present danger (Fresno, p. 26, 1994).

Moderate Risk:

1. Documentation of previous substantiated severe neglect;
2. Strong indications that a placement or filing may be necessary.

When considering moderate risk for neglect, there is evidence that the caretaker is failing to meet the minimum environmental needs of the child; the child has begun to show physical signs of trauma due to marginal health and environmental deprivation; the child receives little attention, nurturing, but is not belittle or shunned; and the child is occasionally left unsupervised (Fresno, p. 26, 1994).

Low Risk:

1. Chronic situation previously referred and without severe neglect findings;
2. Mild to moderate general neglect cases.

Assessments of low risk are given when the child is receiving minimum environmental needs; appears unaffected by marginal environmental issues; there emotional needs are being met at a minimum level; and the child has not been left unsupervised or there is no pattern of lack of child supervision (Fresno, p. 26, 1994).

Parental Absence or Incapacity

High Risk:

1. Caretaker demanding immediate removal of the child from the home;
2. If an immediate response assessment is needed to deal with possible placement;
3. Child in immediate danger due to lack of supervision.

In addition to the above, high risk is assessed if the caretaker has a diagnosed acute or chronic illness or a disability that severely impairs his/her child-caring capacity, posing a serious risk to the child; or the caretaker has severe intellectual limitations that preclude him/her from providing minimal child care (Fresno, p.31, 1994).

Moderate Risk:

1. Referral indicates assessment is needed but, immediate response is not required; Indications of possible placement or filing.

In addition, moderate risk may be assessed if the caretaker appears to have a physical or intellectual disability that interferes some what with his/her ability to provide child care; illness or disability is untreated and /or caretaker's condition is deteriorating to the point that he/she requires supplementary services to maintain the care role; and caretaker has serious communicable disease that poses health threat to the child, although it does not impair child-caring capacity. Also, moderate risk

assessments include situations in which the caretaker has a reported intellectual limitation which adversely affects his/her ability to provide minimal child care and protection, and no immediate improvement is expected, even with specialized treatment (Fresno, p. 31, 1994).

Low Risk:

1. Assessment required, but no indication of placement or filing is required.

A determination of low risk typically occurs when a caretaker has no observable illness or disability which limits his/her ability to provide adequate child care; or in spite of minor physical, intellectual limitation which impairs caretaker's ability to provide adequate child care, with appropriate services he/she has been able to maintain child care responsibilities and demonstrate a continued desire to do so. In the lowest assessment of risk the caretaker is viewed as competent; no intellectual impairment is evident (Fresno, p.31, 1994).

When comparing the risk assessment model used by San Bernardino County with others, it relies on a matrix approach which borrows content mainly from the Fresno model.⁴ This use of a decision matrix rather than an testing instrument is felt to bypass problems associated with the absolute values produced by numerical

⁴The Fresno program is the primary source of risk assessment training for the state of California. The training manual from Fresno states that "much of the material in its manual is taken directly from the Utah Child Protective Services Risk Assessment Project: Dissemination Model (UDM), published in July of 1987. The manual further reports that throughout the text, occasional modifications have been made with permission, in order to create a curriculum more appropriate to California's specific statutory needs and the guidelines set forth by the California State Department of Social Services and the California Child Welfare Training Advisory Board (Fresno, 1994).

scoring. As such, " the county does not use a point system with predetermined numbers as low scores could misinterpret potentially lethal indicators. It is also important to remember that by using a "checklist, per se" the careful thought process might be diminished (Personal Communication, Richter, 1995). Instead an evaluation of each section of the decision matrix is utilized to carefully assess the interplay of multiple factors.

Research Comparisons in Risk Assessment

Typically, risk assessment is an on-going process throughout the life of the case, beginning at the point of initial screening, intake assessment and the determination of allegation decisions. As states are mandated to accept and assess all reported abuse and neglect cases, some model of risk assessment is used throughout the nation. According to Berkowitz (1991), 42 of the 50 states have experimented with or have implemented some form of systematic risk assessment.

Risk assessment procedures seek to determine the likelihood and/or the level of severity of future mistreatment if intervention does not occur. Early methods assessing child abuse or neglect were based on professional expertise and judgments. Current systems are more likely to include systematic, often highly structured processes and guidelines using reasonably standardized criteria for risk determination. The potential benefits of developing systematic and structured risk-assessment systems has been a popular discussion in recent years. However, the ability of this approach comes into questions as, with few exceptions, most risk assessment tools are not products of rigorous scientific efforts and have serious

theoretical and methodological flaws (Wald, M. S. & Woolverton, M., 1990, p. 486; McDonald, T. & Marks, J., 1990). McDonald and Marks (1990) concluded that "the use of risk-assessment instruments has spread without adequate testing of the predictive validity of these instruments." For this to occur the accuracy of these tools needs to be tested in practice. And, although there seems to be wide spread adoption at the state level, implementation at local practice sites appears to be influenced by budget limitations, heavy workloads and the need for increased professionalism of staff.

The potential for increasing reliance on risk assessment systems by child protective agencies it is appropriate. As such, comprehensive studies, designed to establish predictive validity should be undertaken. However, until systems stabilize in their development, it will be difficult to derive definitive answers regarding the predictive validity of these models (Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993).

Risk assessment models or system can be roughly divided into four major categories; 1) the matrix approach exemplified by Illinois's CANTS 17B and the Washington Assessment of Risk Matrix (WARM); 2) the empirical predictors method, typified by models developed by Alameda County California (Johnson and L'Espobérance, 1984), Alaska (Baird, 1988), and Nassau County, NY (Levine et al., 1990); 3) the Family Risk or Child Well-Being scales developed by the Child Welfare League of America (Magura and Moses, 1986; Magura et al., 1987); the Child at Risk Field System (CARF) (Corey, 1984).

The CANTS, the WARM, and the CARF are considered to have at least some empirical support resulting from internal evaluation made by the developers in operation with state entities using the systems. The Illinois CANTS 17B was derived largely from the literature regarding child abuse and neglect. Though not empirically tested at the time of its development, it has been used as a framework to design other risk models nationwide. Because many of the concepts found in the CANTS 17B were borrowed and incorporated into other models which have been empirically tested, the predictive validity established in associated models is thought to apply to CANTS 17B. However, the CANTS 17B model, like many others, has gone through many revisions since its original conception.

Washington Assessment of Risk Matrix was developed from a thorough search of the research literature in child abuse and neglect. English (1989 b) reported that all but one of the 32 factors on the matrix (age of the parent) were found to be indicative of child abuse or neglect. Of additional interest were the findings in two other areas: (1) the assignment of risk at intake, after investigation, and at case closure, (2) the analysis of risk matrix completion.

The Child at Risk Field System: Unlike the other two models, CARF is a comprehensive system with a strong theoretical and philosophical foundation (Costello, 1989). Its major strength is its strong grounding in the theoretical literature from social work and other fields.

Continuing the research on predicting the risk of future harm to a child, Weedon, et al., (1988) evaluated the Family Risk Assessment Matrix developed by the Vermont Division of Social Services. In order to assess the reliability and validity of the protocol, 147 cases were assessed. The total scale score and three of the fourteen items on the matrix were found to have predictive values. The three items were (1) age, ability -- child's age, physical and mental abilities; (2) neglect--severity/frequency of neglect; and (3) access -- perpetrator's access to child. Risk level assignment based on scale cutoff scores also appeared to be effective in predicting subsequent abuse/neglect.

Other research endeavors are incidence studies of child abuse and neglect. The results of these studies suggest that child characteristics correlated with abuse/neglect may include physical or behavior disabilities, or a perception of indifference by the caretaker. The mental health status of the parent is also suggested risk factor. There is a general finding that an interplay of mental, physical, and emotional stresses underlie abuse.

In summary, three studies have been conducted to predict the recurrence of abuse and/or neglect (Johnson and L'Esperance, 1984; Baird, 1988; and Weedon, et al., 1988). There is agreement among these three studies, as well as other studies cited, that abuse and neglect should be studied independently as different factors appear to be involved in abuse versus neglect.

Factors Inhibiting the Ability to Complete Accurate Risk Assessment

A majority of claims to date regarding the presence of substantial false reports have come from critics of child welfare agencies and central registries, such as Victims of Child Abuse Laws (VOCAL), which contend that the low substantiation rates is evidence of unwarranted government intrusion into family life. These groups suggest that innocent people are traumatized by false accusations (Spiegel, 1985). According to Eberle and Eberle (1986), 70% of all child abuse reports are unfounded. These cases, they use to ground their claims regarding the deficiencies of the country's child welfare system.

Flango's (p. 403, 1990) suggests that the ability to determine whether or not reports are accurate or fictitious rests in an understanding of the impact of technical, legal, and policy factors on the system's capacity to substantiate information. In other words, systems whose risk assessment procedures are unprepared to differentiate between false reports that imply deliberate misrepresentation from those which reflect legitimate concerns are more likely to have a higher incidence of unsubstantiated reports.⁵ Further, a report may be considered 'unsubstantiated' because evidence is insufficient or unavailable, the perpetrator cannot be identified, the child or family cannot be located, or the situation of poor child care does not

⁵Unsubstantiated reports can be classified into two primary categories. The first category 'fictitious' reports is used to cover reports that are absolutely false or probably false. The term 'uncertain' is used to distinguish reports that are possibly false or possibly true (Flango, p. 404, 1990). Other terms such as unfounded have also been used to refer to cases where uncertainty exists.

meet the established criteria of abuse or neglect (Flango, p. 404, 1990).¹ However, according to (Besharov, 1988) the unfortunate inability to substantiate information does not mean that a child has not been abused or neglected.

In reality the number of unsubstantiated reports is comparatively low to substantiated ones. In a review of studies spanning from 1979 to 1988, Flango (p. 404, 1990) found the incidence of unsubstantiated reports ranged from 1% to 6% of the total number of cases reported. According to Besharov (1988) the presence of unsubstantiated reports should not be an evil in the system. Rather, a certain proportion of unsubstantiated reporting is an inherent and legitimate aspect of reporting suspected child abuse or neglect. Less than perfect substantiation rates suggests that reports are made when suspicion of abuse or neglect is certain and can be proven.

Methods

This study was done in collaboration with and through San Bernardino County Department of Public Social Services. A systematic random sample was made of county case records opened between July 1, 1993, and June 30, 1994. Case records were reviewed at county DPSS offices in San Bernardino and Rancho Cucamonga, California. The sample size for this study 60 cases, as determined by dichotomizing in a 3X3 Chi Square the primary research variables included in the hypothesis of this study. Data from these 60 cases were analyzed for their representativeness of cases opened during the designated time frame. A risk assessment data collection instrument (see attached) was used to record data.

No personal identifying information was recorded to ensure complete confidentiality of all parties involved (i.e., minors, adults and professionals). There was no personal contact with any party identified in the case records reviewed for this study.

Therefore, informed consent was not applicable. The methods used in this study were review by the Institutional Review Board of Loma Linda University for consideration of risk to human subjects and issued an exempt status.

Results

The findings for this study are reported for the variables as related to the hypotheses in order to: 1) describe the sample, 2) determine the frequency distribution of the consequent variable Risk Assessment Intake Code, and 3) test the stated hypothesis. Additional findings are also presented at the end of this section.

Characteristics of the Sample. A systematic random sample of was made of 60 county case records opened between July 1, 1993 and June 30, 1994 were reviewed at county DPSS offices in San Bernardino and Rancho Cucamonga, California. Characteristics of cases in the sample are described in Table 1. As such, cases reviewed are represented by 42 percent males and 58 percent females. Ethnic and age distribution is found across all categories.

TABLE 1
Gender of Children in Cases Reviewed by Age and Ethnicity

Age of Children in Cases Reviewed	Gender Children in Cases Reviewed					
	Male (N=2 %=42)			Female (N=35 %=58)*		
	Caucasian (N=19)	A Amer (N=3)	Hispanic (N=3)	Caucasian (N=18)	A Amer (N=8)	Hispanic (N=10)
<u>Age</u>	N %	N %	N %	N %	N %	N %
Up to One Year	- -	1 2.5	- -	4 10.8	4 10.8	3 8.5
One to Five Years	6 24	1 2.5	1 2.5	6 17	2 5.5	4 10.8
Six to Twelve Years	6 24	1 2.5	1 2.5	7 20	2 5.5	1 2.8
Thirteen to Eighteen Years	6 24	- -	1 2.5	1 2.8		2 5.5
Unreported	1 2.5	- -	- -	- -	- -	- -

Note: The age and ethnicity of one female was unconfirmed and does not appear in the above table.

Frequency Distributions of the Consequent and Antecedent Variables.

Table 2 provides the frequency distributions of both the consequent variable Risk Assessment Intake Code and the antecedent variable Risk Assessment Screening Code. Each of these variables utilize the same levels (values)⁶ to indicate the assessed degree of risk to the case in question. This table illustrates the closely paralleled distributions of the consequent and antecedent variables.

⁶This study applies the same value labeling system used by the county to determine risk assessment. No liberties have been taken so as to present findings in the most ubiquitous form possible.

TABLE 2
Frequency Distributions for the Antecedent Variable Risk Assessment Screening Code and the Consequent Variable Risk Assessment Intake Code

Variable and Value Labels	Value	Frequency	Valid Percent	Cum Percent
Risk Assessment Screening Code				
Immediate Response	High	16	26.7	26.7
10 Day Response	Moderate	37	61.7	88.3
FIO-ERA (Referral)	Low	7	11.7	100.0
Mean	= 1.850			
Std Dev.	= .606			
Risk Assessment Intake Code				
Immediate Response	High	16	26.7	26.7
10-Day Response	Moderate	38	63.3	90.0
FIO-ERA (Referral)	Low	6	10	100.0
Mean	= 1.850			
Std Dev.	= .606			

Discriminant Analyses.

Discriminate analysis was used to examine the predicted group membership for each of the response values for both the consequent (Table 3) and antecedent (Table 4) variables. Data for each variable classifies the response values as separate groups.

TABLE 3
Classification Results for the Consequent Variable Risk Assessment Intake Code

Actual Group	No. of Cases	Predicted Group Membership		
		1	2	3
Group 1 IMMEDIATE	16	9 56.3%	5 31.3	2 12.5%
Group 2 10-DAY	38	4 10.5%	28 73.7%	6 15.8%
Group 3 FIO-ERA	6	1 16.7%	1 16.7	4 66.7%

Percent of "grouped" cases correctly classified: 68.33%

TABLE 4
Classification Results for the Antecedent Variable
Risk Assessment Screening Code

Actual Group	No. of Cases	Predicted Group Membership		
		1	2	3
Group 1 Immediate	16	9 56.3%	5 31.3%	2 12.5%
Group 2 10-Day	37	5 13.5%	23 62.2%	9 24.3%
Group 3 FIO-ERA	7	1 14.3%	1 14.3%	4 71.4%

Percent of "grouped" cases correctly classified: 61.67%

Hypothesis and Question Guiding the Statistical Analysis The hypothesis guiding the organization of this study is stated in a positive directional format: the Risk Assessment Screening Code will accurately predict the Risk Assessment Intake Code determined during the intake process. This statement of hypothesis was tested statistically analyzing the relationship of the antecedent variables to the consequent variable in order to answer questions. The questions are followed by their analysis.

Question 1: Is there a first order correlation⁷ between the antecedent variable and the consequent variable that is independent of the potentially contaminating variables Referral Method and Worker Education⁸. Data relevant to

⁷Note: Spearman rank-order correlation coefficient is used in this study as most data is reported at the ordinal level.

⁸It should be noted that because of only initial screening and intake codes are examined in this study only variables that could be considered to alter the initial intake code are considered in this identification of potentially contaminating variables. Variables such as Type of Abuse Reported (i.e., Physical Abuse, Sexual Abuse, Neglect, or Caretaker Access/Incapacity) Age of Child, Number of Kids (listed in first call) have not been viewed as potential contaminating, as these represent the critical

this question are present in Table 5. The reader will note that one of the potentially contaminating variables, Worker Education was found to have a significant correlation with the antecedent variable Risk Assessment Intake Code. Therefore, this variable was considered to have potentially contaminating effects and thus mechanisms were used to control of this variable in subsequent analysis.

TABLE 5
First Order Correlations Between Potentially Contaminating Antecedent Variables And Risk Assessment Intake Code

Potentially Contaminating Variables	Correlation	Probability (p<.05)
Referral Method	0.21	0.11
Worker Education	0.28	0.029

Question 2: What is the degree of association between the consequent variable Risk Assessment Intake Code and the antecedent variable Risk Assessment Screening Code? A Kendall's Tau-b (a form of cross-tabulation analysis) has been used to determine the level of this association. Data relevant to this question are found on Table 6.

content in the risk assessment process and may effect the level of risk but not the relationship between the consequent and antecedent variables. Because of these variables can be considered predictors of both the consequent and the antecedent variables regression analysis will also be completed.

TABLE 6
Level of Association between the Antecedent Variable Risk Assessment Screening Code and the Consequent Variable Risk Assessment Intake Code

Variables	Mean	Std Dev.
Risk Assessment Screening Code	1.850	.606
Risk Assessment Intake Code	1.833	.587
T _b =.977, p <.001		
T =9.86, p <.001		

As the amount of association found between the consequent and antecedent variables was significant at the .001 ($p < .001$), the null hypothesis was rejected, concluding that the Risk Assessment Screening Code is significantly associated with the Risk Assessment Intake Code.

Additional Findings.

Additional analysis was also performed to determine if any of the factors inherent in the assessment of risk were significant in their explanation of the variance in either the consequent or antecedent variables. The results of the multiple regression equations for this inquiry are found in Tables 7 and 8. Significant correlations were found to exist between the predictor variables. Table 9 summarizes these findings.

TABLE 7
Variance in Risk Assessment Intake Code Explained by Predictor Variables

Predictor Variables N=60, p<.05*	B	SE B	Beta	Sig T
Risk Level of Sexual Abuse	.009	.084	.014	.91
Risk Level of Physical Abuse	-.148	.185	-.098	.43
Risk Level of Neglect	.106	.074	.195	.16
Caretaker Absence/incapacity	.063	.067	.128	.34
Total kids referred	-.004	.066	-.01	.94
Number of Previous Referrals	.134	.054	.335	.02*
Age of Children	.035	.014	.319	.02*

Total Variance Explained	
Multiple R	.53
R Square	.28
F=	2.94
Sig. = (p<.05)	.011

TABLE 8
**Variance in Risk Assessment Screening Code Explained
by Predictor Variables**

Predictor Variables N= 60 p<.05*	B	SE B	Beta	Sig. T
Risk Level of Sexual Abuse	.016	.087	2.3	.85
Risk Level of Physical Abuse	-.159	.191	-.102	.411
Risk Level of Neglect	.104	.077	.185	.18.
Caretaker Absence/incapacity	.072	.069	.139	.30
Total kids Referred	-.008	.068	.016	.91
Number of Previous Referrals	.140	.056	.037	.02*
Ages of Children	.037	.015	2.3	.02*

Total Variance Explained:	
Multiple R	.53
R Square	.28
F=	2.94
Sig.= (p<.05)	.011

TABLE 9
Identification of Significant Associations between Predictor Variables

Dichotomized Variables	X ²	DF	Probability (p<.05)
Presence of Custody Issues <u>by</u> Number of Previous Referrals	24.44	12	.017
Presence of Custody Issues <u>by</u> Alleged Neglect	15.23	6	.018
Alleged Neglect <u>by</u> Caretaker Absence & Incapacity	19.16	9	.023
Number of Previous Referrals <u>by</u> Number of Kids Referred	45.42	24	.005
Adult Role <u>by</u> Alleged Sex Abuse	56.61	6	.0001
Accessibility of Alleged Perpetrator <u>by</u> Alleged Sex Abuse	13.97	6	.029
Relationship of Alleged Perpetrator <u>by</u> Alleged Sex Abuse	89.25	27	.0001

Note: No significance association was found in the Chi-Squares of the following list of Dichotomized variables although initial correlations (Spearman's r) revealed significance: Between Age and Gender; Number of Kids Referred and Age; Alleged Physical Abuse and Age; Alleged Neglect and Adult Role; Relationship of Alleged Perpetrator and Neglect; and Gender and Number of Kids Previously Referred.

Interpretations

Characteristics of the Sample. Cases reviewed in this study were selected through a systematic random process to ensure generalizability to other Department of Public Social Service cases in San Bernardino County. However, because an administrative moratorium has been placed on the use of the county's computer data base for the purposes of research, actual representative comparisons (for the same time period) cannot be made. Rather, the reader must rely on the data presented in Table 1, which illustrates the broad demographic distribution of cases by age, ethnicity, and gender, suggesting that at least some measure of population representativeness has been achieved.

Frequency Distribution and Discriminant Analysis of the Consequent and Antecedent Variables.

Data for the consequent and antecedent variables is first presented on Table 2 which provides descriptive information regarding each of these primary variables. As one can see the frequency distributions are similar for both variables. Specifically, the majority of cases (61.7 and 63.3 percent, respectively) reviewed had been assessed moderate risk factors at both the time of screening and intake. This initial review suggests that the Intake Risk Assessment Code largely remains the same as the Risk Assessment Screening Code.

Discriminant Analysis was also used to examine the accuracy of the intergroup classifications (i.e., predicted error of classification) for both the consequent and antecedent variables. This method of analysis was deemed necessary as these two variables have substantial qualitative aspects (both conceptually and in practice application) even though each have been quantified to provide ordinal data. In this statistical application predicted groups membership is compared with actual group membership. Subsequently, the analysis provides statistical prediction of the accuracy of the intergroup classifications. Tables 3 and 4 show that, overall, 61.67% percent of the Risk Assessment Screening Codes are correctly classified, and that 68.33 percent of Risk Assessment Intake Codes are correctly classified. This comparison suggests that the accuracy of classification improves at the point of intake and face-to-face contact by the social worker. Errors in classification presented in this analysis would appear to represent errors

inherent to the internal conceptualization and categorization of multiple human factors. This interpretation is supported when one also considers the minimal change in the risk assessment coding from screening to intake.

Hypothesis and Question Guiding the Statistical Analysis. The analysis of the study's hypothesis began with an assessment of the existence of first order correlations between variables perceived to be potentially contaminating (producing alternative explanations for the findings) and the consequent variable Risk Assessment Intake Code. As can be seen in Table 5 only one of the variables considered to have potentially containing effects was found to have a first order correlation with probability at the $p < .05$ level of significance. This variable Worker Education was held constant in future analysis of the association between the consequent and antecedent variables.

Utilizing a Kendall's Tau-b, a cross-tabulation analysis was completed to determine the association between the consequent and antecedent variables. As can be seen in Table 6, a significant relationship ($p < .001$) was found between the consequent variable Risk Assessment Intake Code and the antecedent variable Risk Assessment Screening Code. As such, the null hypothesis was rejected. This finding suggests the strength of the screening process in the assessment of risk in child abuse cases. It also suggests the capacity of risk assessment screeners in San Bernardino County to accurately classify cases by risk levels for the time period reviewed.

Additional Findings

Additional analysis was conducted in this study to determine if any of the factors inherent in the assessment of risk were significant in their explanation of the variance of either the consequent or antecedent variables. As such, a multiple regression analysis was performed for each of these variables respectively. Factors considered to be predictors of variance and included in the regression equation are found in Tables 7 and 8. As the reader will note, the variance in the consequent ($R^2 = .28$) and antecedent ($R^2 = .28$) variables are explained by the Number of Previous Referrals and The Age Of The Children in the case. The unexplained variance for each variable is thought to be an artifact of the multiple human factors present in child abuse cases. Therefore, a more complex view of all the possible influences is required. This understanding would seem to be best informed by the improved methods of identifying and assessing the nature of the predictor variables contributing to the variances in intergroup classifications.

In addition to the above analysis Chi Square (X^2), tabulations were completed when significant correlations were found between predictors variables (Table 9). After reviewing the resulting significant associations found and giving consideration to the meaning these have for childrens' protective services, the following interpretations are offered for each set of Dichotomized variables.

Presence of Custody Issues by Number of Previous Referrals and Presence of Custody Issues by Alleged Neglect.

The significant association within each of these pairs of Dichotomized variables appear to be related to a growing trend of families involved in custody battles to use the energy of the child protection system to establish suspicion of neglect. As stated early, many of these reported cases require the action of CPS, and although often determined to have unfounded allegations, they still overburden the system. As a result, the amount of resources available for valid cases is diminished and challenges to screeners to make accurate risk assessments stretched. This occurrence appears to be substantial enough as to bring into question the capacity of screeners to differentiate risk levels appropriately (Doueck, H. J., English, D. J., Depanfilis, D. and Moote, G. T. 1993).

Alleged Neglect by Caretaker Absence & Incapacity.

Identification of significant association between these two variables would appear to be reflect a logical relationship. The reader will recall that of primary concern in allegations of neglect is the absence and/or incapacity of parent/s to care for the needs of their children. Specific attention in this association is given to identifying the presence of economic deprivation and parental substance abuse (Fresno, p. 45; 1994).

Number of Previous Referrals by Number of Kids Referred.

The association between these two variables would also appear to be a logical part of the child protection process. Both variables were also found to be

significant with risk assessment screening and risk assessment at the point of intake. This finding suggests that these variables present conceptual factor loading in consideration of assessment of risk.

Adult Role by Alleged Sex Abuse, and Accessibility of Alleged Perpetrator by Alleged Sex Abuse.

The association between these pairs of dichotomized variables is also supported by consideration of risk level. Here, Adult Role refers to the custodial or non-custodial role of the adult caretaker and is a major factor when determining whether or not a child is to be removed from the home to assure protection during the investigation of allegations (San Bernardino County, Risk Assessment Documentation, 1994). Equally, assessment of sexual abuse necessarily includes identification of the relationship of the alleged perpetrator to the victim.

Limitations of the Study

It is important to recognize the limitations of this type of research study. These limitations are due to 1) its descriptive-exploratory nature, 2) the lack of previous information on the association between risk assessment codes assigned at the time of screening and intake, and 3) the extremely small number of workers assigned to do risk assessment screening; data for this study was based upon an examination of case records only. Other objective and/or subjective measures which may have provided insight into the decision-making processes of workers at both phases of assessment were not employed. This lack of measurement depth, in some instances, means that findings point the way to additional inquiry rather than

conclusive explanations. In addition, the use of a single data collection site always carries with it the risk of capturing data contaminated by abnormal organizational and individual phenomenon.

Implications

The findings of this study have implications for social work education, social work practice, policy, and for future research.

Implications for social work education.

Social work educators and students have a professional responsibility to assist in the continuous renewal and improvement of delivery systems. This directive includes being responsive to the needs of previously under served and over looked populations and areas of inquiry. An essential outcome to this study and the utilization of its findings, is the linkage it promotes between social work education, research, and the child welfare practice community. As such, this research provides initial information regarding the association between risk assessment screening and risk assessment intake. By affirming this association, examining the discriminate intergroup classifications of risk assessment codes, and the variance explained by predictor factors, this study adds to the existing body of knowledge for risk assessment. This added understanding not only supported the application of knowledge in practice but also gives insight into the nature and content of child welfare curricula regarding the importance of risk assessment training.

Implication for social work practice.

This study has the potential to increase the child welfare workers' understanding and appreciation of the importance of risk assessment screening. Knowledge like that produced in this study also positions child welfare supervisors and administrators to increase the emphasis placed on risk assessment screening as a means of increasing the efficacy of the child welfare system.

Implications for social welfare policy.

This study gives support for the county's existing emphasis on detailed risk assessment screening. However, related to the capacity of workers to maintain this exceptional profile of accuracy is the need to address factors which have the potential of draining the system. Namely, policy and programs need to be developed which divert custody battles away from child protective services. For example, a cross reporting system could be developed between the family court mediation system and child protective services. This new infrastructure would appear to be a more effective and efficient way to attend to family issues and prevent the substantial personal and economic loss that results from escalating family battles.

Future research

The process of involvement in this research project has opened up many new doors for exploration and study. From the extensive search for literature and professional practice knowledge, to inform the development of this project to the gathering of data and analyzing of results, numerous additional queries have

emerged. Much remains to be explored if the validity of risk assessment is to be increased. Because risk assessment inherently includes the weighing of multiple human factors, additional research needs to be done aimed at understanding the differential nature of workers' distributive judgements. As such, more qualitative methods of inquiry may need to be explored in order to more clearly discriminate between the possible attributions that produce classification errors. This type of inquiry, by necessity, would need to follow research methodologies of grounded theory.⁹ Such a process would appear useful for developing a multi-phase, study that could eventually identify and infuse strategies for improving the construct validity of risk assessment as a predictor of future maltreatment. Applying this research model to risk assessment screening could also assist in improving the reliability of these constructs from worker to worker as the ability to apply risk assessment uniformly may be an artifact of a worker's ability draw from practice wisdom.

⁹Typically, the purpose of a grounded theory study is to understand the concerns, actions, and behaviors of a group and to explain those patterns of behaviors at a theoretical level. However, studies based upon grounded theory can also apply constant comparative methods of analysis throughout. As such, in ground theory studies the sample is not selected from a research population based upon certain variables. Rather, the initial sample is determined to examine the phenomena where it is found to exist. Thus, data collection is guided by a sampling strategy called theoretical sampling. Theoretical sampling is based upon the need to carefully collect a larger amount of data in order to examine each conceptual category to assure that a full range representativeness exists for each category. Sampling continues as necessary to produce this range and to test, elaborate, and refine and assess the validity of each category. Further sampling is done to develop the categories and their relationships and interrelationships. This process of applying grounded theory by necessity takes the researcher to additional research sites as needed to confirm the validity of the original findings.

Conclusions

An important consideration in risk assessment evaluation is the evaluation of the initial screening process. If the assessment is either inadequate or overzealous, the safety and well-being of the child and the family system could be jeopardized. The screeners at Child Protective Services must be able to assess the level of risk for a child on the basis of the information given to them not only by mandated reporters, such as teachers, therapists, physicians etc, but also the neighbors, acquaintances, and even relatives.

This research represents new a frontier in the exploration of risk assessment by examining the association between risk assessment screening and risk assessment intake. Existing models of risk assessment have primarily emphasized the environmental factors to be taken into consideration at the time of intake, with limited differentiation regarding the application of risk assessment that occurs during screening. These screeners must be skilled in the area of gathering information which will assist their decision making process.

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GLOSSARY

Abused child: Any person under the age of 18 years, in the charge of a caretaker, who is non-accidentally injured by an act of omission or commission.

Allegation: A synonym for a charge, statement, claim or declaration.

Assault: Demonstration of unlawful intent by one person to inflict immediate injury on the person of another, and even though physical contact is not an essential element, violence threatened or offered is essential.

Assessment: A professional systematic, informed approach to gathering and evaluating specific information about the family for the purpose of making decisions regarding substantiation of maltreatment, protection of the child and services to the family.

Bonding: The psychological attachment of mother to child which develops during and immediately following childbirth. Bonding which appears to be crucial to the development of a healthy parent/child relationship.

Bruise: An injury that does not break the skin but causes rupture of small underlying vessels with resultant discoloration of tissues. Synonymous with confusion, ecchymosis. Other organs can also be bruised, e.g. Brain, kidney, etc.

Caretaker: A person responsible for a child's health or welfare, including the child's parent, or other person within the person's home or a person responsible for a child's health or welfare in a relative's home, foster care home, or residential institution. A caretaker is responsible for meeting a child's basic needs and for providing protection and supervision.

Child development: A pattern of sequential stages of interrelated physical, psychological, and social development in the process of maturation from infancy and total dependence to adulthood and relative independence.

Child Protective Services (CPS): A specialized child welfare service, usually part of a department of social services, legally responsible for investigating suspected cases of child abuse and neglect and intervening in confirmed cases.

Commission: A willful or volitional act.

Complaint:

(1) An oral statement, made usually to the police, charging abusive, or neglectful conduct.

(2) A state attorney's document, which starts a criminal prosecution.

(Also known as information in some states.)

(3) A petitioner's document which starts a civil proceeding. (In juvenile court a "complaint" is referred to as a petition.)

Concussion: An injury to a soft structure resulting from violent shaking or jarring; usually refers to a brain concussion.

Confrontation: A technique used to point out contradictions between what the client says and does.

Congenital: Existing at, and usually before birth, regardless of their causation.

Contusion: A bruise; and injury of part of the body without break in the skin.

Corporal punishment: Physical punishment inflicted directly on the body. Some abusive parents mistakenly believe that corporal punishment is the only way to

discipline children, and some child development specialists believe that almost all parents must occasionally resort to corporal punishment to discipline or train children. Other professionals believe that corporal punishment is never advisable.

Crisis intervention: The purposeful activities and involvement of the helping person at the family is caught in crisis. The basis for intervention is founded in the six stages of crisis theory and includes moving.

Custody: The right to care for and control a child, a duty to provide food, clothing, shelter, ordinary medical care, education, and discipline for a child. Permanent legal custody may be taken from a parent or given up by a parent by court action.

Temporary custody of a child may be granted for a limited time only, usually pending further action or review by the court. Temporary custody may be granted for a period of hours or several days by the court.

Dependence: A reliance on other individuals.

Discipline: Behavior that educates and corrects or punishes.

Emotional abuse: Continual scapegoating and rejection of a specific child by his caretakers.

Failure to Thrive: A medical condition that is seen in very young children where there is a failure of the child to gain weight. This may be associated with a decrease in height, motor development, and head size. The cause may be organic, due to cystic fibrosis, heart disease, etc., or have a non-organic basis. As a child grows older this may be manifested in short stature (emotional dwarfism).

Incest: Sexual intercourse between persons who are closely related by blood. While

incest between father and daughter, mother and son, or sister and brother is almost universally forbidden, various cultures may extend the boundaries to prohibit intercourse with other relatives. In the U.S., the prohibition against incest is specified by many states' laws as well as by cultural tradition, with state laws usually defining incest as marriage or sexual relationships between relatives which are closer than second cousins. While incest and sexual abuses are often thought to be synonymous, it should be realized that incest is only one aspect of sexual abuse. Incest can occur within families between members of the same sex, but the most common form of incest is between fathers and daughters. It is generally agreed that incest is more common than the number of reported cases indicated.

Infant: Refers to a child between birth and one year of age.

Intake: The process by which cases are introduced into the agency. Workers are usually assigned to interview persons (for the purpose of this paper, intake refers to the workers assigned to follow up after the screeners assess risk from initial report.)

Medical care neglect: When a child has a chronic disease, deterioration in his condition or frequent emergencies because parents repeatedly ignore medical recommendations for home treatment. Reporting and foster care may be indicated.

Neglect: Non-accidental failure of a caretaker to provide a child physical, medical, or emotional necessities for normal life, growth and development.

Negligence: The doing of something that a person of ordinary prudence would not do, or the failure to do something that a person of ordinary prudence would do, under given circumstances.

Non-accidental injury: An injury that occurs other than by chance (an accident).

Legally this refers to an injury which is inconsistent with the stated cause.

Nurturing: Feeding, holding, clothing and cleaning an infant, protecting it from harm.

Tenderness, awareness and consideration of the needs and desires of the infant and appropriate interaction with the infant.

Parent-child interaction: Patterns of behavior and responses developed between a parent and a child.

Physical abuse: Physical injuries inflicted by the caretaker, sibling, babysitter; etc.

Also, non-accidental trauma. These could be rated as MILD (a few bruises, welts, scratches, scars); MODERATE (numerous bruises, minor burns, a single fracture); or SEVERE (large burns, central nervous system injury, multiple fractures, or life threatening abuse). EXTREME abuse results in death.

APPENDIX

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LOMA LINDA UNIVERSITY

Office of Sponsored Research

*Loma Linda, California 92350
(909) 824-4531
FAX: (909) 478-4131*

February 2, 1995

Beverly Buckles, DSW
Department of Social Work
Graduate School
Loma Linda University

Dear Dr. Buckles:

Your application for a research project entitled "Examination of the Predictive Validity of Risk Assessment Screening" was reviewed on behalf of the Institutional Review Board of Loma Linda University on February 2, 1995.

This study is exempt from IRB approval as outlined in the Code of Federal Regulations for the Protection of Human Studies as defined in 45 CFR Part 46.101(b)(4).

Sincerely yours,


G. William Saukel, M.D.
Chairman
Institutional Review Board

DEPARTMENT OF PUBLIC SOCIAL SERVICES

WELFARE SERVICES



COUNTY OF SAN BERNARDINO
SOCIAL SERVICES GROUP

JOHN F. MICHAELSON
Director

REPLY TO:

- | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> 1300 East Mt. View Street
Bartow, CA 92311 | <input type="checkbox"/> 396 North "E" Street
San Bernardino, CA 92415 |
| <input type="checkbox"/> 61807 29 Palms Hwy., Ste. E
Joshua Tree, CA 92252 | <input type="checkbox"/> 494 North "E" Street
San Bernardino, CA 92415 |
| <input type="checkbox"/> 1300 Bailey Avenue
Needles, CA 92363 | <input type="checkbox"/> Box 14
13207 Market Street
Trona, CA 92362 |
| <input type="checkbox"/> 9638 7th Street
Rancho Cucamonga, CA 91730 | <input checked="" type="checkbox"/> 16515 Mojave
Victorville, CA 92392 |

TDD - TELEPHONE SERVICES FOR THE HEARING IMPAIRED
(909) 387-6036

(1/93)

January 31, 1995

Dr. Beverly Buckles, DSW
Chair, Department of Social Work
Loma Linda University
Loma Linda, CA 92373

SUBJECT: STUDY OF RISK ASSESSMENT SCREENING

Dear Dr. Buckles:

This letter is to give Patricia Morrissey, a MSW Candidate, permission to utilize and conduct the study "The Predictive Validity of Risk Assessment Screening as a Determinant of the Case Records of San Bernardino County Child Protective Services Intake Response Coding". As such, Ms. Morrissey may use computer-generated case numbers (produced by this office) to make a systematic random sample of cases opened between July 1, 1993, and June 30, 1994. The records of case numbers selected will be reviewed either at central services in San Bernardino or at the appropriate district office.

It is understood that the results of this analysis will support the County's ongoing review of risk assessing. Further, it should be understood that any reporting of the results of this study other than in the final thesis document, must receive written permission from this department.

It is also understood that this researcher is bound by Departmental Policy and State Law regarding confidentiality.

If you have any further questions or need any additional information, please don't hesitate to call.

Sincerely,

JEFF WAGNER, SSSP
Child Protective Services
Victorville Office
(619) 243-8849

JW/ds

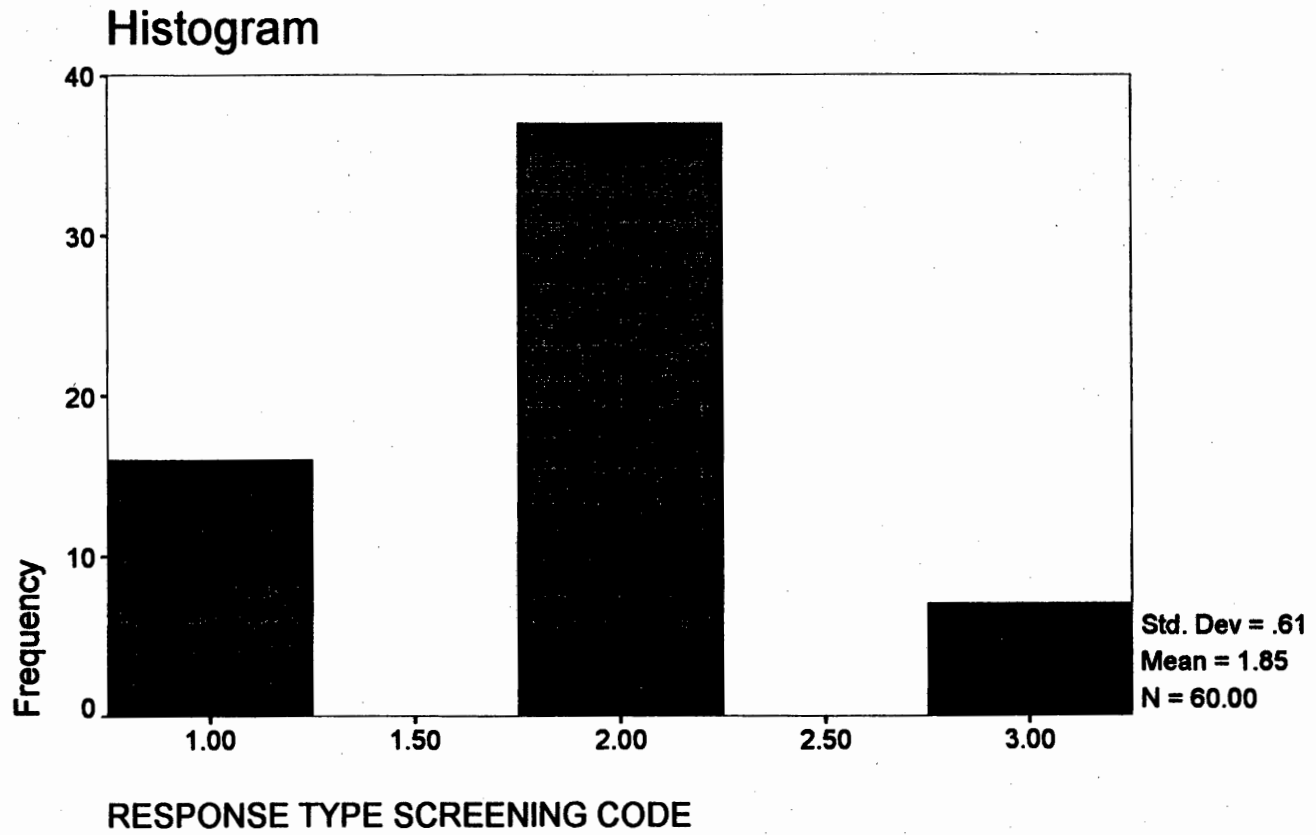
RISK ASSESSMENT MATRIX

	IN-CUSTODY (A)	PHYSICAL ABUSE (B)	SEXUAL ABUSE (C)	GENERAL NEGLECT/ETC (D)	PARENTAL ABSENCE/IN CAP CITY (E)	OTHER
IMMEDIATE RESPONSE (1) All IRs go to SSPs (HIGH)	(A1a) Immediate Response is required on all requests by Law Enforcement for assistance on a 300 W.I.C. issues	(B1a) Other high risk factors; (B1b) Preschool child with serious injuries; (B1c) Parent(s) threaten to kill; (B1d) Evident, substantial and serious injuries; (B1e) Non-accidental injury to an infant;	(C1a) Indication of substantial danger which requires an immediate assessment;	(D1a) Medical conditions which, if untreated, could lead to death or permanent injury; (D1b) Reports of severe failure-to-thrive; (D1c) Any indication a infant is at immediate risk;	(E1a) Caretaker demanding immediate removal; (E1b) IR assessment needed to deal w/possible placement; (E1c) Child in immediate danger due to lack of supervision;	(Fa) In some cases with public relations issues it may be necessary for SSSP to upgrade the case assignment status; (Fb) ERA criteria shows risk is minimal, and/or situation is resolved. W/SSSP approval such cases can be down graded; (Fc) Requests by other Counties of Home Eval or Res. verification. (Fd) Requests by other states for Home Evals; (Fe) All requests for placement need to be assessed to see if placement and filing can be prevented; (Ff) Parents refuses required medical treatment;
10-Day SSP (2) (MODERATE) (E)	ALL IN-CUSTODY CASES ARE ASSIGNED TO SSPs	(B2a) A placement or filing may be necessary; (B2b) Indications of previous serious abuse, but current situation vague; (B2c) Superficial injury to preschool child;	(C2a) Allegations of previous sex abuse, but immediate situation is vague or unknown; (C2b) Allegations of sex abuse, but no immediate crisis;	(D2a) Documentation of previous substantiated severe neglect; (D2b) Strong indications a placement or filing may be necessary;	(E2a) Referral indicates assessment is needed, but IR not required. Indication of possible placement or filing;	(Fe) All requests for placement need to be assessed to see if placement and filing can be prevented; (Ff) Parents refuses required medical treatment;
10-Day SW II (3) (LOW)	SEE ABOVE	(B3a) Parent/teen conflict with few or no serious injuries; (B3b) Vague info about prior abuse, nothing current; (B3c) Minor or vague risk to school age child;	(C3a) Non-familial and non-household sex abuse where primary issues is parental follow-up; *Sw IIs are not given sex abuse referrals. Exceptions require SSSP approval;	(D3a) Chronic situation previous referred and w/o severe neglect findings; (D3b) Mild and moderate general neglect cases;	(E3a) assessment required, but no indication placement or filing is required;	
ERA (4)	(A4a) 601/2 children should be referred to Probation;	(B4a) Abuse in out-of-home care requires immediate consult with SSSP;	(C4a) In "adult abused as child" referrals we need to see if perp is living with at-risk child currently;	(D4a) Pos Tox babies with no other immediate risk factors are referred to STOP;	(E4a) Parental absence does not require CPS intervention for medical consent, only refusal;	

**RISK ASSESSMENT DATA COLLECTION INSTRUMENT AND CODE
BOOK**

Col. #	Item #	Case Record Item	Variable Name
1-3		ID (Not case record number)	ID
4		Referral Method 01-Hotline; 02-Mail; 03-Phone; 04-Walk-in	RefMeth
5		Response type screening (code) 01-Immediate; 02-10 Day; 03-FIO-ERA	RespSer
6		Response type-intake (code) 01-Immediate; 02-10 Day; 03-FIO-ERA	RespInt
7		Worker-ED/EXP 01-SSP-MSW; 02-SW II	WorkerEd
8		Total kids referred	Nokids
9-10		Age	Age
11		Gender 01-Male; 02-Female; 03-Unreported	Gender
12-13		Ethnicity 01-White; 02-Hispanic; 03-Black; 04-American Indian/Alaskan; 05-Chinese; 06-Filipino; 07-Japanese; 09-Korean; 09-Samoan; 10-Hawaiian; 11-Guamarian; 12-Asian Indian; 13-Vietnamese; 14-Laotian; 15-Cambodian; 16-Other As/Pas Isl; 17-Unknown; 18-Unreported.	Ethnic
14-15		Language 01-Chinese; 02-English; 03-Filipino; 04-Japanese; 05-Korean; 06-Other non-English; 07-Sign language; 08-Spanish	Language
16-17		Physical Abuse 01-B1a; 02-B1b; 03-B1c; 04-B1d; 05-B1e; 06-B2a; 07-B2b; 08-B2c; 09-B3a; 10-B3b; 11-B3c; 12-B4a; 13-Multiple serious injuries; 14-Multiple minor injuries	PhyAbuse
18-19		Sexual Abuse 01-C1a; 02-C2a; 03-C2b; 04-C3a; 05-C3b (exception); 06-C4a	SexAbuse
20-21		Neglect (severe-general) 01-D1a; 02-D1b; 03-Elc; 04-E2a; 05-E3a; 06-E4a	Neglect
22-23		Caretaker absence/incapacity 01-E1a; 02-E1b; 03-Elc; 04-E2a; 05-E3a; 06-E4a	Carabinc
24		Child role 01-Victim; 02-Sibling	ChldRole
25		Adult role 01-Custodial residing; 02-noncustodial/nonresiding	AdltRole

Col. #	Item #	Case Record Item	Variable Name
26-27		Alleged perpetrator 01-Mother; 02-Stepmother; 03-Alleged natural father; 04- Presumptive father; 05-Stepfather; 06-Brother; 07-Sister; 08- Grandfather; 09-Grandmother; 10-Uncle; 11-Aunt; 12-Other relative; 13-Not related; 14-Legal Guardian; 15-Foster parent	Algperp
28		Location perpetration (child access) 01-Yes; 02-No; 03-Other (non-immediate)	Access



Histogram

