Observing Children in Danger in North America (United States and Canada)

Presented at the meeting on Observing Children in Danger and Child Protection: Advantage and Limitations of Different Mechanisms International Comparison March 20, 2015

KEMPE CENTER FOR THE PREVENTION & TREATMENT OF CHILD ABUSE & NEGLECT

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Topics for Discussion

- Methods and History

- Development and Purpose of Key Data Collection Programs in the US and Canada

- Endearing and Enduring Issues

- Implications for Policy Evaluation (a Colorado Example on Health Care Policy)

Methods of Data Collection

Self-Report Studies
- Retrospective (Adults and Children)
- Caregiver
- Child

Sentinel
- Key Community Professional

Administrative Data
- Social Services & Health Services Systems

US and Canadian Data Collection Programs

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Brief History US

Early Studies in the US
- Incidents Extracted from Media Reports (1950s – 1970s)
- National Reporting Study on Child Abuse and Neglect
  ◦ 1976 – 1988

Other Studies of Incidence
- Strauss and Gelles
- Finkelhor
- Prevent Child Abuse America

NCANDS initiated in 1988

Brief Context

Child maltreatment is both a Federal and a State responsibility

- Federal government pays significant portion of foster care costs through one program; CPS funding is more diverse
- Community standards are important

Child maltreatment is considered primarily a social service and legal issue; sometimes a public health

Legal system is highly involved

Reporting is "required" of professionals

Many Acronyms (alphabet soup) Related to Data Programs

- NCANDS
- NIS
- NSCAW
- NatSCEV
- AFCARS

- HCUP
- NYTD
- SACWIS
- CIS

NCANDS: Methods

Sample

- Universe uses no systematic "sampling" approach.
- Data are administrative and derived annually from state Child Protective Service Agencies.

Representation

- Represents only cases known to one particular service sector (child welfare).
- Includes data from all US states (case level data from 51States in 2006).
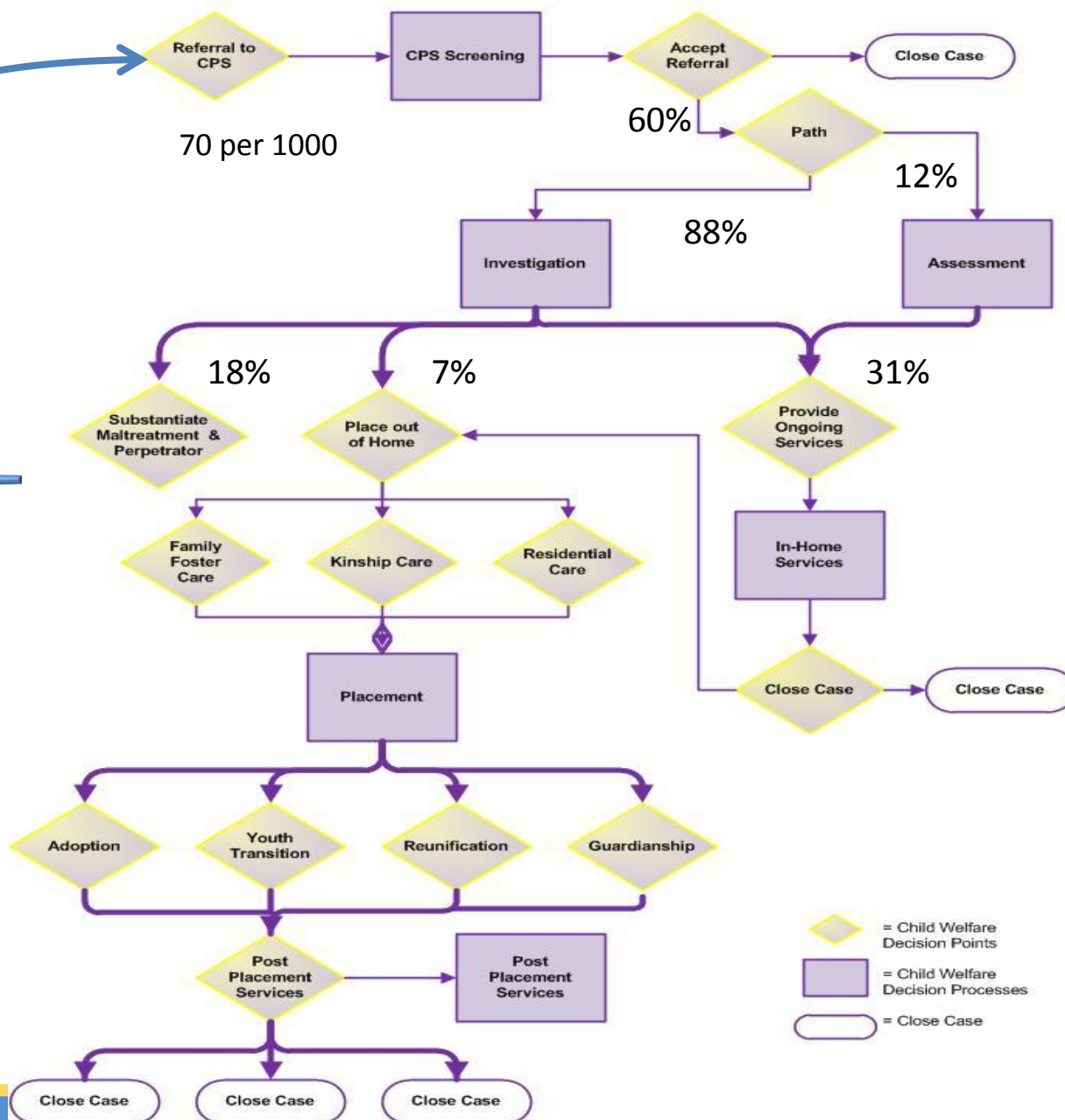
Data Collection

- Aggregate Data are survey.
- Case level from State information systems.

Figure 1: Simplified Flow of Child Welfare Decisions and Processes

Referral to CPS → CPS Screening → Accept Referral → Close Case

70 per 1000

60% → Path

12%

88%

Investigation

Assessment

18%

7%

31%

Incidence?

Substantiate Maltreatment & Perpetrator

Place out of Home

Provide Ongoing Services

Family Foster Care

Kinship Care

Residential Care

In-Home Services

Placement

Close Case → Close Case

Adoption

Youth Transition

Reunification

Guardianship

Post Placement Services → Post Placement Services

Close Case   Close Case   Close Case

= Child Welfare Decision Points

= Child Welfare Decision Processes

= Close Case

NCANDS Child Maltreatment Fatality Trends (2000-2011)
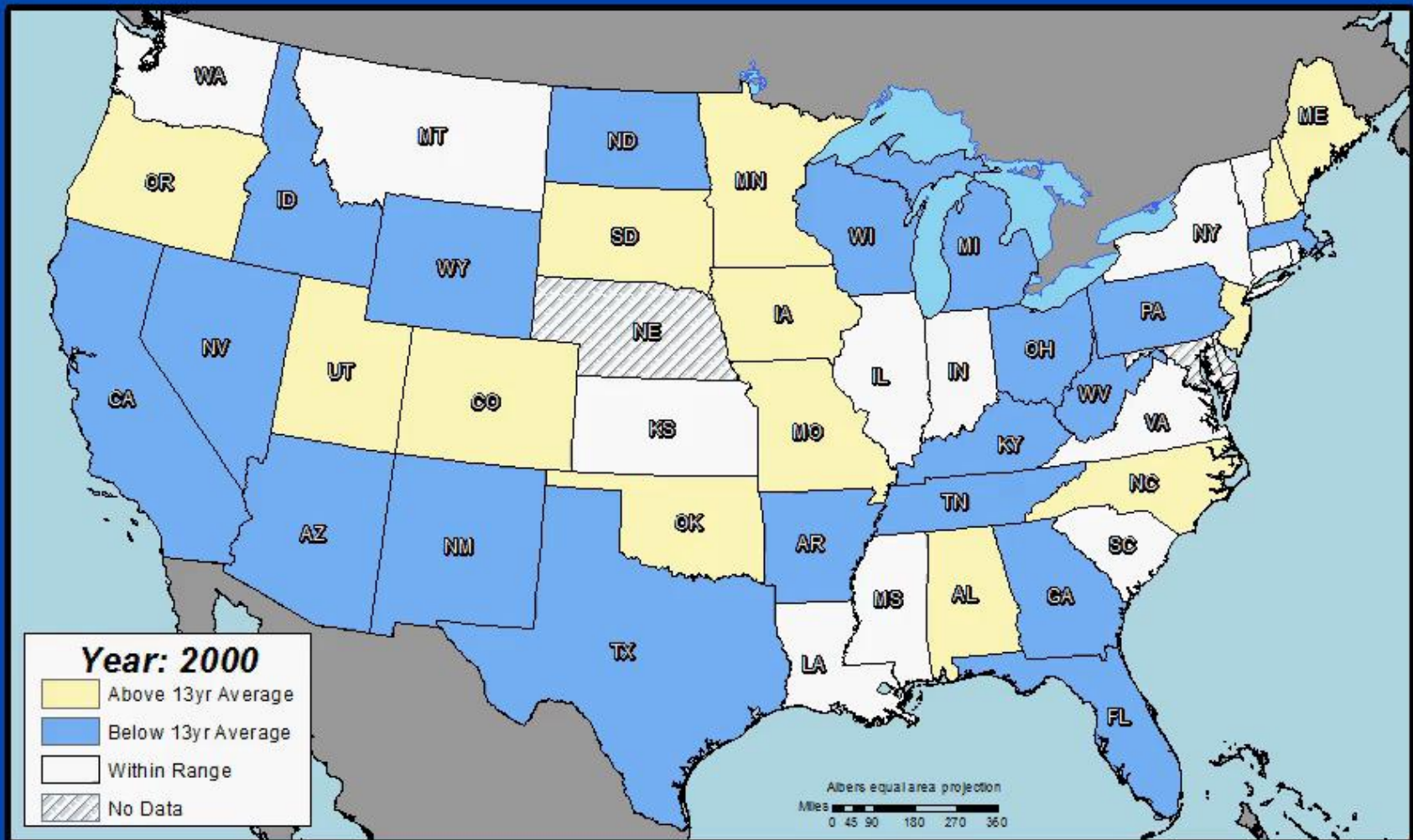
Both Aggregate and Case Level Data

State Level Data

Trend Rates per 100 Thousand

Trends in Deviation from Thirteen Year Average Rate

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Year: 2000

Above 13yr Average
Below 13yr Average
Within Range
No Data

Albers equal area projection

Miles
0 45 90   180   270   360

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Child Fatalities by Abuse or Neglect
Above/Below 13yr Average
Rate Per 100,000*

Produced by:
Matthew J. Nalty

*Average rate range is calculated
at 97.5% confidence intervals
between 2000 - 2012
Data Source: Child Maltreatment

Date Updated: 9/19/2014

NCANDS: Some Achievements

Establishes national data source

Helps understand the entity issues behind social service data

Enables complex analyses of recurrence and other issues

Provides a research database for secondary analyses

Supports governmental policy initiatives

Provides data for other stakeholders

NIS-4: Fourth National Incidence Study

Congressionally mandated, periodic research effort to assess the incidence of child abuse and neglect in the United States. NIS-1, NIS-2, and NIS-3 conducted between 1979 and 1993.

Estimates the number of children who are abused or neglected with information about:

- nature and severity of the maltreatment,
- characteristics of the children, perpetrators, and families,
- changes since the last national incidence study.

Data in a nationally representative sample of 122 counties (originally 20 counties)

NIS-4: Methods

CPS agencies provide data and professionals working in the same counties serve as NIS-4 sentinels

schools

mental health agencies

public health departments

police/sheriff department

voluntary social services

day care centers

public housing departments
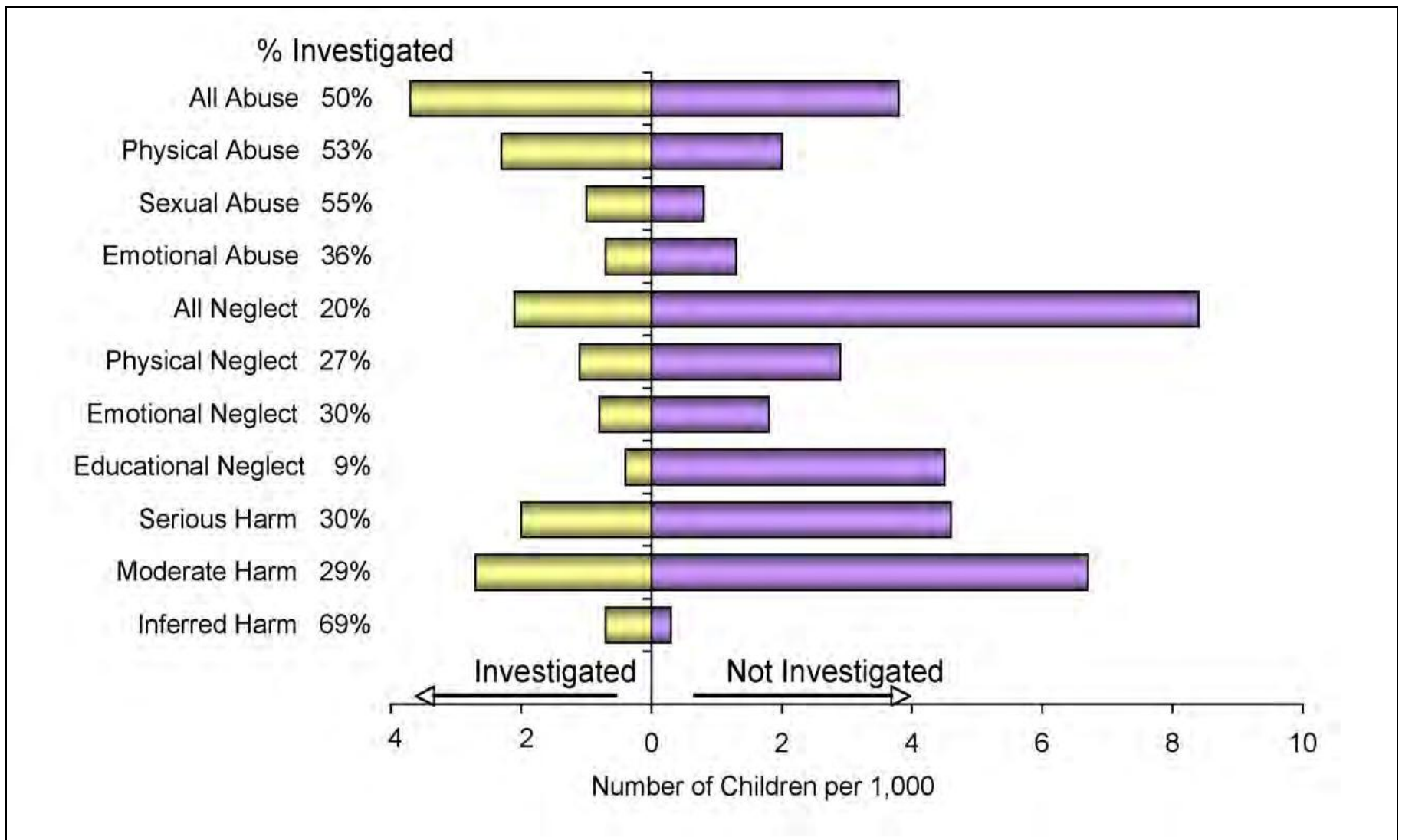
juvenile probation departments

hospitals

shelters

Figure 8–2.   CPS Investigation of Maltreated Children in the NIS –4, by Harm Standard Maltreatment Category and Severity of Harm

NIS-4: Some Achievements

Collects data not known to the public agency

Creates a point prevalence estimate from a 4 month data collection period

Has ancilliary studies such as screening, relation to policy

Has its own definitions

NSCAW: National study of child and adolescent well-being

Nationally representative sample of children and families who have contact with child welfare system

Prospective longitudinal study:
- NSCAW I: 5 waves, 60 months (1999-2007)
- NSCAW II: minimum of 2 waves, baseline and at 18 months (2008-2009)

NSCAW: Study Goals

Describe characteristics of children and families as they enter the child welfare system (CWS)

Examine the outcomes for children and families who enter CWS

Examine risk factors, service needs, and services received

Examine how children and families change over time and changes from NSCAW I to present

Describe CWS and child/family experience

NSCAW: Analytical Processes

Samples of counties and children

Children in the sample may not be found to be "victims"

Collect data on services provided and changes in various assessment items

Descriptive and statistical analyses of child characteristics

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NSCAW: Some Achievements

Rich description of children "involved" with child protective services

Understanding of cases from multiple perspectives

Data set available for secondary analysis

Numerous published research studies using data from NSCAW I including :

- Child Protection: Using Research to Improve Policy and Practice (Ron Haskins, Fred Wulczyn, and Mary Bruce Webb, Eds.) Washington, D.C.: Brookings Institution Press, 2007

One More Approach

The (Center on Disease Control) is sponsoring an initiative to increase surveillance of child maltreatment at hospitals

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Violent Death Indicator
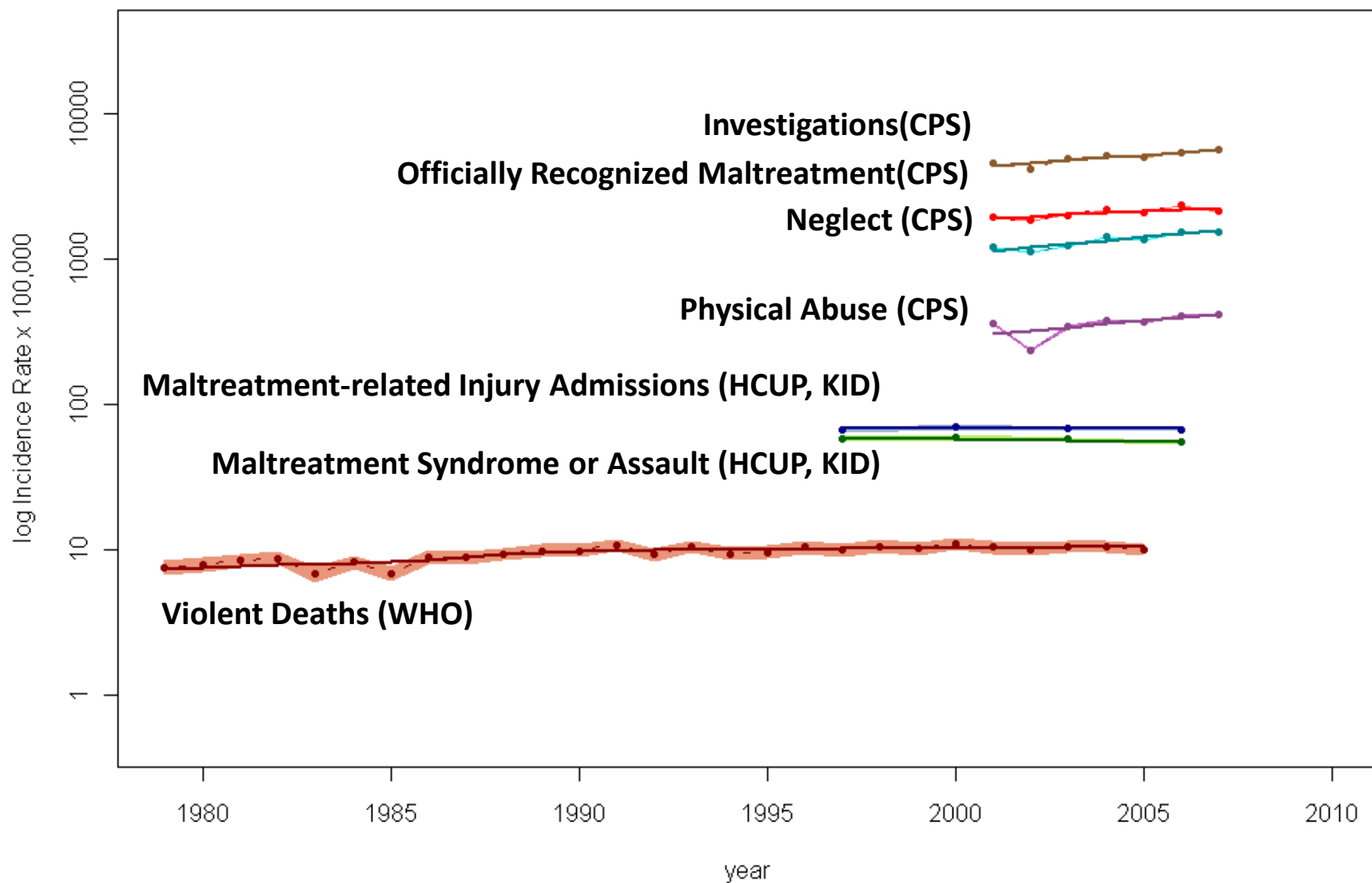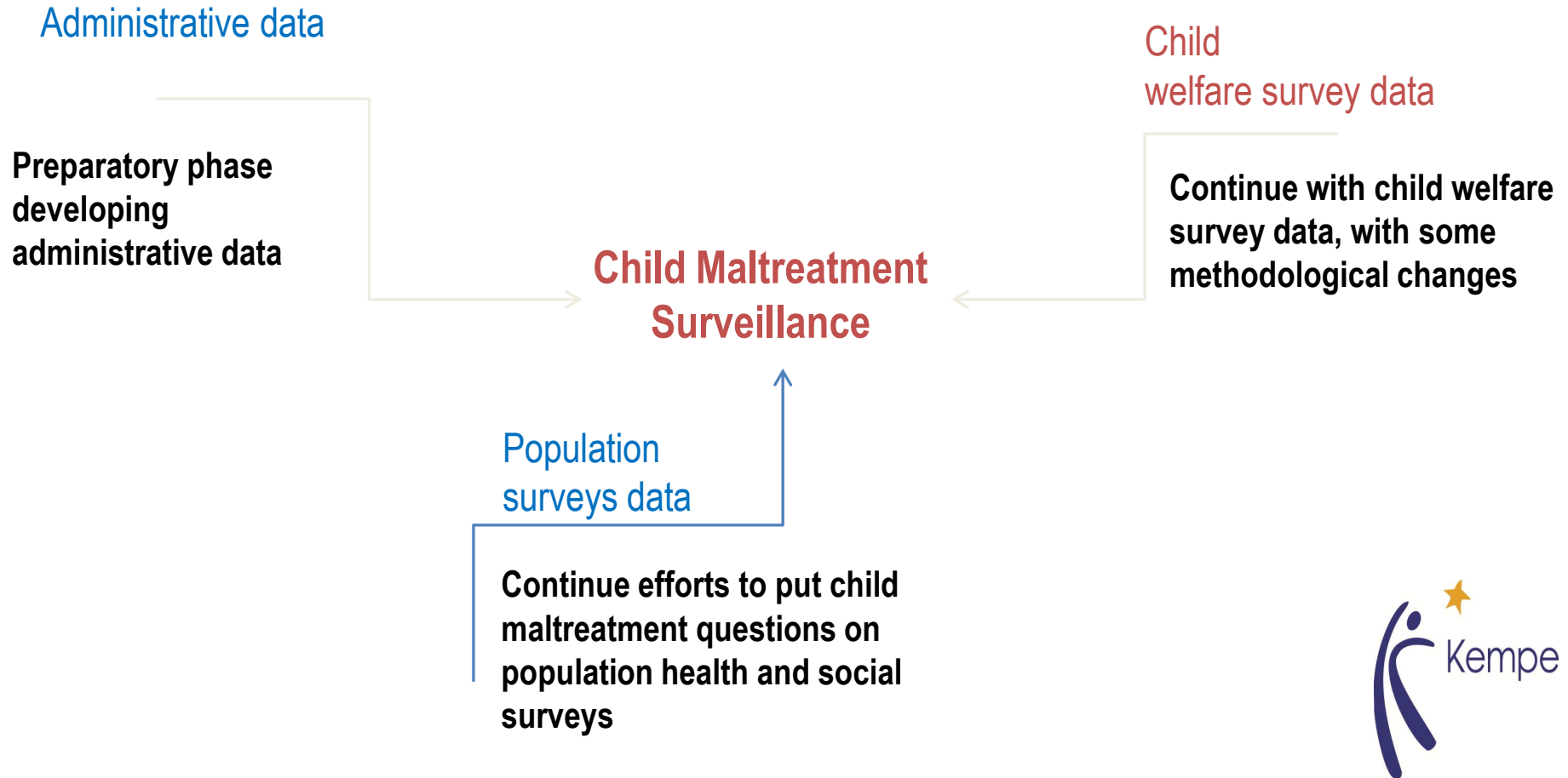
ICD 9 and 10 Codes

Sourced from the World Health Organization (CDC is the Source in the US)

Violent death - Due to homicide, inflicted injury, or injury of undetermined intent. Relates to physical abuse or assault. Violence may be perpetrated by carers (therefore physical abuse). If perpetrated by other adults or children violent death can, but not always, reflect inadequate supervision (neglect).

Investigations(CPS)

Officially Recognized Maltreatment(CPS)

Neglect (CPS)

Physical Abuse (CPS)

Maltreatment-related Injury Admissions (HCUP, KID)

Maltreatment Syndrome or Assault (HCUP, KID)

Violent Deaths (WHO)

Canadian Child Maltreatment Surveillance

Administrative data

Child
welfare survey data

**Preparatory phase
developing
administrative data**

**Continue with child welfare
survey data, with some
methodological changes**

**Child Maltreatment
Surveillance**

Population
surveys data

**Continue efforts to put child
maltreatment questions on
population health and social
surveys**

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Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)

CIS1998, 2003, 2008 (2013 in 3 provinces)

- Child protection workers in agencies across Canada

- Detailed information about new investigations

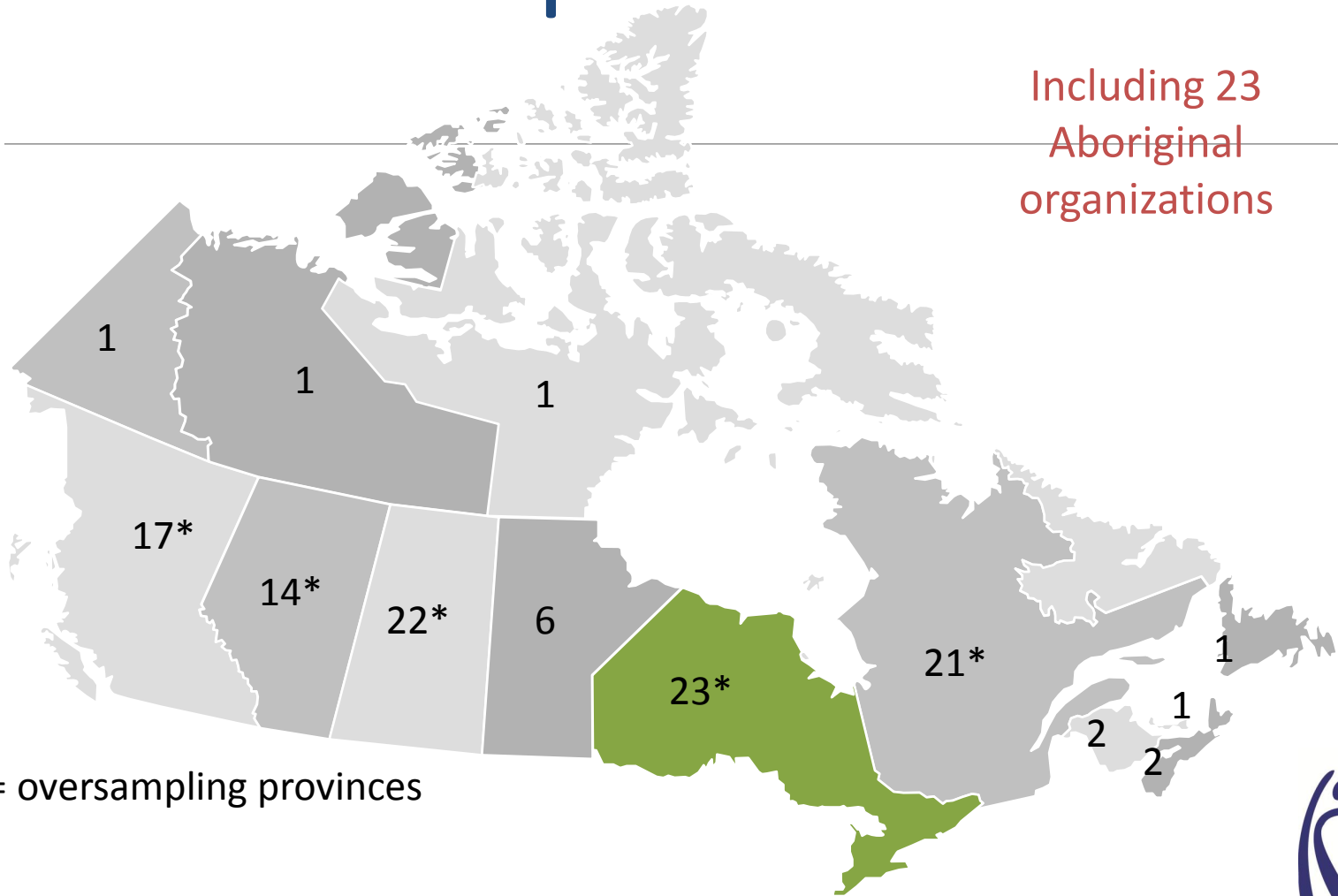- Three month sampling period

- 0-15 years old

Partnerships

Regular evaluations for continual improvements

CIS-2008 Sample

Including 23 Aboriginal organizations

1

1

1

17*

14*

22*

6

23*

21*

1

2

1

2

* = oversampling provinces

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Strengths and Limitations of the CIS

Strengths

- All Canadian provinces and territories
- Increasing Aboriginal agency participation
- Informs policy
- Extensive media coverage
- Few missing data
- Excellent test retest reliability

Limitations

- Seasonal variations
- Multiple investigations
- Proxy informant
- Cross-sectional
- Periodical

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Endearing and Enduring Issues

Definitions:

- Are they research, societal, or legal definitions?

Variation:

- How much variation is anticipated from jurisdiction to jurisdiction and why?

Theory:

- What are our hypotheses about causes of maltreatment?
- What are our hypotheses about preventive and rehabilitative services?

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Endearing and Enduring Issues

Data Sources:

- How can one maximize the use of existing data sources?

Automation:

- How will the increase of automation contribute to data availability and accessibility?

Effectiveness:

- How can we best use the data for various purposes?

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Results from the Raising Colorado Survey of Parents

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Raising Colorado

Telephone survey of 685 mothers in Colorado

Measures of past year discipline, parenting, partner violence, health care access

Mother reports on self and partner

Randomly selected a child in each family
- 32% 1 child under 18, 44% 2 children, 15% 3 children, 6% 4 children, 3% 5 or more children

Age range 0 to 17, average 10.7 (4.8)

50.6% girls, 49.4% boys

Data weighted to adjust for selection probability

Measures: Discipline and Maltreatment

Expanded version of WorldSAFE Discipline, based on Conflict Tactics Scale Parent-Child (CTS-PC), with enhancements from Dimensions of Discipline Inventory (DDI)

- Once a day or more
- A few times a week
- A few times a month
- About once a month
- A few times in the past year
- Once or twice in the past year
- Not in the past year but it happened before
- This has never happened

Measures: Discipline and Maltreatment

Discipline (e.g., praise, time out, take away privileges)

Corporal punishment (e.g., spank,

Physical abuse (e.g., hit with object not on buttocks, kick, beat, burn)

Psychological abuse (e.g., threaten to leave, threaten to kick out of house, call names, refuse to speak to child)
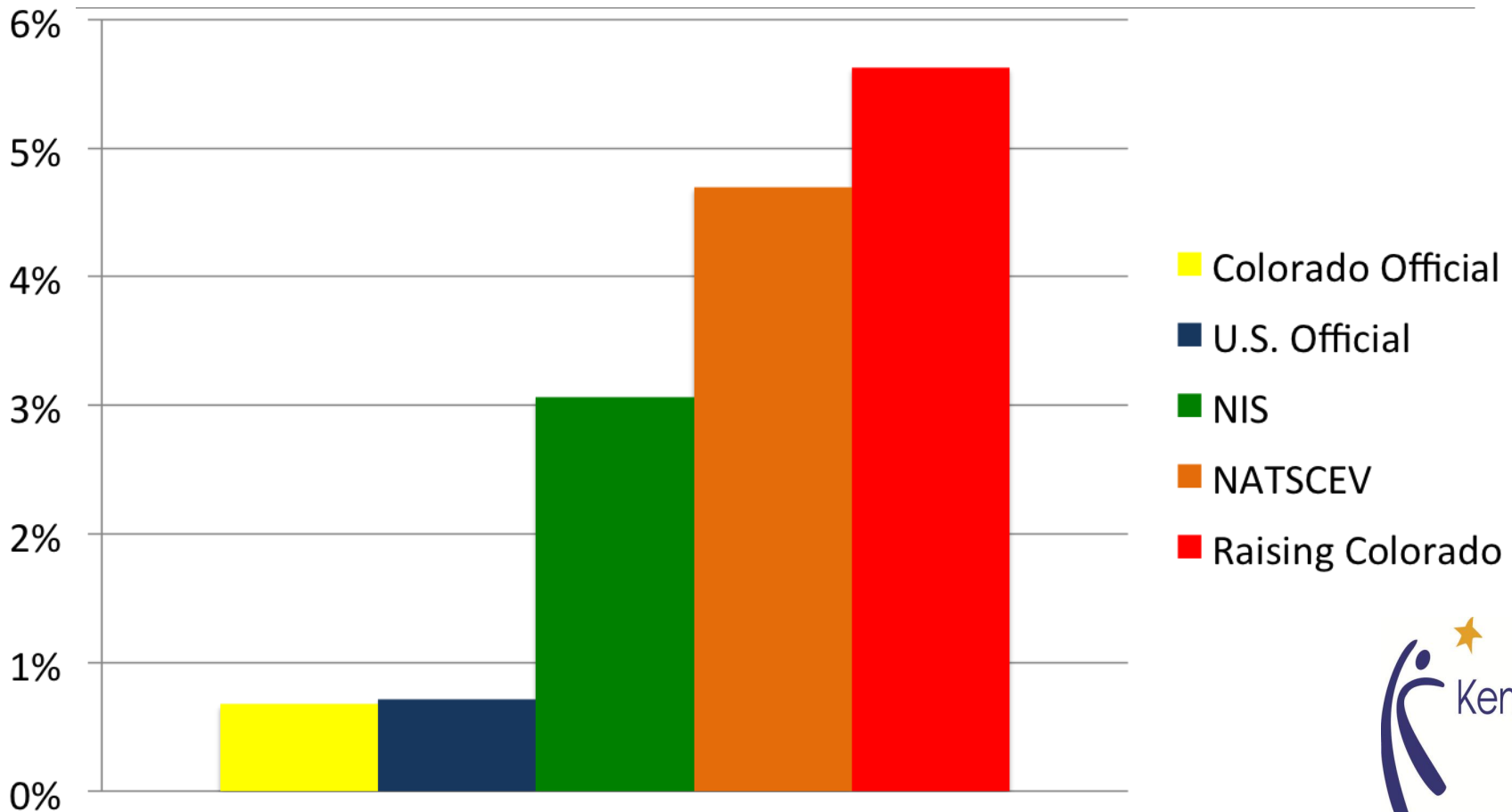
Neglect (e.g., injured because unsupervised, not enough food)

Medical neglect (e.g., difficulty getting treatment, prescribed medicine but not able to get it)
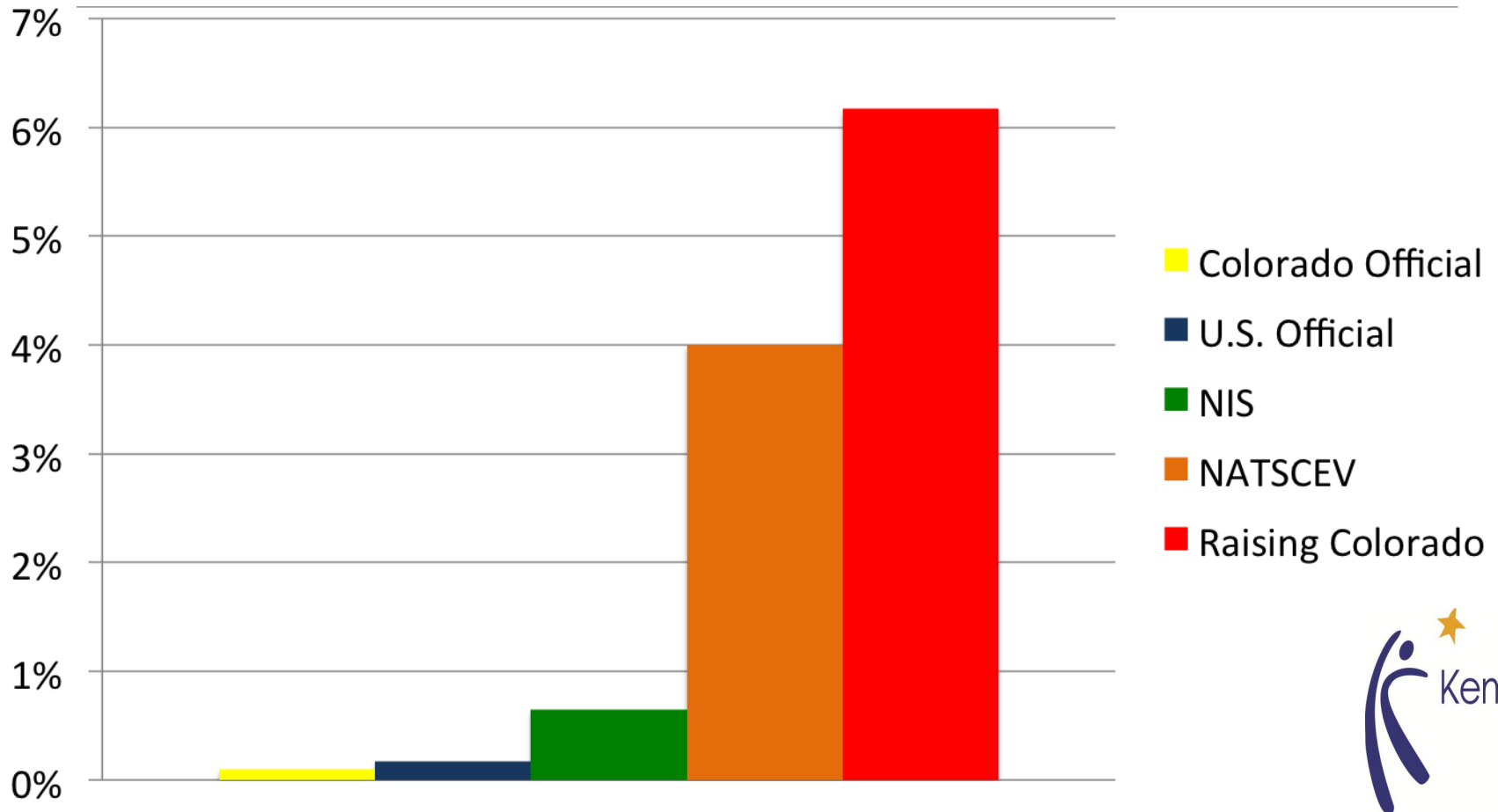
Sexual abuse (e.g., touched or made to touch adult or older child, forced to have sex)

Comparison of Neglect Rates

NIS – National Incidence Study   NATSCEV - **National Survey of Children's Exposure to Violence**

Comparison of Physical Abuse Rates

Using Raising Colorado to Address Policy

Raising Colorado Includes Questions on Health Care Access

Key Questions:

- Is Disciplinary Behavior for Insured and Non-Insured Parents Different?

- Are There Differences in Disciplinary Behavior for Parents with Limited Access to Health Care Compared to Parents with Better Access to Health Care Service?

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Colorado and the ACA

Colorado Operates its Own Health Insurance Exchange

- Connect for Health Colorado

Colorado Has Implemented Expanded Medicaid

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Health Insurance Access in Colorado

Uninsured Colorado Health Access Survey (CHAS):

- General Estimates as of 2013
  - 20% of Adults 19 to 64
  - 7% of Children
- Raising Colorado (Preliminary Unweighted Results):
  - 7% of Adults
  - 3% of Children

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Preliminary Health Insurance Findings – Raising Colorado

Of those with Health Insurance

- Most Parents Were Insured Through Work or Spouse's Work: 57%, Medicaid for Adults: 2.3%
- Insured Adults with Mental Health Coverage: 72%
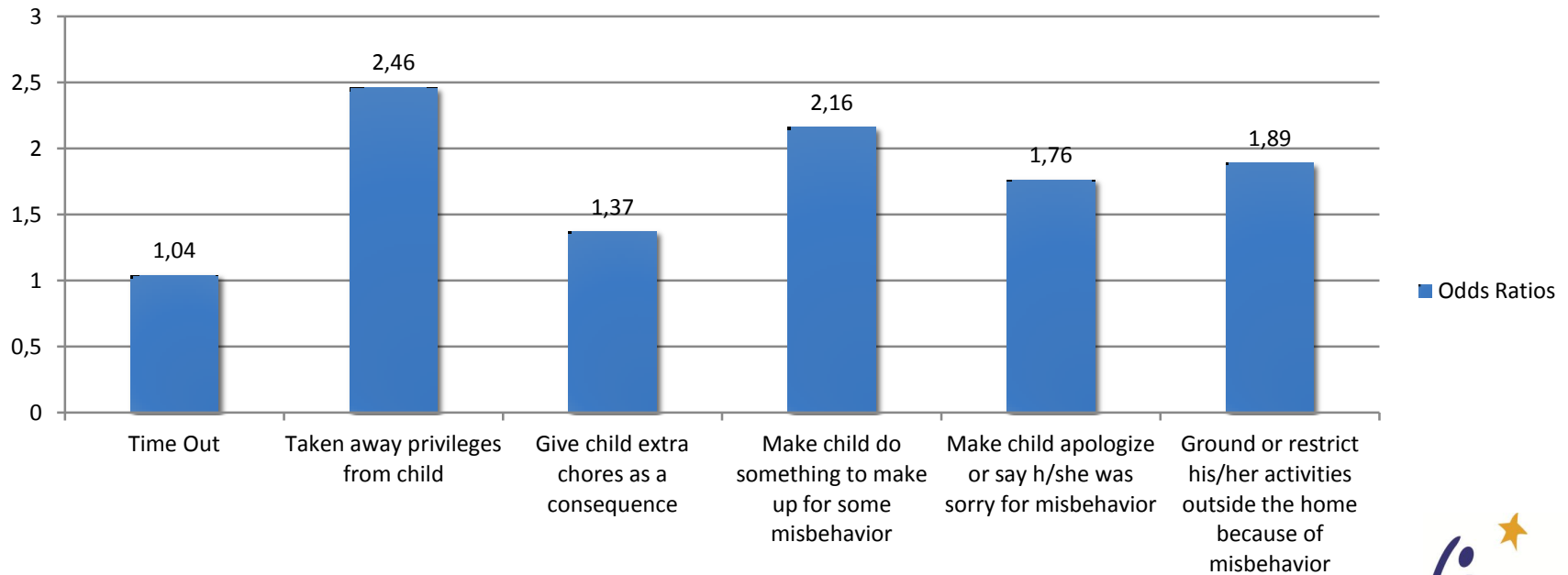- CHP + (Medicaid) Children: 4%

Compared Insured to Uninsured Parents

- Slightly greater risk of spanking for uninsured parents
- Insured parents more likely to practice non-violent disciplinary methods

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Relationship of Health Care to Parental Discipline Practices

Comparison of Type of Non-Violent Discipline for Insured vs. Non-Insured Parents (n=500)

Discussion

Results for Raising Colorado Very Preliminary

Some indication that Insurance linked to disciplinary behavior

More analysis needed with respect to:

- Access and use of health care services
- Discipline and mental health coverage and access

Contact Information

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