

# **Factors That Influence the Decision Not to Substantiate a CPS Referral**

## **Phase II: Mail and Telephone Surveys of Child Protective Services Social Workers**

**Diana J. English  
Sherry C. Brummel  
J. Christopher Graham  
Laura K. Coghlan**

**Department of Social and Health Services  
Children's Administration  
Management Services Division  
Office of Children's Administration Research  
P.O. Box 45701, Olympia, WA 98504-5701**

**February 2002**

**Grant number 90-CA-1590 funded by Department of Health & Human Services  
Administration for Children and Families  
Children's Bureau, Office on Child Abuse and Neglect**

**Project Staff:**

Diana English, Ph.D.

Sherry Brummel, BA

Tim Clark, MA

Laura Coghlan, BA

Kathy Gere, MA

J. Christopher Graham, Ph.D.

Shirley Hauschild, Clerical

Marcia Marsh, BA

Paul Marsh, BA

David Marshall, Ph.D.

Matthew Orme, M.F.A.

Jennifer Rodriguez, BA

**Consultants:**

John Fluke, Ph.D.

Donald Baumann, Ph.D.

**Acknowledgements:**

This study was conducted over a four-year period, requiring tremendous effort and support of a number of people and agencies. We would like to take this opportunity to acknowledge their contribution and to thank them.

First of all we would like to thank the Office on Child Abuse and Neglect for funding this study, and to specifically mention our federal grant officers, John Gaudiosi and Ruth Hopkins for their advice and support throughout the study.

We would also like to thank the Children's Administration program managers and field supervisors who assisted in the development and piloting of the data collection instruments, Donald Baumann for sharing the WISDOM study, and CPS supervisors for identification of staff who met the selection criteria for inclusion in the study.

Finally, we would like to thank the CPS social workers who took time out of their already busy schedules to share their input, perspective, and experiences on CPS investigations.

## Executive Summary

Traditionally, the CPS finding decision is a marker that is used to determine how many children are abused and/or neglected, and more recently as a measure of the effectiveness of the CPS program. Some cite low finding rates (substantiation) as an indication of overly intrusive, unnecessary governmental invasion into family life. Others argue that CPS services may not be intrusive enough, and that many factors influence the CPS finding decision that have little or nothing to do with whether or not abuse or neglect has occurred. This study explores the nature and character of the CPS finding decision in one State CPS system. The study was designed to clarify findings from an earlier study (Decision-Making in Child Protective Services: A study of effectiveness, English et al., 1998), and to extend those earlier findings by focusing specifically on the CPS decision *not* to substantiate a CPS referral.

The findings reported in this study are based on telephone interviews with 223 CPS social workers, and a mail survey. The specific objectives of the study are to explore CPS workers' understanding and application of specific CPS policy and practice guidelines, specific case and risk factors, and environmental/organizational factors that might influence the CPS finding decision. Furthermore, it was our objective to identify and examine factors and types of information that influence the decision to classify a case as inconclusive or substantiated across maltreatment types, and *within* maltreatment types for the decision *not* to substantiate a CPS referral. The majority of the study respondents were Caucasian and female. On average, the respondents were more experienced than the CPS work force as a whole, and had larger than recommended caseloads (based on national and local standards).

In terms of general factors that influence the CPS finding decision we found differences in the basis for the finding decision (whether based on caregiver behavior or impact on child), that the amount of time available (but not resources) influenced the decision process, and that if a CPS worker believed maltreatment occurred but they did not substantiate (based on absence of

clear-cut proof), the case was more likely to be classified as inconclusive rather than unsubstantiated.

Referrer credibility, domestic violence, substance abuse and agency policies regarding case opening were specific factors explored in greater detail, based on findings from the earlier CPS Decision-Making Study. Most workers report that referrer credibility is an issue (in perhaps as many as 30% of the cases), and while referrer credibility did not affect the depth of their investigation, it did influence the finding decision. We found there is more consistency in application of the presence of domestic violence on the finding decision than the presence of substance abuse. Two-thirds of the workers indicated they felt child exposure to domestic violence constitutes CA/N, while nearly half indicated they felt the presence of substance abuse does not constitute CA/N, although substance abuse does influence the finding decision.

This study found variation in practice associated with the finding decision based on considerations of intervention, whether there were ameliorating circumstances, and types of information available on which to base the decision. In general, the data indicate cases are classified as inconclusive if the CPS worker suspects but is unable to “*prove*” CA/N. The “evidence” might be contradictory, there is no “hard” evidence, or “there is not enough time to investigate conflicting information.” In contrast, the unsubstantiation decision can mean there is no evidence of CA/N (e.g., it didn’t happen), or there are ameliorating circumstances (e.g., isolated event, parents already addressing problem).

The major focus of this phase of the research was on the types of information present and influential in the finding decision process. Fifty-nine different types of information related to five categories of information were examined. These categories are *Proof/Evidence*, *Testimonial/Credibility*, *Observational*, *Context* and *Other*. Included in these categories was information related to child statement, the condition of the child, caregiver/perpetrator factors, resources, input from collaterals and other sources, prior CPS history/chronicity, family

characteristics, home conditions, types of proof/evidence and other. Types of information associated with substantiated and inconclusive cases was examined across maltreatment types, and within type (physical abuse, sexual abuse and neglect) for unsubstantiated cases.

For substantiated cases examined in this study, factors associated with the child (disclosure, credibility, condition and risk), the caregiver (admission), collaterals (negative) and law enforcement involvement were important. Proof or evidence (physical harm) were the most influential factors for substantiating a referral plus perpetrator admission, and child statement. For cases classified as inconclusive factors related to the child (basic needs met), caregiver response (denial, plausible explanation, cooperation), family context (caregiver/child relationship, satisfactory condition of home, resources and social support and prior history) were important. While the above factors were frequently *present* in cases classified as inconclusive, lack of proof, input and ameliorating circumstances were *influential* in the decision process.

A primary focus of this study was on factors that influence the decision to unsubstantiate a CPS referral. Two analytical approaches were used to highlight “important” factors and to examine the “differential importance” of the factors by type of CA/N. The most striking finding is that different factors or types of information are reported as frequently present in unsubstantiated cases across maltreatment types, and that sometimes frequently present factors are important and influential and sometimes they are not. Table 28 from the body of the report has been included in the Executive Summary as a reference and provides a summary of the major findings related to the most frequent and influential factors associated with the CPS finding decision.

**Table 28**  
**Summary of Factors Most Related to Finding Decision,**  
**by Outcome and Type of Maltreatment**

KEY GROUP/ISSUE	Inconclusive	Substantiated	UNSUBSTANTIATED					
			DESCRIPTIVE			STATISTICAL		
			PA	SA	PN	PA	SA	PN
<b>I. Proof/Evidence</b>								
(≥ 45% present)								
Physical harm to child		X				X+	X-	X-
No physical harm to child			X*	X	X	!		
Emotional harm to child		X						
No emotional harm to child				X		X-		X+
Medical evidence								
No medical evidence			X*	X*	X	!	X+	X-
Observable evidence		X						X+
No observable evidence			X*	X	X*		X-	X+
Enough proof to pursue action		X						
No clear-cut proof of CA/N	X		X*	X*	X*			
Social worker witnessed abuse								
Suspected CA/N, but unable to prove (mixed)								
<b>II. Testimonial/Credibility</b>								
Child disclosed CA/N		X				X+		X-
Child denied CA/N			X	X*	X			
Child recanted							X+	X-
Alleged perpetrator admitted CA/N		X						
Alleged perpetrator denied CA/N	X							
Caregiver gave plausible explanation	X		X	X	X*	X+	X-	
Collaterals gave negative reports		X						
Collaterals gave positive reports			X*	X	X*		X-	
Collaterals gave conflicting (mixed) reports							!	
Child statement not credible							!X+	X-
Child statement credible		X	X	X	X			
Referrer not credible				X		X-		X+
<b>III. Observational</b>								
Child behavioral indicators		X				X-		
No child behavioral indicators			X	X		X-		
Child's basic needs not met								
Child's basic needs met	X		X		X*	X-	X-	!X+
Unsatisfactory condition of home								
Satisfactory condition of home	X				X		X-	!X+

An “X” indicates an *important* relationship of a factor. Relative to a given type of maltreatment, “+ and –” are *more* or *less* likely to be an association than expected. A “\*” indicates an important factor even by restrictive criteria. A “!” indicates a factor with *very high influence*, more so than would be expected for a type of maltreatment given its overall influence.

**Table 28 (Continued)**  
**Summary of Factors Most Related to Finding Decision,**  
**by Outcome and Type of Maltreatment**

KEY GROUP/ISSUE	Inconclusive	Substantiated	UNSUBSTANTIATED					
			DESCRIPTIVE			STATISTICAL		
			PA	SA	PN	PA	SA	PN
<b>IV. Contextual</b> (≥ 45% present)								
Cooperative caregiver	X		X					
Uncooperative caregiver								
Non-abusive caregiver not protective							X+	X-
Non-abusive caregiver protective			X	X			X+	X-
No appropriate resources or social support available to family								
Appropriate resources or social support available to family	X	X			X	X-		X+
CPS history	X	X						
No CPS history			X		X			
Poor caregiver/child relationship							X+	X-
Good caregiver/child relationship	X		X*	X	X*			
Current family domestic violence issues							X+	
No current family domestic violence issues			X			X+		
Family addressing or had resolved problems			X	X	X*	X-		X+
<b>V. Other</b>								
Assessed risk of future harm		X						
Inadequate time resources to complete investigation								
Adequate time resources to complete investigation		X	X		X			
Injury determined accidental			X			X+	X-	X-
LE involvement		X	X		X		X+	X-
Input from supervisor			X		X			

An “X” indicates an *important* relationship of a factor. Relative to a given type of maltreatment, “+ and –” are *more or less* likely to be an association than expected. A “\*” indicates an important factor even by restrictive criteria. A “!” indicates a factor with *very high influence*, more so than would be expected for a type of maltreatment given its overall influence.

*Enough* proof, a credible child disclosure, perpetrator admission, negative collaterals, child behavior indicators, prior CPS history, resources, social supports, assessed risk of future harm, law enforcement involvement and enough time to investigate are associated with a substantiation. Lack of “*clear-cut*” proof (but reason to believe CA/N occurred), perpetrator denial *or* plausible explanation, observation that a child’s basic needs are met, the home is in satisfactory condition, the caregiver is cooperative, there are resources and social supports, a good caregiver/child relationship and prior CPS history are associated with an inconclusive finding decision.

Regardless of type of maltreatment, some factors were descriptively important to unsubstantiation. These factors include absence of physical harm, no medical or observable evidence, no clear-cut proof, child denial or statement not credible, caregiver gave plausible explanation, collaterals gave positive reports and there was adequate time/resources to complete the investigation.

For the *physical abuse* cases, issues especially likely to be present in an unsubstantiated case are whether the injury is determined to be accidental, there is physical harm to the child, there is no current domestic violence, the caregiver has a plausible explanation, and whether the child disclosed CA/N. Especially influential when they *were* present in these physical abuse cases were the issues of no physical harm to child and no medical evidence of CA/N, pointing to the centrality of issues related to Proof/Evidence for physical abuse cases.

For the *sexual abuse* cases, issues especially likely to be present in an unsubstantiated case are whether there is medical evidence of CA/N, the child recanted, the child's statement is not credible, whether or not the non-abusive caregiver is protective, whether there is a poor parent-child relationship, current domestic violence issues, and law-enforcement involvement. Especially influential when they *were* present in these sexual abuse cases were the issues of collaterals giving mixed reports and the child's statement not being credible, which points to the centrality of issues related to Testimonial Information and Credibility for sexual abuse cases.

For the *physical neglect* cases, issues especially likely to be present in an unsubstantiated case are whether there is no emotional harm to the child, whether or not there is observable evidence of CA/N, the referrer is not credible, the child's basic needs are met, the satisfactory condition of the home, appropriate resources and social support are available to the family, and whether the family is addressing or had resolved the problems. Especially influential when they *were* present in these physical neglect cases were the issues of whether the child's basic needs



are met, and whether the home is in satisfactory condition, pointing to the centrality of Observational information for physical neglect cases.

It is interesting to note not only how different factors and kinds of information are differentially utilized by workers judging cases with different types of maltreatment to be unsubstantiated, but also how the *presence vs. absence* of certain factors can serve different functions in the decision-making, and even be differentially utilized *vis a vis* cases presenting different forms of maltreatment. For example, whether there is *no* current domestic violence shows up as especially likely to be an issue in the unsubstantiated *physical* abuse cases, but the *presence* of current domestic violence issues was especially salient for the *sexual* abuse cases. To generalize, such findings indicate the importance of distinguishing between presence and absence of factors, because the alternative forms of the information may possibly serve distinctive functions depending on the particulars of a case and the decision(s) being made.

While we wanted to explore the case context factors that influenced CPS findings, we also wanted to explore the work environment in which these decisions take place. Workload, including the number of cases and the amount of time available to do the job, are major contextual issues. Workers prioritize investigation and assessment as their highest priority role function. The study indicates staff perceptions of strong first-line supervisory support, a factor which other studies have found to moderate stressful working environments. Workers' report stress does impact their decisions, especially stress related to child safety, making the wrong decision and liability.

We found considerable variation in understanding of policy guidelines, practices and worker values that can influence the finding decision process and some workers told us they do not substantiate some cases even when they believe abuse/neglect occurred. Furthermore, agency (local office) policy related to services and case openings may influence the finding decision. Specific findings related to neglect are also noteworthy. Context variables (in the

larger community and within individual families) exert a larger influence on findings for neglect cases compared to other types of maltreatment. We also found considerable variation in worker values regarding specific parental behaviors associated with neglect and physical abuse, and the role of domestic violence and substance abuse in the CPS finding decision process. Finally, referrer credibility was identified as an issue in 20% to 30% of the cases identified in this study, most frequently neglect cases. However, referrer credibility was not as frequent or influential as other factors in the decision process and when present it's primary influence is on the decision to unsubstantiate.

In summary, this study explored factors that influence the CPS finding decision, especially the decision to unsubstantiate. The data revealed a number of contextual variables related to the CPS worker and the working environment that influence the decision process. When looking specifically at case factors we again found variation in factors that influence the three different finding options, and across maltreatment types for the unsubstantiation decision.

To our knowledge, this is the first time this level of detail about this CPS decision has been collected (except in the decision ecology found in the Texas Wisdom Study, TPDRS, 1997). In our view, this data does not support “*conclusions*” about whether these factors and context produce *good* or *bad* finding decisions, but instead opens up whole new sets of questions about factors at play in the decision process. In fact, we think this data raises a whole new set of questions for researchers, policy makers, administrators, and CPS workers alike. Some of these questions are:

1. Do CPS workers who view their role as investigators take a different approach to CPS work compared to the assessors, and if so, does this difference in approach result in different outcomes?

2. Do outcomes for families differ if the decision is made based on outcome vs. behavior or both? What guidance is provided by the legal definition of child abuse/neglect, CPS training, and supervision?
3. Should CPS investigations continue based on risk? And if so, are there inconsistencies in practice guidelines such that some CPS investigations proceed on one basis and others do not?
4. Does local office policy influence a CPS worker to classify a case as inconclusive or unfounded, even when they believe that abuse/neglect was “more likely than not” if it means they must open a case for services?
5. Could excessive workload produce practice rationales which support an unsubstantiated or inconclusive finding decision as a workload management mechanism?
6. How does this process affect our understanding of what the finding decision means?
7. Should there be consistent application of policy, or should the policy be changed to allow for variation in the decision that is beneficial to families who are in “adverse circumstance and doing the best they can?”
8. Are workers making the finding decision (especially for neglect) based on the *context* and *impact* of the maltreatment rather than applying the *did it happen* criteria?
9. Is the inconsistency of practice in making the finding decision due to workload pressures, individual worker values and understanding of policy/procedures, or unclear policy and practice guidelines?
10. Assuming comprehensive assessments are the standard for CPS investigations, why does the absence of behavioral indicators appear less prominent for neglect cases, and basic needs and home conditions appear to be less important as factors in physical or

sexual abuse unsubstantiated cases (or substantiated cases), compared to cases of neglect?

11. Why are Proof/Evidence factors most influential for physical abuse cases, Observational information for physical neglect cases, and Testimonial and Credibility information for sexual abuse cases?
12. Why is information from children influential in sexual abuse cases but *not* neglect?

The overall impression drawn from this data is that many factors can influence the CPS finding decision. These factors include the environmental context within which the work of CPS is carried out, the clarity of guidelines and policies that govern the decision process, individual worker perception of role, understanding and application of policies and guidelines, as well as individual family and case circumstances. The impact of any, all or a combination of these factors can influence findings in individual CPS cases and across cases.

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## CHAPTER I: INTRODUCTION

### A. Purpose of Study

The purpose of Phase II of this research, *Factors that Influence the Decision Not to Substantiate a CPS Referral*, is to continue to explore factors that influence the finding decision in investigations of child maltreatment conducted by child protective service (CPS) workers. Research in the last two decades has found that many factors can influence the decision to substantiate a CPS referral. Some of these factors relate to what will be called decision context variables. Decision context variables can include case, organizational, environmental and individual factors associated with the decision-maker (Kern, Baumann, & Fluke, 1997). In Phase II of this study we explore some decision context variables that may influence the finding decision associated with CPS investigations. In this study we wished to clarify findings from the earlier CPS Decision-Making Study conducted in Washington State (English, Marshall, Brummel, & Coghlan, 1998), and to explore additional variables identified by others as influential.

The primary focus of the study is to identify factors associated with the decision *not* to “find” (or to “unsubstantiate”) abuse/neglect after a CPS investigation. Words used to document the decision regarding whether maltreatment did or did not occur vary in the research literature and in practice. Terms such as founded and substantiated are used interchangeably to indicate that maltreatment did occur. Likewise, terms such as unfounded and unsubstantiated refer to the decision that child maltreatment did *not* occur. In this report the term *substantiated* refers to a finding that maltreatment did occur and *unsubstantiated* refers to a finding that maltreatment did not occur. In order to understand the factors associated with the decision *not* to substantiate, the decision to find or substantiate and the decision to classify an investigation as *inconclusive* also are examined.

## **B. Specific Objectives for Phase II**

1. To explore the similarities and differences in CPS workers' understanding and application of specific CPS policy and practice guidelines on the finding decision process.
2. To explore similarities and differences in CPS workers' understanding and application of specific case and risk factors to the finding decision process.
3. To explore the presence of environmental/organizational factors and their possible influence on the finding decision.
4. To identify factors and types of information that influence the decision to classify a case as inconclusive or substantiated across maltreatment types, and within maltreatment types for the decision *not* to substantiate.

## **C. History and Overview**

Since 1977 there have been a number of studies examining factors that influence a finding (or substantiation) of maltreatment, or conversely factors associated with there *not* being a finding of maltreatment. The explicit and implicit assumption has been that if there is not a finding of maltreatment upon investigation the referral was inappropriate and should not have been made (Zuravin, Watson and Ehrenschaft, 1987; Eckenrode, Powers, Doris, Munsch & Bolger, 1988; Wells, Downing and Fluke, 1992; and Drake, 1995, 1996). CPS systems have been characterized as overly intrusive and unnecessarily invasive in families' lives (Besharov, 1985; Robin, 1991; Hutchinson, 1993; and Drake, 1996). Some CPS detractors have argued that unsubstantiated reports are based on false accusations and malicious intent and that these reports should not be the basis for governmental intrusion in family life (Besharov, 1990). Based on these assumptions, there is an argument made to restrict mandatory reporting laws and to narrow the scope of CPS.

Available data, however, does not necessarily support the contention of overly intrusive government intervention in family life. While there may indeed be a small percentage of false or malicious reports, emerging evidence would indicate quite the reverse (Flango, 1991; Drake, 1996; Trocme, 1996; Hasket et. al, 1995; and Giovannoni, 1991). In fact, this recent data may even lead to the conclusion that CPS systems have not been intrusive enough; the suggestion has been made that these systems could in the long run be more cost effective and efficient if they were *more* intrusive, not less.

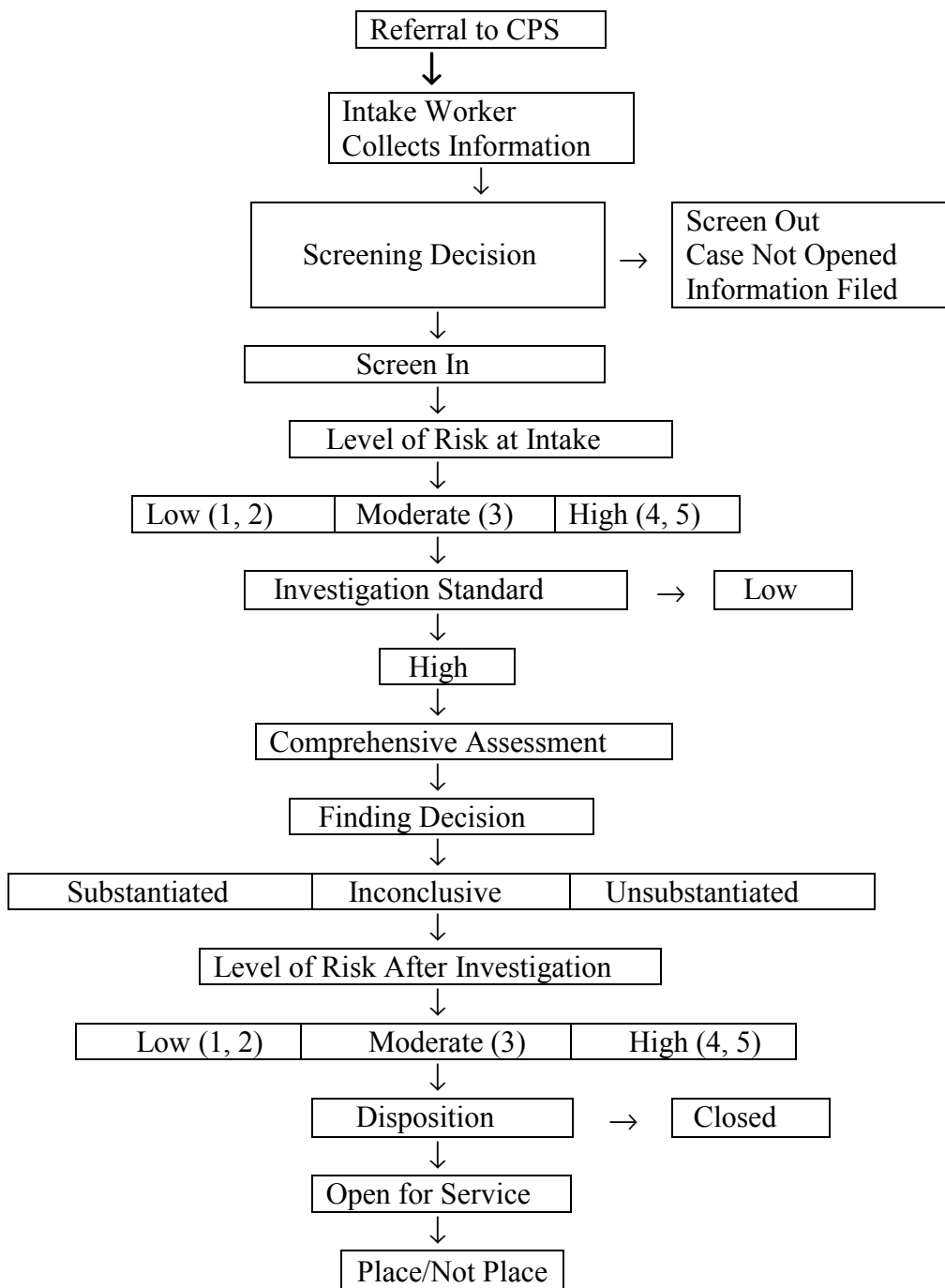
In order to place the discussion about the rate of substantiated or unsubstantiated maltreatment in context, it is important to understand the operation of the CPS system and how the decision about whether or not maltreatment, as alleged or as revealed during an investigation, fits into the broader CPS decision context. First, before CPS takes action, someone in the community, (a professional, friend, family member, neighbor, or citizen at large) observes or witnesses a situation that causes them to believe (assuming their good faith) that an incident (or pattern) of maltreatment has or is occurring and makes a report. CPS must determine if the allegation meets criteria for acceptance, utilizing screening criteria established by law or policy. Generally, laws are vague and ambiguous while policies provide greater specificity regarding what is a “legitimate” CPS referral. If CPS determines that the referral does not meet entry criteria, the referral is screened out.

If a referral *does* meet screening criteria, the referral is accepted for investigation. Investigations typically include a review of agency records for prior contacts, calls to persons (collaterals) who may know something about the incident, and a face-to-face contact with the child and the alleged perpetrator. If assigned for a CPS investigation, typically the child and family are interviewed, and the investigating worker makes a decision about whether abuse/neglect occurred based upon the interviews, a review of records, and any collateral information gathered. The finding decision is about whether or not abuse/neglect occurred *in*

*this particular incident*. If the answer to “did this happen?” is “yes” (substantiated) the worker must decide if the child is at risk, is in need of immediate short or long-term protection, and whether the case should be opened for ongoing service. The case may be opened for services based on a family’s willingness to voluntarily participate, or if unwilling and it is determined the child needs protection, the CPS worker can ask the court for authority to protect the child.

If a CPS worker *does not* substantiate a specific incident, but assesses that the child is at risk, there is insufficient evidence to go to court and the family refuses services, the case is closed. Sometimes cases are substantiated and closed because the CPS worker assesses that there is little or no risk of future abuse and the family does not need services. Sometimes CPS workers investigate an allegation and find there is no basis to conclude that maltreatment occurred. Sometimes, as identified by Drake (1995), there is no basis for a finding of maltreatment but the family has service needs that would be preventive in nature. In substantiation-focused systems these families would not be eligible for services from CPS even if they wanted services. However, unsubstantiated but at-risk families may be eligible for services in risk-based systems. At the time of this study, Washington State law related to CPS allows a finding of maltreatment based on risk. Figure 1, CPS Decision Flow Chart provides a graphic illustration of the decision process.

**FIGURE 1  
WASHINGTON STATE CPS DECISION FLOW CHART**





Few studies have been specifically designed to identify factors associated with the decision *not* to substantiate a CPS allegation of maltreatment, although a number of studies have examined factors that discriminate between substantiated and unsubstantiated cases. During the past two decades, research on factors associated with finding decisions in CPS have included child, caretaker, family, incident, and system factors.

To understand the full context of CPS worker decision-making, one must look at organizational (system) factors as well as individual case factors in order to identify factors that might influence the decision context (Kern, Baumann, & Fluke, 1997). For example, burnout has been documented in many different occupations and in almost every helping profession as having an effect on decision-making. The concept refers to a negative internal psychological experience that involves emotional exhaustion, desensitization, and lowered personal accomplishment (Cordes & Dougherty, 1993; Maslach, 1982 as cited in Baumann, et al., 1997). It is often assumed that the pressures of frequent and intense client contact, high workload, and stressful events all contribute to burnout in child welfare services (Lee & Ashforth, 1996, as cited in Baumann, et al., 1997). Findings from studies on burnout show that burnout is related to the number of clients one has, the amount of time spent in direct client contact, the absence of supportive leadership, low feedback from the job, fewer supportive relationships with co-workers, increased role conflict and ambiguity, more bureaucratic distractions, lower work group cohesiveness, less pay and less promotion (Maslach & Jackson, 1981; Gaines & Jermier, 1983; Maslach, 1976; Leiter, 1988; Anderson, 1991; Capel, Sisley & Desertrain, 1987; Roberts, 1991; Satyamurti, 1981, as cited in Baumann, et al., 1997). Other studies have shown a direct relationship between burnout and the intention to quit. Satyamurti conducted a study of occupational stress in social workers in 1981. He found that the contradictions between what was required of social workers by the agency and what they were able to do in the field created occupational stress. The demands placed on CPS workers, coupled with the lack of resources to

do them, forced them to alter the way they worked (Satyamurti, 1981, as cited in Baumann, et al., 1997). Furthermore, in a study conducted by McGee in 1989, burnout was related to work avoidance, suggesting burned-out workers cope by denying need for involvement in particularly demanding cases. However, there is some research that indicates strong agency support reduces the impact of burnout (Baumann, et al., 1997).

In order to better understand the context in which specific decisions about maltreatment are made, we developed a telephone interview and a mail survey to be administered to CPS social workers. The telephone interview included questions about demographics, workload, resource availability, level of proof required to make a finding, types of information used to make (or not make) a finding, types of maltreatment, referrer credibility, and the role of worker-assessed outcomes on the finding decision. In the mail survey, CPS workers were asked about bureaucratic distraction, elements of work environment context such as role conflict and supervisory support, job satisfaction, values, level of stress and values regarding specific abuse/neglect scenarios. This approach is modeled on the decision ecology developed in the Texas WISDOM Study (TDPRS, 1997). We felt that information in these general domains would provide us with some exploratory contextual information to help us better understand factors which influence the likelihood of not substantiating a CPS referral in Washington State.

#### **D. Research on CPS Finding Decisions in Washington State**

In 1994, the Office of Children's Administration Research (OCAR) was funded by the National Center on Child Abuse and Neglect (NCCAN) to examine factors associated with *different* decisions made in cases investigated and served by child protective services. One of the decisions examined in this research is the decision associated with findings of CPS investigations. This exploratory study of case factors associated with findings was conducted in two phases. In Phase I, data from 12,978 cases on the Washington Case Management and

Information System (CAMIS), were examined to determine quantitatively the child, family, incident and risk factors associated with CPS finding decisions. Descriptive data examining information available at intake and during investigation for cases classified as substantiated, inconclusive (or indicated) and unsubstantiated were included in the analysis. A random sample of 200 CPS social workers statewide were also interviewed about factors that influence their decisions in CPS cases in general, and factors that influenced their decisions on a randomly selected case from their caseload. Again, case factors influencing the finding decision were a component of the interview.

The 1994 NCCAN-funded study provided some clarification on questions associated with the likelihood of substantiating or not substantiating an allegation of maltreatment. We found that different child, family, incident and risk factors are associated with findings for different types of abuse. Chronicity is a key risk factor across substantiation models, for all types of maltreatment. Models for specific types of maltreatment also include risk factors related to the incident for that specific type, e.g., physical injury/harm for physical abuse cases, or failure to provide basic needs for physical neglect cases. Social workers use of the “insufficient information to assess” rating for individual risk factors is significantly associated with designation of cases as inconclusive.

Regarding the particulars of the unsubstantiated finding specifically, the absence of substance abuse appears to have a small effect on increasing the likelihood of unsubstantiation. Lower risk ratings for emotional harm/abuse, non-abusive caretaker’s willingness to protect the child, and caretaker recognition of the problem also increased the likelihood that a case will be unsubstantiated. More important generally, it was found that there is more consistency in the use of particular risk factors to declare an allegation unsubstantiated than in declaring it either founded or inconclusive. For example, in this study we found the *absence* of chronicity plays an important role in the determination that an allegation is unsubstantiated, but the *presence* of

chronicity does not play a strong or consistent role in determining that an allegation is founded. Such results indicate that the different outcomes of the finding decision are based, at least in part, on different information or different uses of the same information. These findings suggest a complex of related decisions made by caseworkers rather than a unitary “finding decision.”

Another important issue raised by the 1994 study pertained to the distinction between risk and history in considering the basis of finding decisions. For example, protection by non-abusive caretaker and recognition of the problem factors both speak to the ability of the caretaker to protect children in the home (strongly related to a child’s *risk* of future harm) but not to whether the incident *occurred* or not (history). However, this earlier study revealed the influence of individual risk factors in the “occurrence” determination of the case decision process. In Phase I of this current study we revisited the empirical analysis of case factors and their relationship to the finding decision. Those findings are reported in the Phase I report. In the present phase of the study we again interviewed CPS workers about factors that influence their decisions. Specifically, we wanted to clarify issues associated with context variables such as workload, supervisory adequacy, worker understanding and application of agency policy, as well as values and beliefs about specific case and risk factors.

## CHAPTER II: DESIGN AND METHODOLOGY

Phase II of this study, *Factors That Influence the Decision Not to Substantiate a CPS Referral*, is an examination of the context in which the CPS finding decision is made. Data from the study is based on CPS worker self-report responses to telephone interviews and a mail survey. The study focuses on factors that influence the finding decision in general, exploring various factors found in prior research to affect finding decisions. The mail survey focused on the influences of workers' demographics and values, as well as their work environment, supervision, and availability of resources. The telephone interview focused more specifically on the finding decision itself, whether it varied by type of maltreatment, what weight was given to different evidentiary and informational factors, whether the type of referrer played a part in workers' decisions, why neglect cases appear to be unsubstantiated more often (even when the worker believed maltreatment may have occurred) and finally how substance abuse and domestic violence on the part of caregivers impacts the finding decision.

### A. Questionnaire Development

The telephone interview questionnaire and the mail survey questionnaire were developed using information from prior research on CPS decision-making in Washington State, in Texas, and through consultation with nationally recognized child welfare experts. We were particularly interested in exploring factors that influence the finding decisions for neglect cases, as well as for cases where substance abuse and/or domestic violence are present. Specific questions were developed to clarify worker responses to previous research interviews conducted with CPS workers about decision-making. In order to shorten the length of the interviews, given that there was so much information that we wanted to capture in this process, it was decided that we would

ask workers to complete *both* a mail survey questionnaire and a telephone interview (See Appendix 2 for copy of mail and phone survey).

Questions in the mail survey were the same or similar to a study conducted in Texas (Baumann, et al. 1997). In the mail surveys workers were asked to rate context factors *not* directly related to a CPS investigation, but which might still have an impact on their decision-making process. CPS decisions take place within an agency culture, and case decisions interact within a systemic context. This systemic context includes environmental, organizational and individual worker factors as well as the individual case factors, all of which can interact in a variety of ways to influence social worker decisions and case outcomes. A worker must make a case decision based not only upon the facts of the case, but also within the rules and policies set forth by the agency as they are interpreted by the individual worker or their supervisor. The survey's response scale primarily was a seven-point Likert scale where the worker indicated the level of agreement, frequency of occurrence and so forth.

The telephone interviews were more specifically focused on the finding decision of a particular CPS investigation and what evidence, information and other influences contributed to that decision. The interview protocol was developed based upon previous decision-making research and interviews of social workers regarding factors that contributed to specific finding decisions that they made. The interviews took approximately 45 minutes to one hour, and consisted of categorical, scale and open-ended questions. Open-ended questions were subsequently coded by means of a content analysis that identified 6 to 8 common categories.

The interviews were piloted with non-sample social workers in order to determine clarity of questions, ease of administration, comprehension, and length of interview. Interviewers were assessed for inter-rater agreement by first practicing the interview with each other and then blind coding interviews on each other simultaneously during the pilot interviews. This process achieved an inter-rater agreement of over 95% on all tests.

## **B. Sample Selection**

CPS supervisors were asked to identify the social workers in their unit who were responsible for investigating CPS referrals and who had been a CPS worker for longer than six months (the six month requirement was designed to eliminate staff who might still be attending training academy). A total of 309 CPS staff was identified statewide.

All of the identified workers were sent copies of the mail survey in early November 1998, with a reminder letter following 3 weeks later. All surveys were marked with a confidential sample number so that worker response could be tracked and the data collected could be later linked to the information collected during the telephone interviews. Telephone interviews began the end of November 1998 and continued through the middle of February 1999. Workers were again encouraged to complete the mail survey (if they hadn't already) at the end of the telephone interview. Participation in both the mail and telephone surveys was on a voluntary basis and workers were advised that all of their responses and opinions would be kept strictly confidential.

Eight of the workers originally identified were no longer involved with CPS at the time of the survey. Of the remaining 301 social workers identified for the sample, 244 (81%) chose to participate in one or both of the surveys. The total number of staff who completed *both* the mail and telephone surveys was 105 (35%). There were 126 social workers who responded to the mail survey (42%), with 21 (7%) who completed *only* the mail survey.

An analysis of social worker responses to requests for a telephone interview identified 47 (15%) who were unable to schedule or were not available at the scheduled time and 9 (3%) whom we were never able to contact, reducing the total number available for an interview to 245. Of the social workers who agreed to participate in the telephone interview (N=223 or 91%), 118

(53%) completed *only* the telephone survey. Only twenty-two workers (9%) chose not to participate in the interview when contacted.

### **C. Limitations**

Although a specific group of social workers was identified to participate in this study, it was an opportunistic sample in that they were informed that their participation was desired but strictly voluntary. The information gathered during the course of these two surveys cannot be generalized to “all” CPS workers, though we believe that the issues raised herein are generally pertinent. Demographic and regional distributions of the overall sample appear to be similar to statewide data.



## CHAPTER III: FINDINGS

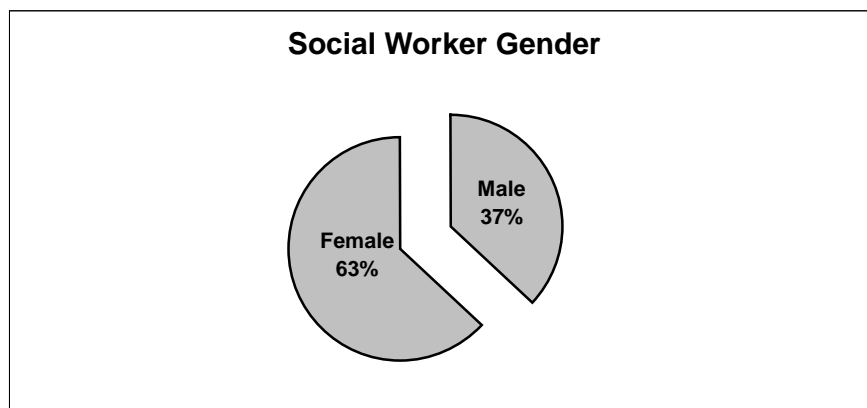
### A. General Factors that Influence the Finding Decision

During the telephone interviews workers were asked to provide basic demographic information, their CPS work history, information about their current workload and to respond to a series of questions related to the substantiation (i.e. finding) decision for a CPS investigation, focusing on sources of information and evidence used to form or support that decision. Of special interest were factors that influence the finding decisions for neglect cases, cases where substance abuse and/or domestic violence are present and the role of referrer credibility in the finding decision. The more specific questions were developed to clarify worker responses to previous research interviews that had been conducted with CPS workers about decision-making.

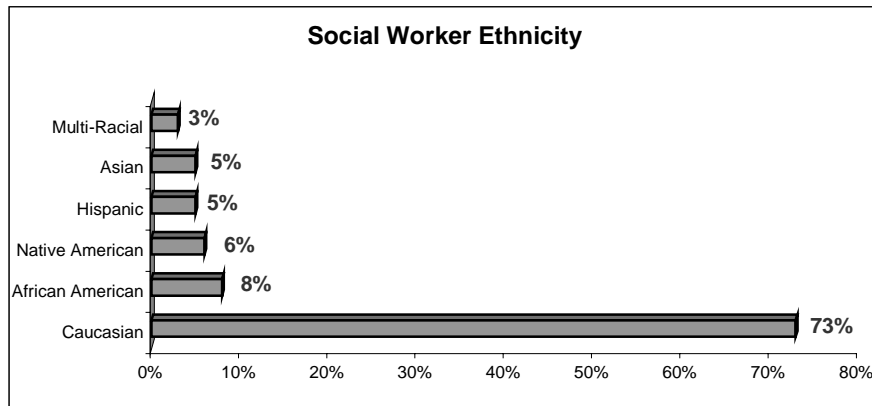
#### 1. Demographics

As can be seen in Figures 2 and 3, the majority of respondents are Caucasian and female, which is representative of CPS social workers in general. It is of interest to note that the ethnic/racial distribution is similar to that of the CPS client population.

Figure 2



**Figure 3**



Washington State is divided into six geographic administrative regions. Previous research in Washington State revealed region to be a significant variable in explaining differences in statewide data. The regional distribution of social workers interviewed was similar to the distribution of total accepted CPS referrals (CY1998) in most of the regions, with Region 3 being slightly under-represented.

**Table 1**  
**Regional Distribution of Interviewed CPS Social Workers**  
**Compared to Regional Distribution of Accepted CPS Referrals (N=223)**

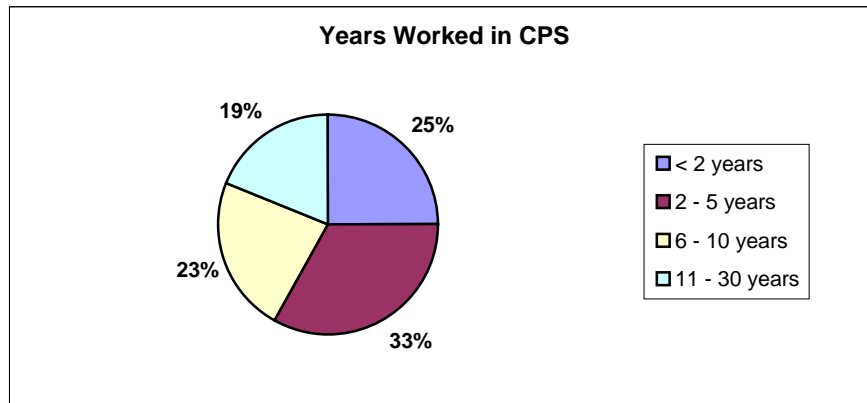
DCFS REGION	% of Workers	% of Referrals
Region 1	14%	13%
Region 2	13%	13%
Region 3	11%	15%
Region 4	23%	22%
Region 5	16%	17%
Region 6	23%	21%

## **2. Work History**

Workers were asked how many years they had worked in Child Protective Services in Washington State (one of the selection criteria for inclusion in the sample was at least 6 months employment). One-fourth had been a CPS worker for less than two years, one-third for 2 to 5 years, just under one-fourth (23%) for 6 to 10 years and just under one fifth (19%) for 11-30 years. The average length of time of employment for the social workers interviewed was 6.4

years, considerably longer than the statewide average for all CPS workers of 3.8 years (statewide numbers include CPS intake workers as well as staff who have been employed less than 6 months). Therefore, the workers who responded to this survey were more experienced, on average, than the total population of CPS workers in Washington State.

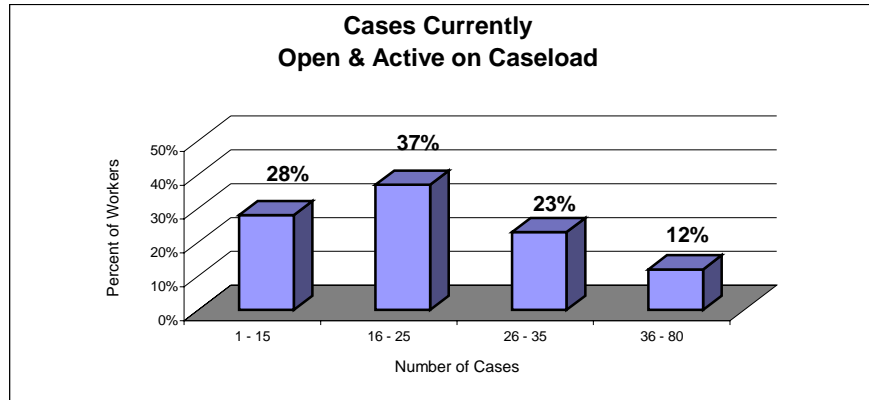
**Figure 4**



### **3. Workload**

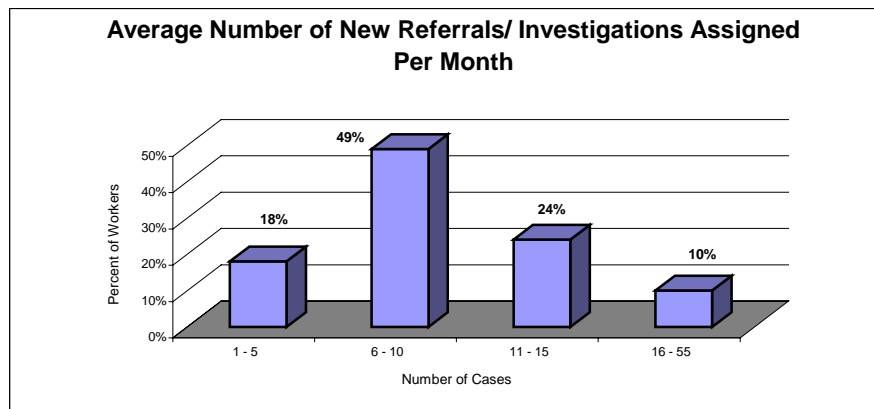
Workload and/or high caseloads are a major issue in the child protective services. To gauge workload for the social workers who completed the survey, respondents were asked how many cases were currently open and active on their caseload and the average number of new referrals/investigations they were assigned in a month. The responses might be reflective of the systemic difference within each office, because some staff only complete investigations and then transfer the case to another worker for ongoing services, some staff complete investigations and then carry the case through to the legal process, service delivery and so forth.

**Figure 5**



Twenty-eight percent of the staff said they currently have between 1 to 15 open/active cases and just over one-third (37%) have between 16 and 25 cases. About one-fourth (23%) carry 26 to 35 cases and another 12% reported that they had between 36 and 80 open and active cases.

**Figure 6**



\*Total percents may not equal 100 due to rounding.

About two-thirds (67%) of the social workers interviewed said they received between one and ten new referrals per month, one-fourth (24%) said they receive between 11 and 15, and 10% said they receive 16 and more.

#### **4. Summary of Demographics and Workload**

The majority of respondents were Caucasian, female, and generally representative of regional staff distributions in Washington State. The respondents were on average more experienced than the total CPS work force. About one-third of the workers report caseloads larger than recommended within Washington State (25), and about two-thirds report caseloads larger than the standard caseload size recommended by the Child Welfare League (CWLA). Similarly, about one-third of the CPS workers, report new case assignments per month that exceed national standards (CWLA standards call for 12 active cases per month for initial assessments and/or investigations or 17 active “ongoing” cases. No more than one new case assigned for every six open or a combined caseload of 10 ongoing and four active investigations, Child Welfare League of America, 1999).

#### **5. Definition of CPS Finding Decision**

The definition of abuse, neglect or exploitation is defined in Washington State Administrative Code (WAC 388-15-130) and the Revised Code of Washington (RCW 26.44.020); (See Appendix 2 for details). Instructions regarding the basis for findings of abuse/neglect are contained in the Washington State Children’s Administration Practices and Procedures Manual, (Washington DSHS, 1995). The instructions are based on WAC and RCW provisions. The version of the instructions for findings in operation during our study read as follows:

CPS investigators will base findings for victims on CA/N codes designated in the referral according to the following definitions (2540A.4):

- a. *Founded* means: Based on the CPS investigation, evidence available to the social worker indicates that, more likely than not, either child abuse or neglect did occur or

the child is *at risk* of being abused or neglected by a parent or caretaker.

- b. *Unfounded* means: Based on the CPS investigation, evidence available to the social worker indicates that, more likely than not, child abuse or neglect did not occur.  
(RCW 26.44/020(21)).
  
- c. *Inconclusive* means: Following a full CPS investigation, the social worker finds no significant evidence to reasonably conclude that a child has or has not been abused or neglected or is *at risk* of abuse or neglect.

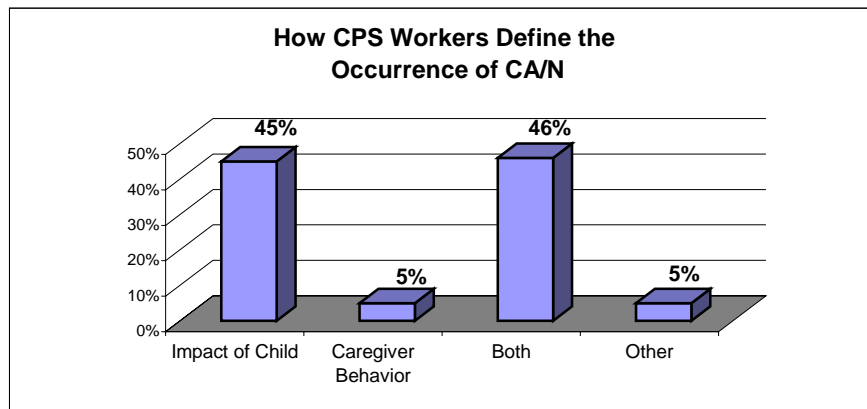
The practice and procedure definitions served as a basis for the exploratory questions related to factors that influence the finding decision. In the remainder of Chapter III Section A, data are presented regarding general influences associated with CPS worker perceptions of basis for decision, reasons why the CPS worker might not substantiate even if the results of the investigation met policy criteria for substantiation, the influence of worker perceptions of referrer credibility, domestic violence and substance abuse on the decision process, perceptions related to the impact of making a finding decision on service expectations, and CPS worker understanding of “risk” as a basis for finding. In section III-B we then present data on the type of information used to make a finding decision for different types of abuse/neglect and by type of finding e.g., substantiated, inconclusive or unsubstantiated.

#### **5a. Worker Definition of CA/N and Findings**

One of the current debates in the field of child maltreatment is whether CA/N should be defined based on outcome or impact on the child or based on caregiver behavior (Dubowitz, 1999 ). Since little is known about actual CPS worker behavior associated with this issue, we

asked workers whether they defined the occurrence of CA/N based on the impact on the child or caregiver behavior.

**Figure 7**

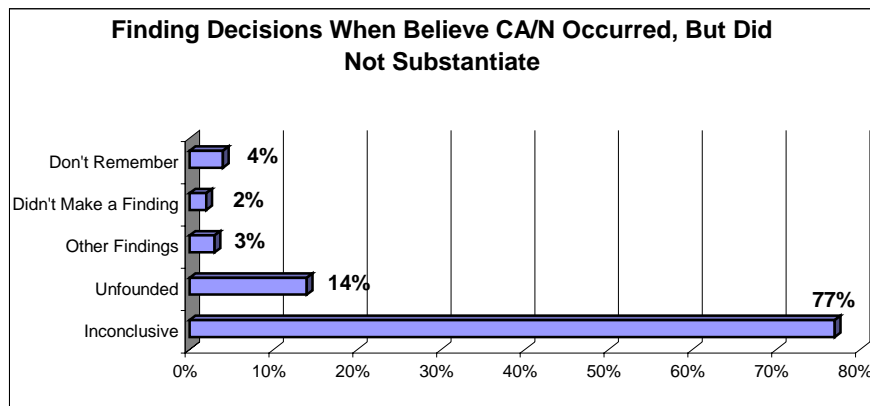


The CPS workers in this survey appear to define CA/N based on the impact to the child (45%) or *both* child impact and caregiver behavior (46%). Few workers (5%) report that caregiver behavior alone defines CA/N and an equal number (5%) say they use other definitions. This finding is a key to understanding unsubstantiated neglect cases (especially lack of supervision), for which child impact may well not be evident.

When asked “Do you feel the amount of time you have to investigate a referral affects your finding decision?” almost half the workers (49%) said ‘No’, while the other half responded ‘Yes’ (36%) or ‘Somewhat’ (15%). Regardless of how they responded, the explanation of their response was similar, that is, *that the thoroughness and quality of the investigation, not necessarily the amount of time available, may affect the finding decision.* So this seems to imply that for about half of the workers the thoroughness and quality of the investigation may be a function, in part, of the amount of time available for the investigation. In contrast, 82% did *not* feel that their finding decision was affected by a lack of resources necessary to complete a comprehensive investigation.

In the earlier CPS decision study, CPS workers told us that they sometimes made a decision not to substantiate (either classify a case as inconclusive or unsubstantiated) even though they believed CA/N had occurred (English et al., 1998). To further explore this issue, we asked CPS workers if they “had ever investigated a referral in which they had reason to believe CA/N had occurred but couldn’t substantiate,” and if so, what finding did they make? Ninety percent responded “yes” to this question. Figure 8 illustrates that over three-fourths (77%) of the cases in this situation are classified as inconclusive.

**Figure 8**



\*“Other findings” include situations where original finding was changed or multiple allegations with multiple findings.

To explore this question in greater detail we asked the CPS workers to consider a “list of situations” associated with the decision *not* to unsubstantiate a referral even though they believed CA/N occurred. This list was developed from the earlier CPS Decision Study (English, et al., 1998). The workers were asked to consider each ‘situation’ and indicate which *might cause you to consider not making a founded decision, even though you believe CA/N happened.*



**Table 2**  
**Situations Where a Founded Decision May Not Be Made**  
**Even Though Worker Believes CA/N Happened**

SITUATION	YES/ SOMETIMES	NO
You do not have enough proof to pursue further action. (N=191)	78%	22%
The caregiver is doing the best they can at parenting a child who has difficult behavior problems. (N=192)	55%	45%
You assess that the child is not at risk of future serious/severe CA/N. (N=191)	45%	56%
The family was addressing or had resolved their problems. (N=191)	38%	62%
The family was willing to voluntarily engage in services to reduce risk to the child. (N=193)	36%	64%
The caregiver has mental health issues or emotional problems and is doing the best she/he can as a parent considering her/his limitations. (N=192)	35%	65%
A caregiver with developmental delays is doing the best he/she can as a parent considering his/her limitations. (N=193)	35%	65%
Law Enforcement decided not to pursue a criminal investigation. (N = 192)	33%	67%

\*Total percents may not equal 100 due to rounding.

As will be shown in the “key” factors section of this report on specific cases, in general, CPS workers report that “lack of proof,” even when they believe CA/N occurred, is the most frequent reason for unsubstantiation. However, even though “lack of proof” was the most frequently cited reason, CPS workers say reasons other than “proof” can influence their classification of an investigation outcome, as can be seen in Table 2. Notably, family context, CPS worker assessment and law enforcement decisions influence the finding decision. Specifically, over one-half of the workers might choose not to substantiate a referral if they assessed that the parent was “doing the best they can” in the situation. Furthermore, about one-third of the workers cited other reasons associated with family cooperation and caregiver mental health or developmental delays as reasons for not substantiating a referral even if they believe abuse/neglect occurred.

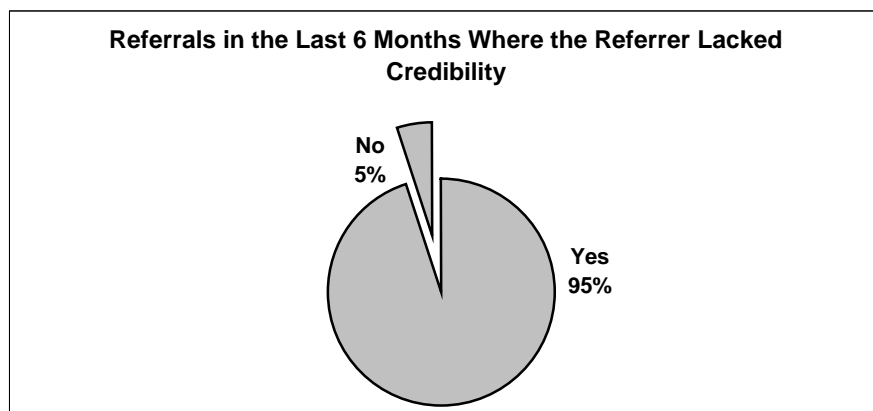
**5b. Referrer Credibility**

Malicious or false reporting of CA/N has been cited as a concern in terms of “intrusive” CPS referrals. The issue of referrer credibility was raised in the earlier CPS Decision-Making

Study. In that study we found type of referrer had a significant association with risk tag at intake, standard of investigation, response time, overall risk after investigation, the finding decision, and child placement. CPS referrals made by professionals were more likely to be substantiated and social workers who were interviewed cited referrer credibility as a reason for unsubstantiation of a referral.

To further explore this issue we asked the CPS workers a series of questions about referrer credibility. First, we wanted to know if the worker had been assigned (in the last six months) a referral in which the referrer lacked credibility, if so, type of referrer, and reason for doubting the referrer's credibility.

**Figure 9**



As indicated in Figure 9, almost all (95%) of the workers indicated that in the past six months they had investigated a referral where they thought the referrer lacked credibility. However, it should be noted that while the majority of workers investigated a case (in the last six months) where referrer credibility was an issue, overall the percent of cases with referrer credibility as an issue is low ( $\pm 10\%$ ). Table 3 provides data on the type of referrer most often considered of "questionable" credibility.

**Table 3**  
**Referrals in Last 6 Months Where Referrer Lacked Credibility (N=209)\***

<b>TYPE OF REFERRER</b>	<b>N</b>	<b>%</b>
Parent	55	26%
Friend/neighbor/community	52	25%
Current or former spouse/partner	44	21%
Relative/family member	33	16%
Anonymous	18	9%
Professional	13	6%
Victim	3	1%

\*Nine workers gave answers in multiple categories.

Referrals from the community at large, e.g., family, friends, neighbors are the referrer types most associated with the credibility issue. Overall, about one-half of the referrals received in CPS are from the community at large. It is interesting to note that *anonymous* referrals are only slightly more likely to be identified as lacking credibility compared to professional referrers (9% to 6%). Furthermore, this data may suggest that the issue of credibility may be *established* based on known referrers rather than *discredited* based on unknown referrers.

When asked the reason the CPS worker doubted the referrer’s credibility, conflict between the referrer and perpetrator was mentioned most often (60%) followed by results of the investigation (31%), prior agency knowledge of the referrer’s (lack of) credibility (27%), the details of the referral (24%), and referrer’s lifestyle/character (22%).

**Table 4**  
**Reason the Social Worker Doubted the Referrer's Credibility**

<b>REASON FOR DOUBTING REFERRER*</b>	<b>Percent</b>
Conflict Between the Referrer & Perpetrator	60%
Results of Investigation	31%
Agency Knowledge of the Referrer's Credibility Issues	27%
The Details of the Referral	24%
Referrer's Lifestyle/Character	22%

\* Workers could give responses in more than one category.

To clarify whether referrer credibility influenced the investigation, staff were asked “Did the referrer’s lack of credibility affect the depth of your investigation?” The majority (62%) responded “No.” However, when asked, “Was the referrer’s lack of credibility a contributing

factor to your finding decision?” an almost equal percentage (58%) responded “*Yes.*” Two-thirds (65%) of these referrals were unsubstantiated, 18% were inconclusive, and only 5% were substantiated. Finally, 3% had multiple CA/N findings, i.e., some allegations substantiated, some unsubstantiated, and 8% could not remember the finding decision. This data suggests that referrer credibility affects the finding decision, not the investigation.

### **5c. Domestic Violence**

During the past decade the issue of domestic violence and its relationship to CA/N has emerged as an issue. Little is known about how CPS workers themselves perceive domestic violence, and how the presence (or absence) of domestic violence might influence the finding decision. In the earlier CPS Decision-Making Study we found that higher risk ratings for caregiver history of domestic violence were significantly associated with higher overall risk ratings after investigation, substantiation of the referral, child placement, re-referral and recurrence.

In this study we asked the CPS workers four questions regarding domestic violence: 1) if a child’s awareness of domestic violence in the home (in the worker’s opinion), constituted CA/N; 2) whether domestic violence in the home affected their finding decision; 3) whether domestic violence was more important for a finding decision for one type of CA/N compared to other types; and 4) if so, what type(s)?

Regarding the first question, whether a child’s awareness of domestic violence in the home constitutes CA/N, about two-thirds (64%) responded yes, one-sixth (14%) said no, and one-quarter (23%) said it depends, or don’t know.

**Table 5**  
**Finding Decisions are Affected by the**  
**Presence of Domestic Violence in the Home**

<b>RESPONSE</b>	<b>N=220*</b>	<b>%</b>
Yes	143	65%
No	22	10%
Sometimes	55	25%

\*3 workers were non-responsive.

Two-thirds (65%) of the workers indicated that the presence of domestic violence in the home does affect their finding. Finally, 58% of the workers indicated the presence of domestic violence was more important for findings for specific types of CA/N. Table 6 provides data on CPS worker response to which type or types of CA/N is domestic violence more important for finding decisions (workers could select more than one CA/N type).

**Table 6**  
**Types of CA/N Where Domestic Violence**  
**Important for Finding Decision (N=123)\***

<b>Child Abuse/Neglect Types</b>	<b>N</b>	<b>%</b>
Physical Abuse	104	85%
Emotional Maltreatment <sup>1</sup>	58	47%
Physical Neglect <sup>2</sup>	40	33%
Sexual Abuse	18	15%

\*Workers could select more than one CA/N type.

<sup>1</sup> Includes psychological abuse, emotional abuse, & emotional neglect.

<sup>2</sup> Includes pre-natal injury, physical endangerment, inadequate supervision, & failure to protect.

Based on these responses, the presence of domestic violence in a home is most closely associated with physical abuse referrals and emotional abuse. About one-third of the workers thought the presence of domestic violence was important in neglect referrals and one-sixth report they consider domestic violence important in sexual abuse referrals.

In summary, for the majority of CPS workers (65%) a child's awareness of domestic violence in the home constitutes CA/N, and the presence of domestic violence does have an impact on their finding decision. Finally, there appears to be a type of CA/N specific influence, that is, the presence of domestic violence is weighed more heavily in physical abuse referrals

compared to other types of maltreatment. This important finding should be discussed in the context of CPS policy. It seems there's room for greater consistency in whether or not domestic violence constitutes CA/N.

**5d. Substance Abuse**

More research is available regarding substance abuse and child maltreatment, but again, little is known about the relationship between the presence of substance use/abuse and the CPS finding decision. During the interview, the CPS workers in this study were asked if, in their opinion, substance abuse by a child's caregiver constitutes child abuse/neglect; whether their finding decision is affected by current substance abuse by a caregiver; whether the presence of substance abuse was more important for findings related to specific types of CA/N, and if so, what type?

**Table 7  
Substance Abuse by the Caregiver  
Constitutes Child Abuse or Neglect**

<b>RESPONSE</b>	<b>N=220*</b>	<b>%</b>
Yes	49	22%
No	92	42%
It Depends**	79	36%

\*3 workers were non-responsive.

\*\* It depends includes such responses as "Depends on definition of abuse," "Depends on type of drug," "Depends on how it affects the child," and "Depending on other risk factors."

In response to the first questions, "Does substance abuse by a caregiver constitute CA/N?" The highest percentage of workers responded no (42%), or it depends (36%). Only 1 in 5 (22%) of CPS workers responded affirmatively to this question. However, over half of the CPS workers indicated that "Yes" their finding decisions were affected by caregiver substance abuse (59%), and an additional one-third (35%) indicated their finding was 'somewhat' affected. This suggests an interaction, such that substance abuse in and of itself doesn't necessarily

constitute CA/N, but may increase risk or inference of maltreatment in the context of a particular case.

**Table 8**  
**Social Workers Who Said Finding Decisions**  
**Affected by Current Caregiver Substance Abuse**

<b>RESPONSE</b>	<b>N=220*</b>	<b>%</b>
Yes	129	59%
No	15	7%
Somewhat	76	35%

\*3 Workers were non-responsive.  
 Total percents may not equal 100 due to rounding.

The majority of the workers (54%) said that substance abuse was not more important for finding one type of CA/N over another. However, if the worker did indicate substance abuse was more important for one type of CA/N than others in the finding decision, they primarily indicated it was more important for neglect (98%), followed by physical abuse (28%), sexual abuse (13%), emotional maltreatment (8%), and medical neglect (7%). (Note: workers were allowed to select more than one type of CA/N).

**Table 9**  
**For Which Type(s) of CA/N is Substance Abuse**  
**More Important for Finding Decisions? (N=99\*)**

<b>CA/N TYPE*</b>	<b>N=99</b>	<b>%</b>
Physical Neglect **	97	98%
Physical Abuse	28	28%
Sexual Abuse	13	13%
Emotional Maltreatment***	8	8%
Medical Neglect	7	7%

\* Workers were allowed to select more than one CA/N type. One worker did not provide the type(s) of CA/N.  
 \*\* Includes prenatal injury/ neglect  
 \*\*\* Includes emotional abuse and emotional neglect

There appears to be less consensus among CPS workers regarding the relationship of substance abuse to child abuse/neglect compared to domestic violence, although over half the CPS workers indicated that the presence of substance abuse did influence their finding decision. Although the majority of respondents indicated substance abuse was not more important for one

type of abuse/neglect compared to another, those who did think substance abuse was more important for one type of abuse/neglect compared to another overwhelmingly identified the importance of substance abuse in physical neglect cases. This data suggest that the “debilitating” effect of substance abuse is most prominent for the workers who said its importance differs by type.

**5e. Service Outcomes Related to the Finding Decision**

Another area of confusion that was discovered in previous research on CPS decision-making in Washington State was whether services, legal action or continued investigation were required or prohibited based upon the finding decision. Social workers were asked if they could “close a substantiated case without providing services or pursuing a dependency?” and also “If a referral appears to be clearly unsubstantiated, if it is appropriate to continue investigation/assessment of the family based on risk?”

**Table 10  
Can Social Workers Close a Substantiated Case  
Without Providing Services or Pursuing a Dependency?**

<b>RESPONSE</b>	<b>N=220*</b>	<b>%</b>
Yes	156	71%
No	49	22%
I Don’t Know	12	6%
I Would Offer Services ( <i>when did not give yes/no answer</i> )	3	1%

\* 3 workers were non-responsive.

The social workers who answered that they could close a substantiated case without providing services or pursuing a dependency offered some examples of circumstances in which this can occur. They explained that this situation is rare, but if the social worker has offered services and the family refuses them that closing the case is sometimes an option. Furthermore, if the case is low risk, if the family has accessed their own services or made needed changes, if the perpetrator has left the child’s home, if the child was with a relative and no longer in the home, or if the family moved away before services could be provided, then closing a substantiated case could be a suitable plan of action.



Excluding the 15 social workers who did not provide yes/no answers to this question, 16 of the 36 CPS offices (44%) that replied to this question had 100% agreement as to their own office's protocol with regards to this issue. Regions 2, 3, and 6 all had offices in which all social workers agreed that they *could* close a substantiated case without providing services or pursuing a dependency. Regions 1, 3, and 6 each had an office in which all of the interviewed social workers agreed that they could *not* close a substantiated case in the same situation. Region 4 had the highest percentage of individual social workers across all offices who reported that they could *not* close a substantiated case without giving services or pursuing legal action (39%).

In the continuing effort to explain all of the factors that contribute to the finding decision, another interview question asked "Does your determination of whether or not you are going to intervene in the case (provide services, pursue court action, etc.) influence your finding decision?" Though three-fourths of the respondents said it had *no influence*, a quarter of interviewees responded *yes* or *somewhat*. The latter were asked to rate (on a 7-point scale) *how much* influence that determination had on their finding decision. Six percent reported it had *low* influence, 58% indicated it had *moderate* influence and 36% felt it had *high* influence. Framed as a percentage of the whole, 24% of the social workers interviewed said that whether or not they plan to intervene in a case at least moderately influences the finding decision of that case.

Agency policy or practice guidelines could influence finding decisions based on expectations of service provision if a CPS referral is substantiated. The responses to the service expectation questions revealed two things: 1) There is variation in practice between regions regarding service expectations based on findings; 2) There appear to be several potentially legitimate reasons why services may not be offered ("case opening") even if CA/N is substantiated. The question, as asked in this study, does not clarify, however, whether CPS workers might not substantiate a referral in order to avoid opening a case for service.

## 5f. Risk and Finding

Almost two thirds (61%) of the social workers felt that it was appropriate to continue an investigation or assessment of a family based solely on risk. They explained that they could stay involved up to ninety days, and if they were involved, they could continue to monitor the family, refer them to other resources and investigate new allegations. Those who felt it was inappropriate cited concerns about ethics, exceeding authority, violating a family’s rights or privacy issues.

**Table 11**  
**Social Workers Would Continue an Investigation or Assessment of Family on Unfounded Cases Based on Risk**

<b>RESPONSE</b>	<b>N=220*</b>	<b>%</b>
Yes	134	61%
No	43	20%
It Depends	43	20%

\* 3 workers were non-responsive to this question.  
Total percents may not equal 100 due to rounding.

Another explanation for findings that don’t appear to be supported by the information documented in the case is a lack of understanding (or a lack of knowledge) or a misunderstanding of agency policies. As previously stated, Washington is a “Risk Assessment Based” CPS system, meaning that workers not only investigate allegations of abuse or neglect, but *also* assess the likelihood of future abuse or neglect, imminent risk of harm, etc. To better understand how social workers are handling this distinction, they were asked if they thought “that it is appropriate and within agency policy to make a substantiation decision based solely on risk to the child, without proof of the occurrence of specific allegations?” Twenty-eight percent responded that it was appropriate and within agency policy, 57% said no, it was neither appropriate nor within agency policy, and 15% did not give a definitive response. The majority of those who responded yes said it was okay if you had *proof* of risk or if the original allegation was that the child was *at risk*. Those who responded no said that you needed evidence of child abuse or neglect in order to substantiate a referral, and could not base the decision on risk alone.

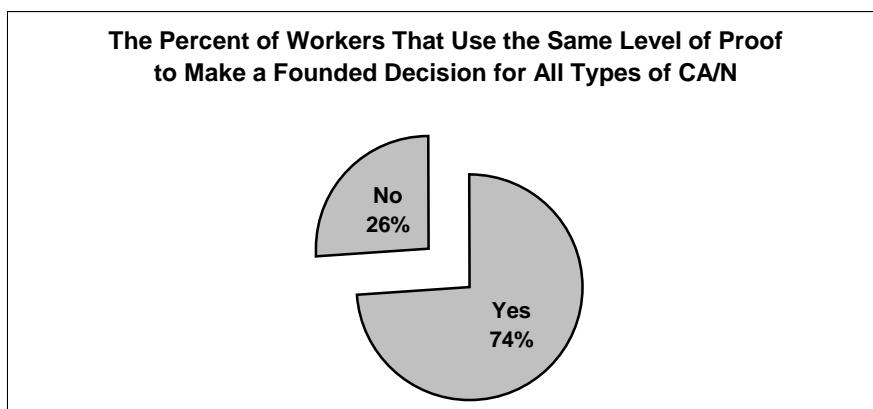
Less than half of the workers who felt you *could* make a finding based on risk (N=24) said that only up to 15% of their substantiated decisions in the last six months were based solely on risk of abuse and neglect as opposed to an occurrence; a quarter said “up to” 50% of their decisions were based solely on risk.

### **5g. Type of C/AN**

In order to set the stage for looking specifically at the main alternative to substantiating a CPS investigation, some questions were asked regarding substantiation itself. First, social workers were asked “For which type of child abuse and/or neglect are you least likely to make a substantiated decision?” Over one-third (38%) responded they were least likely to substantiate neglect referrals, while fewer responded sexual abuse (15%), emotional maltreatment (12%), physical abuse (6%) or multiple CA/N referrals (5%). One-fourth of the respondents insisted that all types of referrals were “*equally likely to be founded.*” In explanation of their responses, 64% of the workers gave reasons which in essence said “*clear evidence is harder to get for some types of CA/N.*” Twenty-three percent said “*other factors have more bearing on finding decision than type of CA/N,*” 23% felt “*findings are often dependent on situational factors,*” and 18% responded that “*the very definition of CA/N is vague/subjective.*”

Along those same lines, workers were asked “Based on your experience, do you feel that you use the same level of proof to make a ‘founded’ decision for all types of child abuse and neglect?” Almost three-fourths of the workers (74%) responded “Yes”.

**Figure 10**



The remaining staff, those who responded “No” to the question, were asked to specify what type of information they used to make a substantiated decision for the different types of abuse and neglect (workers could give answers in more than one category per type of CA/N).

The results are presented in Table 12.

**Table 12**  
**Type of Information Used to Make a "Substantiated" Decision (N=56)**

<b>TYPE OF INFORMATION**</b>	<b>Physical Abuse</b>	<b>Physical Neglect</b>	<b>Sexual Abuse</b>	<b>Emotional Abuse</b>	<b>Multiple CA/N</b>
<b>Physical/ Observable Evidence</b>	79% (N=44)	57% (N=32)	48% (N=27)	46% (N=27)	13% (N=7)
<b>Witness/ Collateral Evidence</b>	38% (N=21)	46% (N=26)	54% (N=30)	54% (N=30)	23% (N=13)
<b>Child’s Disclosure</b>	55% (N=31)	14% (N=8)	68% (N=38)	25% (N=14)	7% (N=4)
<b>Risk Indicators / Severity of CA/N</b>	25% (N=14)	34% (N=19)	32% (N=18)	29% (N=16)	18% (N=10)
<b>Caregiver’s Behavior W/ Regards To Investigation</b>	25% (N=14)	21% (N=12)	20% (N=11)	14% (N=8)	7% (N=4)
<b>Other</b>	7% (N=4)	16% (N=9)	21% (N=12)	13% (N=7)	30% (N=17)

\* Percentages are column percents.

\*\* Workers could give answers in more than one category per type of CA/N and also made comments that weren’t specifically related to type of information.

As Table 12 illustrates, different types of information appear to be used in the decision process for different types of abuse/neglect. For physical abuse referrals, CPS workers report that they are more likely to be influenced by physical or observable evidence, a child’s disclosure, and collateral information. For physical neglect referrals, physical/observable evidence is also the most important “evidence,” followed by collateral information and then risk

indicators. In contrast, child disclosure is the more frequently cited type of information that influences sexual abuse referrals, followed by collateral information, and physical/observable evidence. The types of evidence/information used in the finding decisions for different findings and types of abuse are explored in more detail in Chapter III Section B.

#### **5h. Situational Neglect**

Workers who were interviewed as a part of previous research often stated that it was more difficult and/or that they were less likely to substantiate a neglect referral, because of community values, issue of poverty or other factors beyond parental control. A question was asked in the present research specifically about that issue. In response, 84% of the social workers interviewed said that they had investigated a neglect referral in which they felt “that a child had been neglected, but that the neglect seemed to be situational (due to poverty, lack of health insurance or child care, etc.) rather than intentional on the part of the caregiver.” When asked what “finding” they made as a result of their investigation of that referral, 34% said that the investigation was *substantiated*, 25% said that it was *inconclusive* and 28% said that it was *unsubstantiated* (13% said they did not make/remember the finding). When asked if they had offered services to the family, 86% said yes.

### **6. Summary of General Factors That Influence the Finding Decision**

Demographically the respondents in Phase II of the study were primarily female (66%), Caucasian (73%), evenly distributed across the state, most had five or less years of experience (58%), and nearly half (45%) had 26 or more active cases.

Clarifications to questions raised in the earlier CPS Decision-Making Study revealed that about half (45%) of these CPS workers define maltreatment based on the impact on the child, while the other half utilize both caregiver behavior and child impact as the basis for defining

maltreatment. About one-half indicate the amount of time available to investigate a case affects their finding decision, however, from the worker's point of view it is the quality of the investigation that is affected. The majority (82%) report that their finding decision is not affected by the availability of resources. Finally, in this section CPS workers told us that if they believed that maltreatment occurred and they did not substantiate, the majority of cases were classified inconclusive. The workers report that the basis for this decision was lack of proof, and also family context variables.

In terms of the influence of specific variables on case finding, 95% of the CPS workers in this study report that they have had a case in the last six months where referrer credibility was an issue. Referrers from the community at large (friends, family or neighbors), are the most frequently cited type of referrers where lack of credibility is an issue. The major reason influencing an assessment of lack of credibility of referrer is an issue of conflict between the referent and the alleged perpetrator, prior experience with the referrer, the allegation itself, or referrer's lifestyle. Most CPS workers (62%) report the issue of referrer credibility did not affect the depth of their investigation, but it did contribute to their finding decision (58%). Only 5% of the cases where referrer credibility was an issue were substantiated.

The findings associated with worker understanding and application to decision-making of the relationship of domestic violence and maltreatment are interesting. Two-thirds (65%) of the workers indicate that if a child is aware of domestic violence in the home this in and of itself constitutes maltreatment. Furthermore, the presence of domestic violence does impact the finding decision, most evidently for physical abuse cases. In contrast, there is less agreement about the relationship of substance abuse and maltreatment. Nearly half (42%) of the workers report that the presence of substance abuse in the home does not constitute maltreatment, but the majority (59%) report it does impact their finding decision. Interestingly, the majority of workers also report there is no difference in the importance of substance abuse based on

maltreatment type. However, those who indicated there were differences, indicated that the presence of substance abuse was especially important for neglect cases.

The majority of workers indicate that the agency policy allows them to close a substantiated case without services; however, there were differences by office in this response. One-quarter of the workers indicated that a decision about whether or not they were going to intervene in a given situation did influence the finding in a case. Nearly two-thirds of the workers indicate that they continue to investigate a case based on risk factors alone, however, 57% indicated that it was not appropriate to substantiate a case based only on risk factors. About one-quarter (26%) indicate that there are differences in level of proof used to make a finding decision across maltreatment types. For those who indicated there was a difference in type of proof by maltreatment type, physical/observable evidence is the most important for physical abuse and neglect, followed (for physical abuse) by child disclosure, collateral confirmation and family context variables. For sexual abuse, child disclosure is cited most frequently, followed by positive collaterals and lastly, physical/observable proof.

Finally, the CPS workers in this study indicated that in neglect cases they did assess whether the neglect was situational and/or intentional. If the neglect was determined to be situational (even if maltreatment occurred), the case could be classified as inconclusive or unsubstantiated. The social workers report, however, that 86% of the families were offered services even though they were not substantiated for maltreatment.

## **B. Specific Factors (Types of Information) That Influence Finding Decisions**

In the previous section we explored a variety of factors that may be associated with or influence the CPS finding decision. Most of the factors explored were identified in our earlier CPS Decision Study. Further examination of these issues in the present study was for the purpose of continuing to clarify the relationship of these different factors to the finding decision

process. In this section we more specifically examine the types of information that may influence the finding decision in general, specific finding decisions and decisions by type of abuse/neglect. We begin by reporting CPS worker responses to questions designed to clarify how the three possible findings are differently perceived by them. We then report results from questions related to inconclusive and substantiated cases, and differences associated with distinctions between type of abuse/neglect for unsubstantiated cases. The primary focus of the study is on unsubstantiated cases, with greater exploration of factors associated with this decision than the other two possible findings (inconclusive and substantiated).

To begin, we asked CPS workers to tell us about the difference between an inconclusive and an unsubstantiated finding decision in their own words. Based on these responses we categorized their definition of inconclusive into three categories: 1) Suspect, but unable to prove (32%); 2) unclear if CA/N occurred (49%); 3) both one and two above (16%). For the first category (suspect, but unable to prove) examples of CPS worker comments included “you know something happened but no hard evidence,” “recognize risk of harm and plausibility of CA/N, but not enough proof or doesn’t rise to the level of CA/N.” Examples of comments in the second category included “evidence is contradictory, you can’t say it did or didn’t happen,” “can’t support that it didn’t happen or rule it out completely,” “as much evidence to say it happened as it didn’t,” “lack of time/resources to thoroughly investigate conflicting information.”

In comparison, categories associated with the unsubstantiated decision include: 1) absence of evidence that alleged CA/N occurred (33%); 2) evidence that alleged CA/N did not occur (51%); 3) one and two above. Examples of CPS worker statements for the first category, (absence of evidence) include, “there is no evidence and no disclosure,” “there is not enough evidence to support a substantiation or inconclusive,” “information given was incorrect,” “the ‘act’ doesn’t rise to the standard of CA/N.” For the unsubstantiation “proof” category examples of CPS worker statements include: “it was unintentional/accidental,” “if there are no marks, it’s



not CA/N,” “allegations don’t meet CA/N criteria, e.g., isolated event, custody battle, injury doesn’t fit allegations.” Based on these responses it is interesting to note that an inconclusive finding requires some evidence or information which indicates CA/N could or did occur, but that it is not *provable*.

To further explore the question of factors associated with making a finding decision a series of categories was developed and used as a “key” during the social worker interview. The “key” included statements about potential factors that could influence a finding decision. The categories included in the key are: child statement, condition of the child, caregiver/perpetrator factors, resources, input from collaterals and other sources, prior history/chronicity, family characteristics, home condition, proof/evidence, and other. Within each of these categories, sub-categories were included. For example in the child statement category, sub-categories were child denied CA/N, child disclosed CA/N, child’s statement credible, child’s statement not credible, and child recanted. Options were provided for each category so we could explore dimensions within each factor. Table 13 provides information on the categories and sub-categories used in this series of questions.

**Table 13**

**REVISED \* KEY FOR SOCIAL WORKER TELEPHONE INTERVIEW**

<p><b><u>Child Statement:</u></b></p> <p>1.* Child denied CA/N          2.* Child disclosed CA/N          3.* Child’s statement was <i>credible or less than credible</i>          4.* Child’s statement was <u>not</u> credible          5.* Child recanted disclosure</p> <p><b><u>Condition of Child:</u></b></p> <p>6.* Behavioral indicators of CA/N          7.* <u>No</u> behavioral indicators of CA/N          8.* Emotional harm to child          9. <u>No</u> emotional harm to child          10. Physical harm to child          11. <u>No</u> physical harm to child          12.* Injury determined to be accidental          13.* Basic needs appeared to be met          14.* Basic needs did <u>not</u> appear to be met          15.* Risk of further harm to child</p> <p><b><u>Caregiver/Perpetrator:</u></b></p> <p>16.* Alleged perpetrator denied CA/N          17.* Alleged perpetrator admitted CA/N          18.* Caregiver gave plausible explanation for situation          19.* Caregiver cooperative with investigation          20.* Caregiver <u>not</u> cooperative with investigation          21.* Non-abusive caregiver protective of child          22.* Non-abusive caregiver <u>not</u> protective of child</p> <p><b><u>Resources:</u></b></p> <p>23.* Appropriate resources &amp; <i>social support</i> available for family          24.* No appropriate resources available for family          25. Inadequate time/resources to complete thorough investigation          26.* Inadequate time/resources to complete thorough investigation</p> <p><b><u>Input from Collaterals &amp; Other Sources:</u></b></p> <p>27.* Collaterals gave <u>positive</u> reports about family          28.* Collaterals gave <u>negative</u> reports about family          29.* Collaterals gave <u>conflicting</u> reports on family          30.* Referrer not credible, <i>questionable reliability/motivation</i>          31.* Law enforcement involved in case          32.* Input from supervisor</p>	<p><b><u>Chronicity:</u></b></p> <p>33.* Family had history of referrals to CPS          34.* Family had <u>no</u> history of referrals to CPS</p> <p><b><u>Family:</u></b></p> <p>35.* Good relationship between child and caregiver(s)          36.* Poor relationship between child and caregiver(s)          37.* Family was addressing or had resolved alleged problem          38.* Current issues of domestic violence in family          39. <u>No</u> current issues of domestic violence in family</p> <p><b><u>Home:</u></b></p> <p>40. <u>Satisfactory</u> condition of home          41. <u>Unsatisfactory</u> condition of home</p> <p><b><u>Proof/Evidence:</u></b></p> <p>42.* No clear-cut proof of CA/N          43. Had enough proof to pursue further action          44. I witnessed abuse and/or neglect          45. Medical evidence of CA/N          46.* <u>No</u> medical evidence of CA/N          47.* Observable evidence of CA/N          48.* <u>No</u> observable evidence of CA/N          49. Suspected CA/N, but unable to prove it</p> <p><b><u>Other Issues Mentioned By Workers:</u></b></p> <p>50. Child characteristics          51. Caregiver characteristics          52. Other input/statements          53. Custodial issues          54. Insufficient evidence          55. Social Worker relationship with family          56. Incident situational          57. Other          58. Cooperative with services          59. Not cooperative with services</p>
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\* Some “Other” responses were collapsed into this factor on one or more keys.

Questions about factors that influence the finding decision were asked in two different formats. One series of questions asked social workers about their “last” inconclusive and substantiated cases, including type of maltreatment alleged, and then asked them to refer to the key in order to indicate the factors present in that case and the level of influence of the factors that *were* present. Once they had identified the referral, they were asked to read the key and identify, for that referral, which of the categories (and options) were present. After the categories and options were identified the social worker was asked to go back through the list and identify “how much did that issue influence your finding decision, not other decisions such as case plan or disposition.” The level of influence was rated on a 7-point scale with one equals very little influence, and 7 equals very high influence. The second series of questions asked workers to identify factors that focused on *not* finding (unsubstantiation) CPS allegations for different maltreatment types. Each social worker was asked to recall the last physical abuse referral (within 6 months) for which they made an unsubstantiated decision. This same procedure was utilized for the “last” unsubstantiated sexual abuse case and for the “last” unsubstantiated physical neglect case. Finally, in this section of the interview the social workers were given an option of identifying factors other than those covered on the key which might have influenced their decision regarding the specific referral.

Provided in Appendix I are the frequencies and level of influence ratings for the 59 items included in the ten key issue categories for the “last” inconclusive, substantiated, and unsubstantiated physical abuse, sexual abuse and physical neglect cases. For the purposes of this section of the report, a series of tables are presented providing information on the maltreatment type alleged in the reference case as well as summary tables of the key issues and level of influence of the factors (utilizing a 45% cut-point). The reader is referred to Appendix I for details across the spectrum of responses.

## 1. Inconclusive and Substantiated Referrals

This section provides data on factors associated with the decision to classify a case as inconclusive or substantiated. The CPS social workers were asked to “think of the last referral of any type of maltreatment for which you made an inconclusive determination.” To provide context for the unsubstantiation decision we also wanted to explore factors or information that influenced a decision to substantiate a CPS referral. So, as with the other finding decision questions, the CPS workers were asked to “Think of the last referral for which you made a substantiated (founded) determination.” Table 14 provides data on the type of child abuse/neglect of the “last” inconclusive and substantiated referrals recalled by the workers interviewed.

**Table 14**  
**Type of CA/N on Social Workers Last Inconclusive and Substantiated Referral**

CA/N Type*	Inconclusive		Substantiated	
	N = 214	%	N = 218	%
Physical neglect only	74	35%	61	28%
Physical abuse only	65	30%	68	31%
Sexual abuse/Sexual exploitation only	31	15%	23	11%
Multiple types of CA/N	36	17%	50	23%
Other	8	4%	16	7%

\*Type of CA/N categories are mutually exclusive.

N's differ due to workers who did not provide type of CA/N response.

Tables 15 and 16 provide a comparison of the most frequently cited and most influential factors considered in the decision to find a case inconclusive or substantiated

**Table 15**  
**A Comparison of Frequencies of Key Issues for**  
**Inconclusive/Substantiated Referrals**

<b>Key Group</b>	<b>Key Issue</b>	<b>Inconclusive</b>	<b>Substantiated</b>
<b>Proof/Evidence</b>	No clear cut proof of CA/N*	73%	
<b>Condition of Child</b>	Basic needs appear to be met*	66%	
<b>Caregiver/Perpetrator</b>	Alleged perpetrator denied CA/N*	66%	
<b>Resources</b>	Appropriate resources and social support available to family*	64%	53%
<b>Home</b>	Satisfactory condition of the home	59%	
<b>Caregiver/Perpetrator</b>	Caregiver cooperative with investigation*	57%	
<b>Chronicity</b>	Family had history of referrals to CPS*	55%	71%
<b>Family</b>	Good relationship between child and caregiver(s)*	47%	
<b>Caregiver/Perpetrator</b>	Caregiver gave plausible explanation for situation*	46%	
<b>Condition of Child</b>	Risk of further harm to child*		64%
<b>Input from Collaterals &amp; Other Sources</b>	Law enforcement involved in case*		63%
<b>Proof/Evidence</b>	Had enough proof to pursue further action		60%
<b>Child Statement</b>	Child disclosed CA/N*		56%
<b>Proof/Evidence</b>	Observable evidence of CA/N*		55%
<b>Condition of Child</b>	Behavioral indicators of CA/N*		51%
<b>Child Statement</b>	Child's statement credible		50%
<b>Resources</b>	Adequate time/resources to investigate		50%
<b>Condition of Child</b>	Emotional harm to child*		48%
<b>Condition of Child</b>	Physical harm to child*		47%
<b>Input from Collaterals &amp; Other Sources</b>	Collaterals gave negative reports about family*		47%
<b>Caregiver/Perpetrator</b>	Alleged perpetrator admitted CA/N*		45%

\* Some "other" responses were collapsed into this factor on one or more keys

For inconclusive decisions, case factors across seven of the ten key issues categories were frequently present in the case. An assessment that the child's basic needs were being met is the only child factor that met the cut-off criteria ( $\geq 45\%$  reported the factor was present in the case). Three caregiver factors were frequently present including denial of the allegation, a plausible explanation, and an assessment of caregiver cooperation. A positive assessment of the caregiver/child relationship, satisfactory condition of the home, and an assessment of resources and social support were frequently present. Finally, prior history and the absence of clear-cut proof were mentioned as considerations in the finding decision of inconclusive.

Seven factors across the ten key issue categories were also frequently present in substantiated cases. In contrast, however, six issues related to the child were mentioned. First, issues related to a child's statement including child disclosure and credible child statements were

frequently present. Furthermore, four issues related to the child's condition, including behavioral indicators, physical harm to the child, an assessment of emotional harm to the child, and an assessment of risk of future harm were identified. In the caregiver/perpetrator category, perpetrator admission was frequently present. Furthermore, negative collateral reports and law enforcement involvement were frequent. Finally, the CPS workers report adequate time to investigate, observable proof, and enough proof to pursue action as frequently present. For both inconclusive and substantiated referrals prior involvement with CPS and adequacy of resources/social supports were cited as frequently present issues. Comparing frequently present issues to those that were most influential in the finding decision also provides an interesting contrast.

**Table 16**  
**A Comparison of Top Ten Means for Level of Influence\*\***  
**Last Inconclusive and Substantiated Case**

Key Group	Key Issue	Mean Level of Influence	
		Inconclusive	Substantiated
Proof/Evidence	Suspected CA/N unable to prove	5.91	
Other Issues Mentioned by Workers	Incident situational	5.75	
Family	Family addressing problem or resolved*	5.73	
Proof/Evidence	No clear-cut proof of CA/N*	5.71	
Condition of Child	Injury determined accidental*	5.69	
Other Issues Mentioned by Workers	Other	5.65	
Other Issues Mentioned by Workers	Child characteristics	5.64	6.08
Input from Collaterals & Other Sources	Input from supervisor*	5.56	
Proof/Evidence	Had enough proof to pursue action	5.55	6.25
Proof/Evidence	No medical evidence of CA/N*	5.55	
Proof/Evidence	Medical evidence of CA/N		6.65
Proof/Evidence	Observable evidence of CA/N*		6.56
Caregiver/Perpetrator	Alleged perpetrator admitted CA/N*		6.39
Proof/Evidence	Social worker witnessed CA/N		6.29
Caregiver/Perpetrator	Caregiver characteristics		6.28
Condition of Child	Physical harm to child		6.24
Condition of Child	Risk of further harm to child*		6.24
Child Statement	Child's statement credible*		6.13

\* Some "other" responses collapsed into this factor on one or more keys.

\*\* Level of influence rated on a 7 point scale where 1 = very little influence and 7 = very high influence.

For cases classified as inconclusive the list of influential factors is dominated by lack of proof issues. The CPS workers reported that they did not have clear-cut proof or evidence, there was no medical evidence, but they suspected CA/N and had enough “proof” to classify the case as inconclusive. An important influence for inconclusive was supervisory input. Another group of factors which pose interesting questions about the inconclusive classification are assessments by CPS social workers that the child was injured accidentally, the incident was assessed as situational, or that the family had resolved or were addressing the situation that precipitated the referral. Finally, although not on the list of frequently present issues, CPS workers cite child characteristics and “*other*” factors that influenced their decision to classify the case as inconclusive.

In contrast, factors associated with proof or “*evidence*” were dominant issues that influenced the substantiation decision. The assessment by the CPS worker that they had enough “*evidence*” to pursue a substantiation finding including medical, observable, or personally witnessing maltreatment influenced their decision. Also influential were the child’s statement (credible), perpetrator admission and an assessment of actual physical harm or risk of harm. Finally, although not cited as frequently present, CPS workers cited “*other*” child and caregiver issues as influential when present.

## **2. Unsubstantiated Referrals**

Because the primary focus of this study is to explore factors that influence the decision *not* to substantiate (or unsubstantiate) a CPS referral, workers were asked a series of questions about *not* finding (unsubstantiating) CPS allegations for the three main maltreatment types. Each social worker was asked to recall the last (most recent) physical abuse referral (within 6 months) for which they made an unsubstantiated decision. This same procedure was utilized for the “last” unsubstantiated sexual abuse case and for the “last” unsubstantiated physical neglect case.

Most social workers were able to identify a physical abuse referral on which they made an unsubstantiated decision (81%) and a physical neglect referral (78%). Fewer workers (51%) were able to recall an investigation of a sexual abuse referral that resulted in an unsubstantiated decision, due in part to specialized units dealing only with sexual abuse cases.

**Table 17**  
**Unfounded Decisions in Investigated CPS Cases in Last Six Months**

<b>TYPE</b>	<b>YES</b>	<b>NO – HAVEN'T INVESTIGATED</b>	<b>NO – NONE UNFOUNDED</b>
Physical Abuse	N=177 81%	N=13 6%	N=30 14%
Sexual Abuse	N=111 51%	N=45 21%	N=64 29%
Physical Neglect	N=171 78%	N = 5 2%	N=42 19%

\*Total percents may not equal 100 due to rounding.

Table 18 provides a summary of the key variables with highest frequencies ( $\geq 45\%$ ) and highest level of influence ratings ( $\geq 45\%$ ) for the identified physical abuse, physical neglect, and sexual abuse referrals with an unsubstantiated finding. An examination of the table provides interesting information about factors influencing the unsubstantiation decision both within and between maltreatment types.



**Table 18**  
**Key Variables with Highest Frequencies and Highest Level of Influence Ratings for Unfounded Physical Abuse, Physical Neglect and Sexual Abuse Referrals**

Key Variables	Physical Abuse		Physical Neglect		Sexual Abuse	
	Freq.	Level of Influence	Freq.	Level of Influence	Freq.	Level of Influence
<b>Child Statement</b>						
1. Child denied CA/N*	45%	52%			52%	57%
2. Child disclosed CA/N*						
3. Child's statement was credible *						
4. Child's statement was not credible or <i>less than credible</i> *						
5. Child recanted disclosure*						
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*						
7. No behavioral indicators of CA/N*						
8. Emotional harm to child*						
9. No emotional harm to child						
10. Physical harm to child						
11. No physical harm to child	50%	63%	46%	51%		
12. Injury determined to be accidental*						
13. Basic needs appeared to be met*	57%	45%	88%	73%		
14. Basic needs did not appear to be met*						
15. Risk of further harm to child*						
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*						
17. Alleged perpetrator admitted CA/N*						
18. Caregiver gave plausible explanation for situation*			61%	50%		
19. Caregiver cooperative with investigation*						
20. Caregiver not cooperative with investigation*						
21. Non-abusive caregiver protective of child*					50%	55%
22. Non-abusive caregiver not protective of child*						
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*						
24. No appropriate resources available for family*						
25. Adequate time/ resources to complete thorough investigation	48%	46%	49%	45%		
26. Inadequate time/ resources to complete thorough investigation*						
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	50%	57%	46%	59%		
28. Collaterals gave negative reports about family*						
29. Collaterals gave conflicting reports on family*						
30. Referrer not credible, <i>questionable reliability/ motivation</i> *						
31. Law enforcement involved in case*					50%	49%
32. Input from supervisor*						
<b>Chronicity</b>						
33. Family had history of referrals to CPS*						
34. Family had no history of referrals to CPS*						
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	63%	54%	72%	59%	59%	46%
36. Poor relationship between child and caregiver(s)*						
37. Family was addressing or had resolved alleged problem*			46%	70%		
38. Current issues of domestic violence in family*						
39. No current issues of domestic violence in family						
<b>Home</b>						
40. Satisfactory condition of home			78%	49%		
41. Unsatisfactory condition of home*						

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 18 (Continued)**  
**Key Variables with Highest Frequencies and Highest Level of Influence Ratings for Unfounded Physical Abuse, Physical Neglect and Sexual Abuse Referrals (Continued)**

Key Variables	Physical Abuse		Physical Neglect		Sexual Abuse	
	Freq.	Level of Influence	Freq.	Level of Influence	Freq.	Level of Influence
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	72%	63%	61%	57%	70%	69%
43. Had enough proof to pursue further action						
44. I witnessed abuse and/ or neglect						
45. Medical evidence of CA/N					58%	55%
46. No medical evidence of CA/N*	50%	72%				
47. Observable evidence of CA/N*						
48. No observable evidence of CA/N*	55%	64%	60%	66%		
49. Suspected CA/N, but unable to prove it						

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

### **2a. Physical Abuse**

Lack of clear-cut proof of CA/N and the absence of observable or medical evidence (no physical harm) are important factors influencing the decision *not* to substantiate a physical abuse CPS referral. A child's denial of maltreatment, an assessment that the child's basic needs are met, an assessment of positive caregiver/child interaction, and positive reports from collaterals are also important influences on the decision to classify a physical abuse case as unsubstantiated. Finally, having enough time and resources to complete a thorough investigation is also influential in the decision process for physical abuse referrals.

### **2b. Physical Neglect**

Some of the same factors that are important in the decision process for physical abuse referrals are also important for neglect. For neglect cases too, adequate time to investigate the referral is influential. So too are lack of observable evidence or no clear-cut proof, a positive caregiver/child relationship and positive collateral reports. In neglect cases, weight is given to plausible explanations for the alleged incident by caregivers along with an assessment that the child's basic needs are being met. In addition, a CPS worker's assessment that conditions in the home are satisfactory, and that the family is addressing or has resolved the problem/issue associated with the referral allegations are influential in the decision *not* to substantiate.

## **2c. Sexual Abuse**

As with the other types of maltreatment, lack of evidence, especially lack of medical evidence influences the decision to unsubstantiate a sexual abuse referral. Law enforcement involvement in a case is also influential, as is a child's denial of maltreatment. Interestingly, a positive assessment of caregiver/child relationship and an assessment that a non-perpetrating caregiver is protective of the child are also influential in the finding determination of unsubstantiation in sexual abuse referrals.

## **3. Summary of Specific Findings Associated with the CPS Finding Decision**

To begin this phase of the study we asked workers a general question about the difference between inconclusive and unsubstantiated cases. Suspicion, with lack of proof characterize inconclusive cases. The CPS workers reported in this section that lack of time to follow-up on the case did influence the decision to classify as inconclusive. In contrast, unsubstantiated cases were characterized by the absence of evidence and/or proof that the alleged incident did not occur.

The findings related to the "Key" issues for inconclusive and substantiated referrals are based on cases across the spectrum of maltreatment. This analysis provides more specific data on the kinds of information that differentiate the different finding classifications across a group of cases. As indicated earlier, for inconclusive cases, lack of clear-cut proof was the most frequently cited reason for classifying a case as inconclusive. However, with the greater detail available in this phase of the study we can see that other child, family and case factors are frequently present in the decision consideration. For inconclusive cases these variables are related to the child (basic needs met), caregiver response (denial, plausible explanation, cooperation), and an assessment of family context (caregiver/child relationship, satisfactory condition of the home, resources and social support). Finally, whether or not the family had a history of prior CPS reports (yes) influenced the inconclusive classification.

For substantiated cases, in contrast, the major category associated with the decision were child factors (child disclosure, credibility, condition, and assessment of future risk). Caregiver admission was also frequently present, as were negative collateral reports and law enforcement involvement. Finally, observable proof and enough time to investigate were frequently present.

Despite the frequency of the above factors, the data on the *influence* of specific factors reveals that some factors may be frequent but less influential, and others are relatively infrequent, but when present are quite influential in the decision process. For the inconclusive classification, lack of proof was the most influential, but the CPS worker assessed that there was sufficient suspicion to warrant the inconclusive classification. Supervisory input was also influential. Other assessments such as these discussed above, situational or intentional and family cooperation, were also influential in the inconclusive decision.

Proof or evidence were the most influential factors in the substantiation decision with admission by perpetrator, statement of the child, and presence of evidence to support physical harm or risk of harm as the most influential factors in the decision process.

It would have been interesting to sort out the effects of type on the above reported findings for inconclusive and the substantiated finding decision. However, time constraints for the interviews did not allow that level of detail. We did, however, examine the factors associated with type of maltreatment and the unsubstantiation decision. One of the interesting findings from this phase of the study is the similarities and differences in frequent and influential factors by maltreatment type. Two factors were frequent and influential across unsubstantiated maltreatment cases, that is, a positive relationship between child and caregiver, and the absence of clear-cut proof of CA/N. There were a number of factors frequent and influential for both physical abuse and neglect, but not sexual abuse. These factors are absence of physical harm to the child, basic needs appeared to be met, that there was adequate time/resources to complete a

thorough investigation, and positive collateral reports about the family. Otherwise, there were individual risk factors that were important for different types of maltreatment.

#### **4. Bivariate Analysis**

To further explore the patterns of the most frequent and influential issues related to the CPS decision process we conducted a series of exploratory bivariate statistical analyses. Two main questions are explored:

1. Which variables are most used and most influential to unsubstantiated cases associated with each particular type of maltreatment? and
2. Which variables are most used and most influential to these cases regardless of type of maltreatment (i.e., “in general, across maltreatment types”)?

To explore these two questions we developed two different approaches, a “statistical” approach, and a “descriptive” approach. The findings from the statistical approach are reported first, followed by the findings from the descriptive approach.

##### **4a. Statistical approach**

In this first analytic approach we conducted chi-square tests in order to detect statistical associations between individual factors and their reported presence (or absence) in the different types of maltreatment cases (i.e., physical neglect, physical abuse, and sexual abuse). This approach examines statistical measures of association between the presence or absence of the issues and the maltreatment types (via the crosstabs procedures of SPSS 10.0, which bases tests of significance of categorical variables on the nonparametric chi-square statistic). The issues examined are the same as reported in the previous section. It should be noted however, that for this phase of the analysis we recategorized the issues from the “key” into types of information and added a concept called “valence”. The regrouped types of information categories are as follows: 1.) Proof/Evidence, 2.) Testimonial/Credibility; 3.) Observational; 4.) Context; 5.) Other. (See Table 19 for details.)

**Table 19**  
**“KEY” TABLE**

**TYPES OF INFORMATION CATEGORIZATION BY VALENCE**

NEGATIVE VALENCE (-)	POSITIVE VALENCE (+)
<b>I. Proof/Evidence Harm or Risk</b>	<b>I. Proof/Evidence Absence of Harm, Risk or Family Strength (+)</b>
Physical harm to child Emotional harm to child Medical evidence Observable evidence Social worker witnessed abuse Enough proof to pursue action	Suspected CA/N, but unable to prove (mixed) No physical harm to child No emotional harm to child No medical evidence No observable evidence No clear-cut proof of CA/N
<b>II. Testimonial/Credibility</b>	<b>II. Testimonial/Credibility</b>
Child disclosed CA/N Alleged perpetrator admitted CA/N Collaterals gave <u>negative</u> reports Collaterals gave conflicting (mixed) Child statement not credible Referrer not credible	Child denied CA/N Child recanted Alleged perpetrator denied CA/N Collaterals gave positive reports Caregiver gave plausible explanation Child statement credible
<b>III. Observation</b>	<b>III. Observation</b>
Child behavioral indicators Child’s basic needs not met Unsatisfactory condition of home	No child behavioral indicators Child’s basic needs met Satisfactory condition of home
<b>IV. Context</b>	<b>IV. Context</b>
Uncooperative caregiver Non-abusive caregiver not protective No appropriate resources or social support available to family CPS history Poor caregiver relationship Current family Domestic violence issues	Cooperative caregiver Non-abusive caregiver protective Appropriate resources or social support available to family No CPS history Good caregiver/child relationship No current family domestic violence issues Family addressing or had resolved problems
<b>V. Other</b>	<b>V. Other</b>
Assessed risk of future harm Inadequate time resources to complete investigation LE involvement Input from supervisor	Injury determined accidental Adequate time resources to complete investigation

For each category, the information could further be grouped by valence, that is whether the information was *negative* and indicated harm or risk, or whether the information was *positive* or indicated absence of harm or family strength. For example in the category Observational Information Directly Related to CA/N, the presence of medical evidence of CA/N would be considered negative valence, and the absence of medical evidence of CA/N would be considered positive valence. Several of the categories could not be assigned a positive or negative valence and were therefore categorized as *mixed* valence.

#### **4a1. Statistical Findings for Unsubstantiated Physical Abuse**

By looking at the “statistical” results for the frequency data, one can understand some distinctive ways in which CPS workers report using information to make decisions for physical abuse allegations they decide not to substantiate.

**Table 20**  
**Significant Associations of Presence of “Key” Variables with**  
**Unsubstantiated Physical Abuse Cases**

<b>KEY ISSUE</b>	<b>Observed</b>	<b>Expected</b>	<b>Standardized Residual*</b>
<b>I. Proof/Evidence</b>			
Physical harm to child	14.1%	6.8%	4.96
No emotional harm to child	28.2%	34.2%	-2.12
<b>II. Testimonial/Credibility</b>			
Plausible explanation	66.7%	57.5%	3.14
Child disclosed CA/N	16.4%	12.2%	2.17
Referrer not credible	20.3%	27.2%	-2.63
<b>III. Observational</b>			
Basic needs met	56.5%	67.3%	-3.92
No behavioral indicators	36.7%	45.1%	-2.85
Behavioral indicators	7.3%	12.0%	-2.42
<b>IV. Contextual/Risk</b>			
Family addressing/resolved problem	25.4%	34.2%	-3.13
No current domestic violence	44.6%	35.9%	3.08
Appropriate resources/social support	54.8%	61.4%	-2.31
<b>V. Other</b>			
Injury determined accidental	33.3%	15.0%	8.69

\* The cut-point for a standardized residual at the alpha + .05 level (2-tailed test) = 1.96.

Based upon these reports for unsubstantiated physical abuse cases there were more likely to be issues (compared to unsubstantiated sexual abuse and physical neglect cases) related to whether or not there was physical harm to the child, whether the caregiver gave a plausible explanation for the alleged incident, whether the child disclosed CA/N, whether domestic violence was absent, and whether the injury was determined accidental. However, there were less likely to be issues related to an assessment of emotional harm to the child, referrer credibility, Observational information associated with basic needs, or behavioral indicators associated with the child. Finally, several issues associated with context/risk were less likely, that is, whether the family was addressing or had resolved the issue, and whether the family had appropriate resources or social support.

#### **4a2. Statistical Findings for Unsubstantiated Sexual Abuse**

Table 21 presents data on the observed and expected frequencies of the “key” issues identified for unsubstantiated sexual abuse cases. First, it is interesting to note the variation in frequency of the “key” issues that were more likely than expected based on chance. Lack of medical evidence is more likely than expected, as is the percent of children who recanted, and/or a determination that the child’s statement is not credible.



**Table 21**  
**Significant Associations of Presence of “Key” Variables with**  
**Unsubstantiated Sexual Abuse Cases**

<b>KEY ISSUE</b>	<b>Observed</b>	<b>Expected</b>	<b>Standardized Residual*</b>
<b>I. Proof/Evidence</b>			
No observable evidence	38.7%	52.7%	-3.38
Physical harm to child	0.9%	6.8%	-2.82
No medical evidence	57.7%	44.4%	3.23
<b>II. Testimonial/Credibility</b>			
Plausible explanation	37.8%	57.5%	-4.81
Child recanted	14.4%	8.1%	2.85
Positive collateral reports	34.2%	44.7%	-2.54
Child’s statement not credible	22.5%	14.2%	2.91
<b>III. Observational</b>			
Satisfactory condition of home	52.3%	68.6%	-4.27
Child’s basic needs met	52.3%	67.3%	-3.88
<b>IV. Contextual/Risk</b>			
Non-abusive caregiver protective	49.5%	29.4%	5.36
Non-abusive caregiver <i>not</i> protective	5.4%	1.5%	3.82
Current domestic violence	12.6%	7.4%	2.42
Poor caregiver/child relationship	15.3%	9.6%	2.37
<b>V. Other</b>			
LE involved	49.5%	27.5%	5.98
Injury determined accidental	2.7%	15.0%	-4.18

\* The cut-point for a standardized residual at the alpha + .05 level (2-tailed test) = 1.96.

All four of the identified Contextual/Risk factors are more likely than expected with the presence of a non-abusive, protective caregiver predominate within this group. There were only a few referrals (5.4%) with non-abusive caregivers assessed as not protective; however, even this low percent was more likely than expected by chance alone. Finally, the involvement of law enforcement was more likely than expected by chance, a reflection of the greater emphasis on the “legal” aspects of sexual abuse cases.

Not unexpectedly, there was less likely to be observable evidence or physical harm for these unsubstantiated sexual abuse cases. There was also less likely to be positive collaterals or plausible caregiver explanation. Observations of the home associated with conditions or provision of basic needs were less likely. Finally, injury determined to be accidental was also less likely.

#### 4a3. Statistical Findings for Unsubstantiated Physical Neglect

There were more likely to be issues associated with the presence (or absence) of observable evidence and the assessment that there was no emotional harm for unsubstantiated physical neglect cases compared to unsubstantiated physical or sexual abuse cases. Referrer credibility was more likely to be an issue as were the conditions of the home and the provision of basic needs for the child. Contextual factors associated with problem resolution, resources and social support were also more likely.

**Table 22**  
**Significant Associations of Presence of “Key” Variables with**  
**Unsubstantiated Physical Neglect Cases**

KEY ISSUE	Observed	Expected	Standardized Residual*
<b>I. Proof/Evidence</b>			
Observable evidence	4.1%	1.7%	2.94
No observable evidence	59.6%	52.7%	2.28
No medical evidence	30.4%	44.4%	-4.66
No emotional harm	42.1%	34.2%	2.75
Physical harm	2.9%	6.8%	-2.51
<b>II. Testimonial/Credibility</b>			
Child recanted	2.3%	8.1%	-3.47
Child disclosed	5.8%	12.2%	-3.21
Child’s statement not credible	5.3%	14.2%	-4.21
Referrer not credible	32.7%	27.2%	2.04
<b>III. Observational</b>			
Satisfactory condition of home	78.4%	68.6%	3.45
Basic needs met	88.3%	67.3%	7.39
<b>IV. Contextual/Risk</b>			
Family addressing/ Resolved problem	46.2%	34.2%	4.17
Non-abusive caregiver protective	21.1%	29.4%	-3.03
Appropriate resources/social support	70.2%	61.4%	2.95
Poor Caregiver/Child relationship	4.7%	9.6%	-2.75
Non-abusive caregiver <i>not</i> protective	-0-	1.5%	-2.05
<b>V. Other</b>			
LE involved	10.5%	27.5%	-6.25
Injury determined accidental	4.1%	15.0%	-5.05

\* The cut-point for a standardized residual at the alpha + .05 level (2-tailed test) = 1.96.

In contrast to the other types of CA/N, unsubstantiated physical neglect cases were less likely to have issues related to medical evidence or physical harm, child disclosure or recanting, or questions about the credibility of the child’s statement. Also less likely were issues associated with protective caregivers or parent/child relationship. Finally, whether the incident was determined accidental, and

law enforcement involvement were less likely for unsubstantiated physical neglect cases compared to other unsubstantiated (most notably sexual abuse cases).

#### **4a4. Key Issues Across the 3 Main Maltreatment Types for Unsubstantiated Referrals**

In summary, a comparison of frequency of key issues reported across the three main maltreatment types of unsubstantiated CPS referrals is presented in Table 23.

**Table 23**  
**Significant Associations of “Key” Issues Present with 3 Main Maltreatment Types\* for Unsubstantiated Referrals**

<b>Key Issue</b>	<b>PA Yes</b>	<b>Stdz. Resid</b>	<b>SA Yes</b>	<b>Stdz. Resid</b>	<b>PN Yes</b>	<b>Stdz. Resid</b>	<b>Expected</b>	<b>Signif.</b>
<b>I. Proof/Evidence</b>								
Physical harm to child	14.1%	<b>4.96</b>	0.9%	- <b>2.82</b>	2.9%	- <b>2.51</b>	6.8%	.000
No observable evidence	54.8%	0.71	38.7%	- <b>3.38</b>	59.6%	<b>2.28</b>	52.7%	.002
No medical evidence	49.7%	1.77	57.7%	<b>3.23</b>	30.4%	- <b>4.66</b>	44.4%	.000
Observable evidence	0.6%	- 1.54	0.0%	- 1.60	4.1%	<b>2.94</b>	1.7%	.012
No emotional harm	28.2%	- <b>2.12</b>	31.5%	- 0.69	42.1%	<b>2.75</b>	34.2%	.019
<b>II. Testimonial/Credibility</b>								
Referrer not credible	20.3%	- <b>2.63</b>	29.7%	0.69	32.7%	<b>2.04</b>	27.2%	.027
Plausible explanation	66.7%	<b>3.14</b>	37.8%	- <b>4.81</b>	60.8%	1.09	57.5%	.000
Positive reports	50.3%	1.91	34.2%	- <b>2.54</b>	45.6%	0.31	44.7%	.027
Child’s statement not credible	17.5%	1.62	22.5%	<b>2.91</b>	5.3%	- <b>4.21</b>	14.2%	.000
Child recanted	9.6%	0.95	14.4%	<b>2.85</b>	2.3%	- <b>3.47</b>	8.1%	.001
Child disclosed CA/N	16.4%	<b>2.17</b>	15.3%	1.17	5.8%	- <b>3.21</b>	12.2%	.006
<b>III. Observational</b>								
Basic needs appear to be met	56.5%	- <b>3.92</b>	52.3%	- <b>3.88</b>	88.3%	<b>7.39</b>	67.3%	
No behavioral indicators	36.7%	- <b>2.85</b>	50.5%	1.29	50.3%	1.73	45.1%	.017
Behavioral indicators	7.3%	- <b>2.42</b>	17.1%	1.91	13.5%	0.74	12.0%	.034
Satisfactory condition of home	69.5%	0.31	52.3%	- <b>4.27</b>	78.4%	<b>3.45</b>	68.6%	.000
<b>IV. Contextual</b>								
No current DV	44.6%	<b>3.08</b>	28.8%	- 1.79	31.6%	- 1.51	35.9%	.008
Non-abusive Caregiver Not protective	0.6%	- 1.33	5.4%	<b>3.82</b>	0.0%	- <b>2.05</b>	1.5%	.001
Current DV	5.1%	- 1.50	12.6%	<b>2.42</b>	6.4%	- 0.63	7.4%	.049
Non-abusive CG Protective	24.9%	- 1.70	49.5%	<b>5.36</b>	21.1%	- <b>3.03</b>	29.4%	.000
Family addressing/ Resolved problem	25.4%	- <b>3.13</b>	29.7%	- 1.15	46.2%	<b>4.17</b>	34.2%	.000
Appropriate resources	54.8%	- <b>2.31</b>	58.6%	- 0.72	70.2%	<b>2.95</b>	61.4%	.01
Poor Caregiver/ Child relationship	10.7%	0.65	15.3%	<b>2.37</b>	4.7%	- <b>2.75</b>	9.6%	.01
<b>V. Other</b>								
Injury determined accident	33.3%	<b>8.69</b>	2.7%	- <b>4.18</b>	4.1%	- <b>5.05</b>	15.0%	.000
LE involved	29.9%	0.95	49.5%	<b>5.98</b>	10.5%	- <b>6.25</b>	27.5%	.000

\*PA = Physical Abuse, SA = Sexual Abuse and PN = Physical Neglect

In the Proof/Evidence information category the presence of physical harm as an issue is more likely in physical abuse cases, and less likely for sexual abuse or neglect unsubstantiated cases. The presence of observable “evidence” is more likely in neglect cases compared to the other types of maltreatment, whereas *no* observable evidence is more likely to be an issue for neglect cases and less likely for sexual abuse unsubstantiated cases. Lack of medical evidence was more likely for sexual abuse cases, and less likely for neglect cases, but not more or less likely for physical abuse cases.

Referrer credibility, under the Testimonial category was less likely present as an issue in physical abuse cases and more likely in neglect cases. Although present in 29.7% of the sexual abuse cases, referrer credibility was neither more nor less likely compared to the other maltreatment types. In comparison, a plausible explanation by the caregiver of the alleged incident was more likely for physical abuse cases and less likely for sexual abuse cases. As noted in Table 23 there is some variation in the likelihood (more or less) of child’s statement including disclosure, credibility or recanting across the three maltreatment types. Child disclosure of maltreatment was more likely in physical abuse cases and less likely in neglect. Whether the child’s statement was assessed as not credible and/or the child recanted their statement was more likely an issue in sexual abuse cases, and less likely an issue for neglect. Positive collateral reports were less likely to be an issue in the unsubstantiated sexual abuse cases than in the physical abuse and neglect cases.

In the Observational category of information the assessment that the child’s basic needs were met was very likely to be an issue in physical neglect cases, but less likely for either physical abuse or sexual abuse. Satisfactory condition of the home was more likely to be cited as a considered factor in neglect cases, and significantly less likely in sexual abuse cases. Finally, in the Observation category, behavioral indicators (presence or absence) were significantly less likely in physical abuse cases, but there were no significant differences in consideration of these factors for sexual abuse and neglect cases from what would be expected. It is interesting to note that the absence of behavioral indicators

was reported as a considered factor in more sexual abuse and physical neglect cases than physical abuse cases.

The absence of current domestic violence was more likely to be an issue for unsubstantiated physical abuse cases compared to sexual abuse and neglect, but presence of current domestic violence was more likely to be an issue for unsubstantiated sexual abuse cases compared to physical abuse and neglect. The protectiveness of the caregiver (protective or not), was more likely an issue for sexual abuse cases and less likely for neglect. Interestingly, an assessment that the family was addressing the problem identified in the investigation and whether the family was assessed as having appropriate resources and social supports were less likely to be an issue in physical abuse cases and more likely to be an issue in neglect cases. Poor caregiver/child relationship more likely was an issue in the sexual abuse cases and less likely in the neglect cases.

Finally, in the “Other” issues category, the determination that an injury was accidental was very much more likely to be an issue in physical abuse cases and much less likely to be an issue in either sexual abuse or neglect unsubstantiated cases. Law enforcement involvement in a case also is differentially associated with maltreatment type, with law enforcement involvement more likely in sexual abuse cases than physical neglect cases.

#### **4b. Descriptive Analyses**

Since this is an exploratory study, we decided to analyze the data in different ways to see if analysis methodologies produced the same or similar results. A complementary methodology, which we term the “descriptive approach,” seeks to highlight factors that by some criteria are both frequently present and relatively influential to the unsubstantiated cases by type of maltreatment. In order to apply this descriptive approach, two sets of criteria were specified as a basis for determining the relative influence of the dozens of “key” variables included in the study. Table 24 provides a specification of the two types of criteria used in the descriptive exploratory analysis:

**Table 24**  
**Criteria by Which “Key” Variables Were Included as “Frequent” and/or “Influential”**

Set of Criteria	Terms of Reference	Physical Abuse	Sexual Abuse	Physical Neglect
<b>Inclusive (Mean-Based)</b>	“Frequent” “Influential”	Frequency: $\geq 23\%$ Mean influence: $\geq 4.663$	Frequency: $\geq 23\%$ Mean influence: $\geq 4.91$	Frequency: $\geq 23\%$ Mean influence: $\geq 5.041$
<b>Restrictive</b>	“Very Frequently Present” “Highly Influential”	Frequency: $\geq 45\%$ Top 10 mean influence	Frequency: $\geq 45\%$ Top 10 mean influence	Frequency: $\geq 45\%$ Top 10 mean influence

The two types of criteria used in the descriptive analyses were categorized as Inclusive and Restrictive. Please note the cut-points selected were somewhat arbitrary, as there are no guidelines in the literature on which to make a determination as to the appropriate cut-points. However, the inclusive cut-points are not entirely arbitrary, based as they are upon the means of the social worker responses on the key items. For the purposes of this analysis we felt that the Restrictive criteria would provide enough contrast to explore the variable relationships with the unsubstantiation decision. As noted above and specified in the table, the inclusive criteria are based upon the mean frequency (across factors identified by social workers as present in the unsubstantiation cases) and the average mean influence rating of those factors. In other words, factors defined as “frequent” by the Inclusive criterion if they were indicated as present by 23% or more of the social workers interviewed for each maltreatment type. Similarly, if a factor had a mean influence rating that was greater or equal to the average assigned by the social workers across factors, it was considered to be “influential” by the Inclusive criterion. Unlike the “frequent” cut-point, however, the mean influence rating cut-point differed by type of maltreatment (physical abuse = 4.7, sexual abuse = 4.9, neglect = 5.0). For the Restrictive criteria we chose a frequency rating cut-point of equal to or more than 45% (*very frequently present*), and an influence cut-point that indicated that a factor was within the top ten as judged by factors’ mean influence ratings (*highly influential*).

We initially developed a third set of criteria we called “Semi-Restrictive” which had a frequency cut-point of  $\geq 33\%$  and an influence rating of  $\geq 45\%$ , in the category of “high influence.” In preliminary analysis we found that changing the frequency cut off from 33% to 45% made little

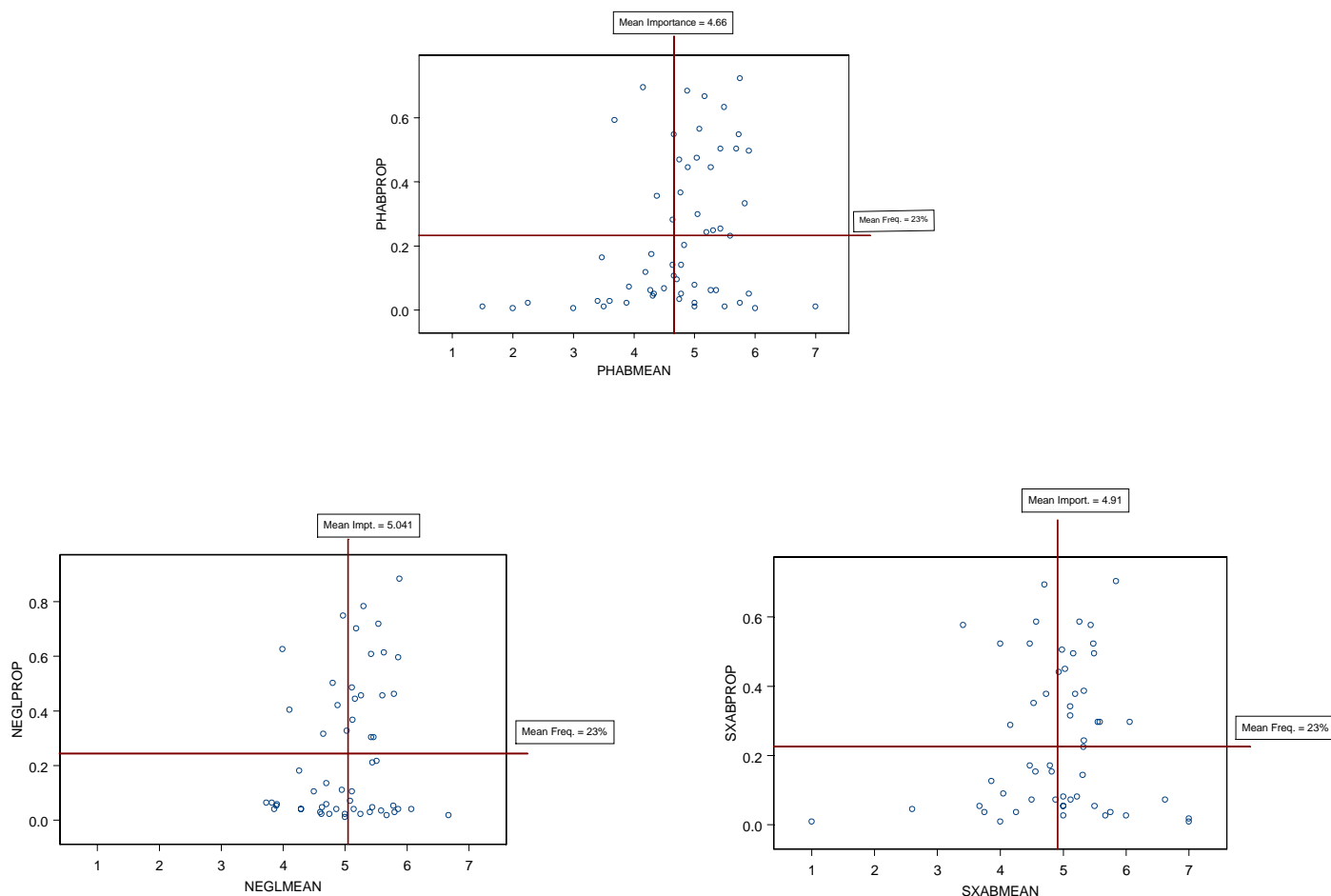
difference in which variables were classed as different; however, changing the cut-point for the influence rating was more consequential. For the purposes of this report, because this Semi-Restrictive classification was little used, we are including only the contrast between the “Inclusive” and “Restrictive” sets of criteria. The same categorizations of factors (i.e., type of information and valence) are used as in the previous section.

A basic decision in this analysis was on what descriptive basis to designate the information that may have been used in the decision process as “frequent” and/or “influential” to the decision, as there are no standard definitions to guide this decision process. To illustrate the decision process we used to develop the Inclusive and Restrictive criteria we present three scatter plots, one for each of the three types of maltreatment examined in this study. Each of the scatter plots shows the bivariate distribution of the factors on the dimension of frequency (in terms of proportion of social workers saying that the factor was present in the case) and influence (in terms of the mean influence rating), along with the cut-points for the Inclusive criteria, based upon the means (the frequency cut-point is given as a percentage, whereas the influence cut-point is given as a mean influence rating on a 7 point scale). The main point illustrated by these scatter plots is that as the lines defining the cut-points are moved (to the left or right, or down or up), respectively more or less factors will be defined as “frequent” or “influential” to the unsubstantiated cases. The effects of applying the “Restrictive” criteria are to move the cut-points up and to the right, consequently defining fewer factors as both “very frequently present” and “highly influential.”



**Figure 11**

**Scatterplot of Frequency and Mean Influence of “Key” Variables for Three Maltreatment Types<sup>1</sup>**



<sup>1</sup> In the first graph, the variable name PHABPROP indicates the proportion of social workers reporting that each factor was present in the physical abuse case recalled (the mean is given in the right margin, as a percentage). The variable name PHABMEAN indicates the mean influence rating (importance) for each factor. The overall mean is reported in the top margin. The horizontal and vertical lines through the center of the graph indicate, respectively, the mean frequency and overall mean importance for the physical abuse cases.

In the second graph, the variable name NEGLPROP indicates the proportion of social workers reporting that each factor was present in the physical neglect case recalled (the mean is given in the right margin, as a percentage). The variable name NEGLMEAN indicates the mean influence rating (importance) for each factor. The overall mean is reported in the top margin. The horizontal and vertical lines through the center of the graph indicate, respectively, the mean frequency and overall mean importance for the physical neglect cases.

In the third graph, the variable name SXABPROP indicates the proportion of social workers reporting that each factor was present in the sexual abuse case they were recalled (the mean is given in the right margin, as a percentage). The variable name SXABMEAN indicates the mean influence rating (importance) for each factor. The overall mean is reported in the top margin. The horizontal and vertical lines through the center of the graph indicate, respectively, the mean frequency and overall mean importance for the sexual abuse cases.

**4b1. Descriptive Findings for Unsubstantiated Physical Abuse**

Utilizing the “descriptive” methodology outlined above, Table 25 provides the data on frequent and influential factors in the inclusive and restrictive categories for physical abuse unsubstantiated cases in this study.

**Table 25  
Type of Information Frequent and Influential for Unsubstantiated  
Physical Abuse Cases Using the Descriptive Approach**

Type of Information	Inclusive				Restrictive
	Valence	N	%	Mean Influence	
<b><u>Proof of Evidence</u></b>					
No Clear Cut Proof of CA/N	+	128	72%	5.75	*
No Physical Harm to Child	+	89	50%	5.69	*
No Observable Evidence of CA/N	+	97	55%	5.73	*
No Medical Evidence of CA/N	+	88	50%	5.90	*
No Emotional Harm					
<b><u>Testimonial/Credibility</u></b>					
Plausible Explanation for Situation	+	118	67%	5.17	
Collaterals gave Positive Reports	+	89	50%	5.43	*
Child Denied CA/N	+	79	45%	5.27	
Child’s Statement Credible	N/A	43	24%	5.20	
Referrer Not Credible					
<b><u>Observational</u></b>					
Basic Needs Appear to be Met	+	100	57%	5.08	
No Behavioral Indications of CA/N	+	65	37%	4.77	
Satisfactory Condition of Home					
<b><u>Context</u></b>					
Appropriate Resources (family)					
Caregiver Cooperation	+	121	68%	4.88	
Relationship between Caregiver/Child	+	112	63%	5.49	*
No CPS History of CA/N	+	83	47%	4.75	
No Current Issues of Domestic Violence	+	79	45%	4.89	
Family was Addressing Problem	+	45	25%	5.43	
Caregiver Protective of Child	+	44	25%	5.31	
<b><u>Other</u></b>					
Time/Resources to Investigate (adequate)	N/A	84	48%	5.04	
Injury Determined to be Accidental	+	59	33%	5.83	
Law Enforcement Involved	-	53	30%	5.05	
Input from Supervisor	N/A	41	23%	5.59	

Of those factors both frequently present and influential to the unsubstantiated finding, five are in the Proof/Evidence category, with “no clear-cut proof of CA/N” being the highest frequency, followed by “no observable evidence,” “no physical harm to child,” and “no medical evidence.” Each of these Proof/Evidence items were also categorized as “positive” valence as they indicate the absence

of harm, evidence, or proof to classify a case as either inconclusive or unsubstantiated. Finally, all the Proof/Evidence items remained in the more restrictive definition of present and influential.

Four items in the Testimonial/Credibility category were identified as frequent and influential in the inclusive definition, but only one of these items remained in the restrictive definition. The most frequent item cited in this category is plausible explanation for the situation by the caregiver; however, this is not the most influential item. Although less frequent than plausible explanation, positive reports from collaterals was more influential in the decision to unsubstantiate a physical abuse referral. Positive collateral input also remained in the more restrictive definition. Child denial of maltreatment and an assessment of the credibility of the child's statement were frequent in the inclusive criteria, and influential in the decision to unsubstantiate a physical abuse case.

The two types of information in the Observational category that were included in the inclusive model, but not the restrictive model, were an assessment that the child's basic needs appeared to be met and the absence of behavioral indicators associated with child maltreatment. Although both these items met the influence criteria for inclusion, overall, they were less influential than other information items/categories included in this analysis. Six Context items are included in the unsubstantiated inclusive descriptive model for physical abuse, although there is a wide variation in reported frequency of the issue as being present, and only one of the items remained in the restrictive model. In this Context category, caregiver cooperation and an assessment of the relationship between the caregiver and the child were most frequent, with the relationship issue receiving the most influential mean rating. These two items were followed by the absence of a history of prior involvement with CPS, and the absence of current issues of domestic violence in the home. Both these factors were influential, but less so than other items. Less frequent but influential Contextual variables are issues associated with an assessment by the CPS worker that the family was addressing problems associated with the referral, and that the caregiver was protective of the child.

Finally, four items were included in the “Other” information category. These included time/resources to investigate a referral, the injury was determined to be accidental, law enforcement was involved in the case, and input from the supervisor. CPS workers report the time/resources to investigate with the highest frequency, although this issue was less influential than a determination that a reported injury was determined to be accidental. Input from Supervisor was reported as the least frequent issue (but still present in nearly one-quarter of the cases), however, supervisory input was more influential in the decision process compared to time/resources, or law enforcement involvement.

To summarize, 24 items in the five types of information categories included in this conceptualization met the criteria for inclusion based on the minimum frequency of 45%, and mean influence of 4.6. There was some variation in both the frequency of the items included and mean influence. Sometimes types of information were reported as very frequent, but less influential than other items that were less frequent, but more influential. Utilizing the restrictive criteria for the identification of frequent and influential factors in the decision to unsubstantiate a physical abuse referral, only five of the 24 items remained. These five items were lack of clear-cut proof of CA/N, no physical or observable harm, no medical evidence, positive reports about the family obtained from collaterals, and the CPS worker assessed there was a positive relationship between the caregiver and the child. The four Proof/Evidence items were the most influential in the decision to unsubstantiate the physical abuse case identified in this study.

#### **4b2. Descriptive Findings for Unsubstantiated Sexual Abuse**

Frequency and influence ratings in the inclusive and restrictive categories for sexual abuse unsubstantiated cases are provided in Table 26.

**Table 26**  
**Type of Information Frequent and Influential for Unsubstantiated Sexual Abuse Cases Using the Descriptive Approach**

Type of Information	Inclusive			Mean Influence	Restrictive
	Valence	N	%		
<b><u>Proof/Evidence</u></b>					
No Clear-Cut Proof of CA/N	+	78	70%	5.84	*
No Physical Harm to Child	+	50	45%	5.03	
No Observable Evidence of CA/N	+	43	39%	5.33	
No Medical Evidence of CA/N	+	64	58%	5.44	*
No Emotional Harm	+	35	32%	5.11	
<b><u>Testimonial/Credibility</u></b>					
Plausible Explanation for Situation	+	42	38%	5.19	
Collaterals gave Positive Reports	+	38	34%	5.11	
Child Denied CA/N	+	58	52%	5.48	*
Child's Statement Credible	N/A	33	30%	6.06	
Referrer Not Credible	N/A	33	30%	5.58	
<b><u>Observational</u></b>					
Basic Needs Appear to be Met					
No Behavioral Indications of CA/N	+	56	51%	4.98	
Satisfactory Condition of Home					
<b><u>Context</u></b>					
Appropriate Resources (family)					
Caregiver Cooperation					
Relationship between Caregiver/Child	+	65	59%	5.26	
No History of CA/N					
No Current Issues of Domestic Violence					
Family was Addressing Problem	+	33	30%	5.55	
Caregiver Protective of Child	+	55	50%	5.49	*
<b><u>Other</u></b>					
Time/Resources to Investigate	N/A	49	44%	4.93	
Injury Determined to be Accidental					
Law Enforcement Involved		55	50%	5.16	
Input from Supervisor	N/A	27	24%	5.33	

For unsubstantiated sexual abuse cases, using the “descriptive” methodology, we find the majority of key issues fall into the Proof/Evidence, Testimonial/Credibility and Context categories. Absence of clear-cut proof is the most frequent and the most influential in the Proof/Evidence category. The absence of medical evidence is also frequent, but less influential. Child denial of CA/N was more frequent than an assessment of the credibility of a child’s statement but was less influential than credibility. While only present in about one-third (30%) of the referrals, referrer credibility was

also influential. The absence of clear-cut proof and child denial of sexual abuse were both retained in the restrictive criteria. The only Observational factor that met the inclusive criteria is the absence of behavioral indicators. While this factor met the influential criteria it was least influential of the types of information based on the descriptive approach.

For sexual abuse cases, only three of the Contextual factors were identified as both frequent and influential by the Inclusive criteria. A non-perpetrating caregiver assessed as protective was very frequently present (50%) and influential (5.49) to the decision in these cases. Having a good caregiver/child relationship was very frequently present as an issue (59%) but only somewhat influential (5.26). In contrast, family addressing the problem was present in just 30% of these cases, but when it was present as an issue, it was reported to be somewhat more influential (5.55).

Finally, CPS workers report that “Other” factors also influence the decision to classify a sexual abuse referral unsubstantiated. Especially for sexual abuse, whether or not law enforcement is involved is a frequent (50%) and influential (5.16) factor. Though somewhat less than was the case with unsubstantiated physical abuse and neglect cases, inadequate time and resources for the CPS worker to conduct the investigation was both frequently present (44%) and influential (4.93) for these sexual abuse cases. Finally, in about one-quarter (24%) of the sexual abuse cases, input from supervisors was reported to have influenced the decision to unsubstantiate (5.33).

Only about one-quarter of the factors (4/17) that met the “Inclusive” criteria for being both frequent and influential in these Sexual Abuse cases also met the “Restrictive” criteria. These factors are no clear-cut proof of CA/N, child denied CA/N, no medical evidence of CA/N, and non-perpetrating caregiver is protective of the child.

#### **4b3. Descriptive Findings for Unsubstantiated Physical Neglect**

Results of the “descriptive analyses related to the types of information that influenced the decision to unsubstantiate a neglect referral are summarized in Table 27.

**Table 27**  
**Type of Information Frequent and Influential for Unsubstantiated**  
**Physical Neglect Cases Using the Descriptive Approach**

Type of Information	Inclusive				Restrictive
	Valence	N	%	Mean Influence	
<b><u>Lack of Evidence</u></b>					
No Clear-Cut Proof of CA/N	+	105	61%	5.63	*
<b><u>Testimonial/Credibility</u></b>					
Plausible Explanation for Situation	+	104	61%	5.42	*
Collaterals gave Positive Reports	+	78	46%	5.60	*
Child Denied CA/N	+	76	44%	5.16	
Child's Statement Credible	N/A	52	30%	5.20	
Referrer Not Credible					
<b><u>Observational</u></b>					
Basic Needs Appear to be Met	+	151	88%	5.89	*
No Physical Harm to Child	+	78	46%	5.26	
No Observable Evidence of CA/N	+	102	60%	5.86	*
No Medical Evidence of CA/N	+	52	30%	5.90	
No Behavioral Indications of CA/N					
No Emotional Harm					
Satisfactory Condition of Home	+	134	78%	5.30	
<b><u>Context</u></b>					
Appropriate Resources (family)	+	120	70%	5.18	
Caregiver Cooperation	+	123	72%	5.54	*
Relationship between Caregiver/Child	+	63	37%	5.12	
No History of CA/N					
No Current Issues of Domestic Violence	+	79	46%	5.79	*
Family was Addressing Problem					
Caregiver Protective of Child					
<b><u>Other</u></b>					
Time/Resources to Investigate	N/A	83	48%	5.11	
Injury Determined to be Accidental					
Law Enforcement Involved					
Input from Supervisor					

While the lack of Proof/Evidence factor lack of clear-cut proof remained frequently present and influential in the unsubstantiation decision for the neglect cases, it was not the predominant factor, as it was in the physical and sexual abuse unsubstantiated cases. As frequent and more influential was an assessment that there was no observable evidence of CA/N. Less frequently present was the absence of medical evidence of CA/N; however, the very absence of medical evidence was very influential.

In terms of Testimonial/Credibility information, reference to plausible explanations for allegations of neglect was the most frequent factor mentioned, however, positive information received

from collaterals, when it was present, was given more weight in the finding decision process. Though not as frequent, assessment of child credibility was influential.

Observational information played an important role in the unsubstantiation decision for neglect cases, especially an assessment of whether the basic needs of a child appeared to be met. This factor was recalled as being present in the majority of cases and was highly influential. The CPS workers also report several other Observational factors as being both frequent and influential issues related to their unsubstantiated finding decision: satisfactory condition of the home, appropriate resources and/or social support available for family.

Parent/child relationship was considered the most frequent and influential Context factor of the set included by our criteria. If a caregiver gave indications that they were addressing the reported problem this factor tended to weigh heavily in a CPS worker's decision to find the case unsubstantiated. Finally, for over one-third of the cases, the absence of a prior referral to CPS influenced the decision not to substantiate the neglect referral, even more than the abuse cases.

The only "Other" factor that influenced the substantiation decision for neglect was the inadequate time/resources a social worker had to investigate. This was an issue for nearly one-half of the cases, and was an influential issue. Though the two remaining factors in this category, law enforcement involvement and input from supervisors, were reported to be important issues when present in a case (5.11 and 5.51, respectively) they did not meet the inclusive criteria because they were not very frequently present in the physical neglect cases.

Nearly one-half (7/15) of the factors that met the "Inclusive" criteria for being both frequent and influential in these Neglect cases also met the "Restrictive" criteria. These factors are lack of clear-cut proof, caregiver gave a plausible explanation, collaterals gave positive reports, child's basic needs were met, there was no observable harm or evidence, the caregiver and child had a good relationship, and the family was addressing the problem.



The analysis of types of information influencing the finding decision between inconclusive and substantiated cases, and across maltreatment types for unsubstantiated cases revealed some interesting patterns. First, the data indicates that there were issues in each of the type of information categories for cases classified as inconclusive and substantiated, but different weight is attached within the type of information categories for the two groups of cases. For inconclusive cases, the lack of clear-cut proof (Proof/Evidence), perpetrator denial and a plausible explanation (Testimonial/Credibility), a satisfactory condition of the home and an assessment that the child's basic needs were met (Observational), prior CPS history, cooperative caregiver, appropriate resources/social supports, a good caregiver/child relationship (Contextual) were frequent and influential. In contrast, the Proof/Evidence category including both assessed and actual harm, dominated the factors identified as frequent and influential for substantiated cases, followed by the Testimonial/Credibility category of information. In the Testimonial/Credibility, a credible disclosure by the child, perpetrator admission and negative collateral reports were all important. Despite an assessment of adequate resources and social supports, the presence of behavioral indicators (Observational) and prior history also influenced the substantiation decision. Finally, involvement of law enforcement and sufficient time to investigate were influential factors in substantiation.

##### **5. Summary of Specific Factors (Types of Information) That Influence Finding Decisions**

Table 28 integrates the data presented in Tables 15, 20 to 22, and 25 to 27. The first two columns of Table 28 presents the contrast in information used to classify a case as inconclusive vs. substantiation based on frequency and influence.

**Table 28**  
**Summary of Factors Most Related to Finding Decision,**  
**by Outcome and Type of Maltreatment**

KEY GROUP/ISSUE	Inconclusive	Substantiated	UNSUBSTANTIATED					
			DESCRIPTIVE			STATISTICAL		
			PA	SA	PN	PA	SA	PN
<b>I. Proof/Evidence</b> (≥ 45% present)								
Physical harm to child		X				X+	X-	X-
No physical harm to child			X*	X	X	!		
Emotional harm to child		X						
No emotional harm to child				X		X-		X+
Medical evidence								
No medical evidence			X*	X*	X	!	X+	X-
Observable evidence		X						X+
No observable evidence			X*	X	X*		X-	X+
Enough proof to pursue action		X						
No clear-cut proof of CA/N	X		X*	X*	X*			
Social worker witnessed abuse								
Suspected CA/N, but unable to prove (mixed)								
<b>II. Testimonial/Credibility</b>								
Child disclosed CA/N		X				X+		X-
Child denied CA/N			X	X*	X			
Child recanted							X+	X-
Alleged perpetrator admitted CA/N		X						
Alleged perpetrator denied CA/N	X							
Caregiver gave plausible explanation	X		X	X	X*	X+	X-	
Collaterals gave negative reports		X						
Collaterals gave positive reports			X*	X	X*		X-	
Collaterals gave conflicting (mixed) reports							!	
Child statement not credible							!X+	X-
Child statement credible		X	X	X	X			
Referrer not credible				X		X-		X+
<b>III. Observational</b>								
Child behavioral indicators		X				X-		
No child behavioral indicators			X	X		X-		
Child's basic needs not met								
Child's basic needs met	X		X		X*	X-	X-	!X+
Unsatisfactory condition of home								
Satisfactory condition of home	X				X		X-	!X+

An "X" indicates an *important* relationship of a factor. Relative to a given type of maltreatment, "+" and "-" are *more or less* likely to be an association than expected. A "\*" indicates an important factor even by restrictive criteria. A "!" indicates a factor with *very high influence*, more so than would be expected for a type of maltreatment given its overall influence.

**Table 28 (Continued)**  
**Summary of Factors Most Related to Finding Decision,**  
**by Outcome and Type of Maltreatment**

KEY GROUP/ISSUE	Inconclusive	Substantiated	UNSUBSTANTIATED					
			DESCRIPTIVE			STATISTICAL		
			PA	SA	PN	PA	SA	PN
<b>IV. Contextual (≥ 45% present)</b>								
Cooperative caregiver	X		X					
Uncooperative caregiver								
Non-abusive caregiver not protective							X+	X-
Non-abusive caregiver protective			X	X			X+	X-
No appropriate resources or social support available to family								
Appropriate resources or social support available to family	X	X			X	X-		X+
CPS history	X	X						
No CPS history			X		X			
Poor caregiver/child relationship							X+	X-
Good caregiver/child relationship	X		X*	X	X*			
Current family domestic violence issues							X+	
No current family domestic violence issues			X			X+		
Family addressing or had resolved problems			X	X	X*	X-		X+
<b>V. Other</b>								
Assessed risk of future harm		X						
Inadequate time resources to complete investigation								
Adequate time resources to complete investigation		X	X		X			
Injury determined accidental			X			X+	X-	X-
LE involvement		X	X		X		X+	X-
Input from supervisor			X		X			

An “X” indicates an *important* relationship of a factor. Relative to a given type of maltreatment, “+ and –” are *more or less* likely to be an association than expected. A “\*” indicates an important factor even by restrictive criteria. A “!” indicates a factor with *very high influence*, more so than would be expected for a type of maltreatment given its overall influence.

The two approaches used in this exploratory analysis (descriptive and statistical) are complementary. The “descriptive” approach basically highlights the importance of the factors and the “statistical” approach tests whether they are differentially important by type of CA/N. Also, the “descriptive” approach takes into account both frequency and influence, but the “statistical” approach includes only frequency.

As can be noted in Table 28 the two exploratory approaches to the analysis of factors associated with the unsubstantiation decision by maltreatment type produced somewhat different views of the data. The results for each approach were described separately above. In this section a summary of the findings of the two approaches is presented by “Type of Information” category. In the Proof/Evidence category the lack of clear-cut proof was frequent and influential for all types of CA/N in the descriptive approach and the statistical approach revealed that lack of clear-cut proof was not more or less likely to be frequently present for any one type relative to the others. The absence of physical harm was frequently cited in the unsubstantiation decision across maltreatment types, and physical harm was shown to be differentially frequent by the statistical approach. Specifically, the presence of physical harm was more likely a factor in the unsubstantiated physical abuse cases, but less likely for sexual abuse or neglect. Consistent with the importance of clear-cut proof, also important in the descriptive approach was the absence of observable harm and the absence of medical evidence. However, statistical tests revealed that observable evidence and the absence of observable evidence were especially prominent issues for neglect cases, and the absence of observable evidence was especially less likely to be an issue for sexual abuse cases. In contrast, absence of medical evidence was more likely an issue in sexual abuse cases and less likely in neglect cases. The assessment of absence of emotional harm was cited in the descriptive approach for sexual abuse cases, but when examined statistically was not found to be more or less likely than would be expected. However, the

absence of emotional harm was less likely to be an issue in physical abuse cases (as indicated by the statistical approach) and more likely to be an issue for neglect cases.

In the Testimonial/Credibility information category, differences between the descriptive and statistical approaches are more marked. Child denial and an assessment of the credibility of the child's statement were important in the descriptive approach, but not shown statistically to be more or less likely by type. However, child disclosure was found to be more likely an issue in physical abuse cases and less likely in neglect cases. An assessment that the child's statement was not credible or that the child recanted earlier statements were more likely for sexual abuse than expected and less likely for neglect. Positive collateral reports were important across maltreatment types in the descriptive approach, but found to be less likely an issue for sexual abuse in the statistical approach, compared to other maltreatment types.

In the descriptive analysis, lack of credibility of referrer was cited as important for sexual abuse cases, but statistically was no more or less likely for the different types of CA/N. In contrast, lack of referrer credibility was less likely in physical abuse cases and more likely in neglect cases. Finally, although the plausibility of caregiver explanation of the situation was cited as frequent and influential for all types in the descriptive approach, statistically it was shown to be more likely to be an issue in these unsubstantiated physical abuse cases and less likely than expected in the sexual abuse cases.

In the Observational category, an assessment of the child's basic needs was frequent and influential in the descriptive analysis for physical abuse and neglect, while the statistical approach revealed differences across types. Basic needs was less likely for physical and sexual abuse than expected, and more likely for neglect. The presence of behavioral indicators did not meet the descriptive criteria cut-points; statistically, however, they were revealed to be less likely issues in the decision to unsubstantiate physical abuse cases. In contrast, the *absence* of behavioral indicators did appear in the descriptive approach for physical and sexual abuse, but the absence of behavioral

indicators was shown by the statistical approach to be less likely an issue in unsubstantiated physical abuse cases compared to other types of maltreatment.

As with the other information type categories, Contextual information appears to be differentially important for the unsubstantiation decision by maltreatment type. An assessment that the family was addressing the problem that precipitated the CPS referral was important across maltreatment types, but less likely for physical abuse and more likely for neglect cases. Caregiver cooperation was frequently cited as a consideration in physical abuse cases, but not more or less likely across maltreatment types.

Both descriptive and statistical approaches indicated the importance of the presence of adequate resources and social supports for neglect cases, however, the statistical approach showed also that it was less likely to be an issue for unsubstantiated physical abuse cases. The absence of domestic violence was cited as important in physical abuse cases and was more likely to be an issue for physical abuse cases than would be expected. In contrast, the presence of domestic violence was not highlighted in the descriptive approach, but statistically more likely an issue for sexual abuse cases. Prior history with CPS was a factor in classifying a case as inconclusive or substantiated, but not for classifying a case as unsubstantiated. However, while not more or less likely, the *absence* of CPS history was relatively important for unsubstantiated physical abuse and neglect cases.

The importance of an assessment of a positive caregiver/child relationship was indicated by the descriptive analysis, but not evidently more or less likely across maltreatment types. There were differences, however, if the CPS worker assessed a *poor* caregiver/child relationship. Statistically, it was discovered that a poor caregiver/child relationship was more likely to be a factor in unsubstantiated sexual abuse cases, and less likely to be an issue in neglect cases. Furthermore, an assessment as to whether a non-perpetrating caregiver is protective or not is more likely to be an issue than would be expected statistically in sexual abuse cases and less likely in neglect. Finally, statistically, it was evident that a determination that any injury present was accidental was less likely,

and law enforcement involvement was more likely. Adequate time/resources to complete an investigation was important for all three types of maltreatment, and not differentially so.

For sexual abuse two Other factors were highlighted as important by the descriptive approach: law enforcement involvement and input from supervisor. The former was found by the statistical approach to be especially likely to be present as an issue for sexual abuse cases. Those two factors were also important for physical abuse cases. In addition, injury determined to be accidental was an important issue for physical abuse cases, much more than for other types of maltreatment.

Whereas the statistical findings reported above emerged from a consideration just of the extent to which the various factors were present as issues in the unsubstantiated cases, the descriptive results applied criteria related not only to the frequency of the factors being present in these cases, but also related to worker's assessments of the factors' *influences* when they were present. Taking a statistical approach to those influence ratings, comparable to what was done with the "frequency of being present" data, resulted in a concise and clear picture. *Six factors emerged from this analysis as differentially influential to the decision to substantiate a case, two for each type of maltreatment, and each of these pairs of factors was related to a different type of information. Distinctly influential to physical abuse (unsubstantiated cases) were Proof/Evidence factors (no physical harm to child and no medical evidence), distinctly influential to sexual abuse cases were Testimonial/Credibility factors (conflicting reports about family and child's statement not credible), and distinctly influential to physical neglect cases were Observational factors (child's basic needs met and satisfactory condition of the home).*

### **C. Social Worker Mail Survey Findings**

The purpose of the mail survey was to continue to explore contextual issues that may influence CPS worker case decisions. In this survey we included questions about work environment and worker values.

All of the identified workers were sent copies of the mail survey in early November 1998, with a reminder letter following 3 weeks later. Workers were again encouraged to complete the mail survey (if they hadn't already) at the end of the telephone interview. Of the 301 social workers identified for the sample, there were 126 social workers who responded to the mail survey (42%), 105 who completed *both* the mail and telephone (35%) and 21 who completed *only* the mail survey (7%).

The mail survey questions were primarily developed to address factors that, while not directly related to the CPS investigation or substantiation decision, may still have an impact on the decision-making process. We were able to build upon the Decision-Making Ecology approach developed by the Texas Department of Protective and Regulatory Services (Kern et al. 1997). In consultation with Donald J. Baumann, one of the primary authors of that research, we identified key factors related to bureaucratic distractions, supervisor adequacy, role conflict, workload, stress, job satisfaction and intention to quit.

The initial models developed in Texas suggested that adequacy of supervision and bureaucratic distractions could lead to increased role conflict, burnout and turnover. Further analysis indicated that both individual and organizational factors play a part in the burnout and turnover process of a CPS worker, which also can have an impact on specific decision-making processes. As advised by Don Baumann, the three scales adopted from the Texas research were revised for purposes of the present study. For a comparison of the relative lengths of the scales used in Texas and Washington and their reliabilities, see Table 29. The comparison shows that for the Bureaucratic Distraction scale and the Supervisory Adequacy scale the estimates of reliability (Cronbach's alpha) are similarly high. It is especially encouraging to note that though the Bureaucratic Distraction scale has half as many items, the reliability only is reduced from .95 to .89. Regarding the scale measuring Role Conflict, it seems remarkable that the alpha would increase to that extent (from .66 to .90) by the addition of just two



items. That might have to do with the different response scale that was used.<sup>2</sup> Also, we have the impression that the two items that were added were very important in particular to CPS workers, and tended to be answered at the high end of the scale. In summary, it seems justified to have confidence in further use of these scales based upon an analysis of their reliabilities, all of which are high, indicating accurate measurement of the constructs.

**Table 29**  
**Comparison of Scales Used in Texas and Washington**

Measurement <sup>3</sup>	Texas number of items	Texas Cronbach alpha	WA Number of items	WA Cronbach alpha <sup>4</sup>
Bureaucratic Distractions	22	.95	11	.89
Role Conflict <sup>5</sup>	12	.66 <sup>6</sup>	14	.90
Supervisor Adequacy	5	.93	8	.95

Additional questions were directed toward value clarification about staff beliefs regarding their work, and more situational questions also were included, regarding whether social workers would substantiate specific behaviors and situations related to abuse and neglect. In the following sections, results of the administration of these scales and additional questions are described in more detail.

### **1. Bureaucratic Distraction**

In Table 30 are eleven items describing events that might happen while a social worker is at work. Workers were asked to indicate on a 7-point Likert scale how often each event happened to them (anchored “*never happens*” and “*frequently happens*” at the endpoints, and “*sometimes happens*” at the midpoint). Respondents reported that the most frequent of these “bureaucratic” difficulties were 1) Insufficient time to properly complete paperwork; 2) Not being able to spend enough time with

<sup>2</sup> TX: 1 (*Not at all true*) to 7 (*Very True*); WA: 1 (*Strongly Disagree*) to 4 (*Neither Agree nor Disagree*) to 7 (*Strongly Agree*).

<sup>3</sup> The Texas measurements also used a 7-point scale, but with the anchors: *Never Happens*, *Sometimes Happens*, and *Frequently Happens*.

<sup>4</sup> These are the Standardized item Cronbach’s alphas.

<sup>5</sup> The two additional items in the Washington measure are the last two in Table 33.

<sup>6</sup> This is the reliability reported by Rizzo, House, and Lirtzman, 1970.

clients; 3) The impact of high caseloads on quality of work; and, 4) Not having enough time to complete assigned work.

**Table 30**  
**How often do the following events happen to you? (N=126)**

<b>Event</b>	<b>Never (1-2)</b>	<b>Sometimes (3-5)</b>	<b>Frequently (6-7)</b>
Fall behind due to extra work not part of daily routine	21%	52%	27%
Called away from important work for trivial matter	34%	51%	15%
Need equipment or supplies not available in your unit	43%	43%	14%
Cannot finish assigned work even working overtime	21%	38%	41%
Cannot spend enough time with clients	15%	38%	47%
Efforts to obtain resources for client are thwarted	22%	52%	26%
Whole day is shot due to unnecessary interruptions	38%	45%	17%
Have too many cases to do a good job yet are responsible to do so	18%	39%	43%
Efforts to help client don't pay off as "system" doesn't work	24%	58%	18%
Long conference/ meeting prevents doing needed work	31%	52%	18%
Insufficient time to properly complete paperwork	12%	40%	48%

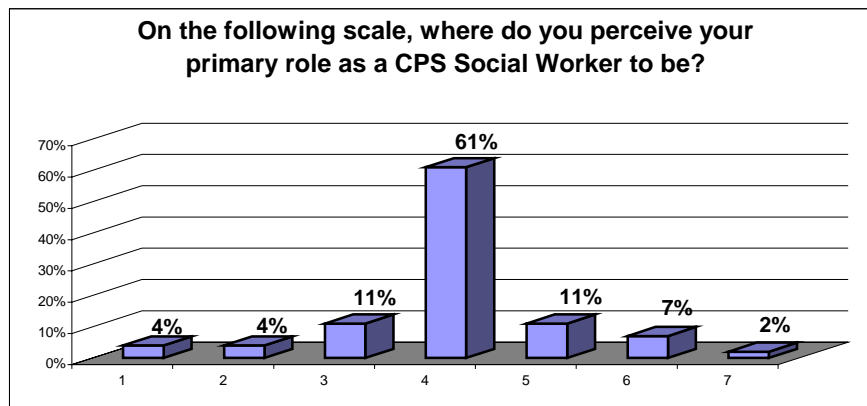
\*Total percents may not equal 100 due to rounding.

Forty-six percent (N=58) of the respondents replied when asked if they had any comments regarding the "bureaucratic distraction" section. The majority of the comments elaborated further on complaints about paperwork, lack of clerical support, use and reporting requirements of the Case and Management Information System (CAMIS) and workload issues. A few people also chose to comment on the administration/system issues, and lack of equipment and supplies necessary to do the job, although this was identified as happening "almost never" for 43% of the workers interviewed.

## **2. Perception of Role and Role Conflict**

During the CPS Decision-Making Project, interviews conducted in 1996 with CPS social workers, staff revealed differing perceptions of what their primary role was. About one fifth (19%) of the workers said that their primary function was *to investigate abuse and neglect*. At the other end of the spectrum, 4% felt that their primary role was *to assess family functioning and refer for services*.

**Figure 12**



Scale: 1=Investigate Alleged CA/N & Gather Evidence, 4=Both Roles Share Equal Priority, 7=Family Evaluation, Risk Assessment, & Referral to Services N=124

The remaining 77% of workers fell in between the two extremes and stated *both roles were equally important*. In an attempt to gain some further detail regarding role perception, we asked the same question again in the mail survey. We also asked workers to rank specific role functions in order of the perceived priority they had in their job.

Figure 12 again illustrates that the majority of staff perceives their primary role as a CPS worker to include both investigative and assessment/service provision functions. A considerable percentage (39%), however, still report themselves tending toward one or the other end of the continuum. Table 31 adds some detail to this view, possibly because more specific role functions were described and workers were asked to rank them in order of priority.

**Table 31**  
**Perceived Priority of Role Functions in Your Job (N=125)**

Role Function	Ranking	Weighted Score*
Investigate specific allegations of CA/N	1	883
Assess emotional/ physical condition of child	2	751
Assess risk of future harm to child	3	733
Assess current family functioning	4	663
Gather supporting evidence from collaterals	5	599
Assess family history/ patterns of functioning	6	476
Connect families to services to reduce risk	7	430
Directly provide services to family	8	218

\* Sum of weighted scores for the individual variable. Scores were assigned in reverse order, (i.e. each time the function was rated as 1<sup>st</sup> priority, it received 8 points, and 2<sup>nd</sup> priority was given 7 points, etc.) maximum possible score of 1000.

About one third (n=42) of the respondents chose to comment further on this question. Most said that the role-ranking question was too difficult, that all of the roles are equal and interactive or that role priority would be case specific. Several people wanted the point made that their first priority was child safety.

Increased role conflict or ambiguity also has been directly related to worker burnout, especially when combined with a perceived lack of supervisory or administrative support. Social workers were presented with 14 statements on how they might feel about their job. They were asked to rate each statement on a 7-point Likert scale measuring their agreement with the statement (anchored “strongly disagree” and “strongly agree” at the end points, and “neither agree nor disagree” at the midpoint).

**Table 32**  
**Role Conflict (N=126)**

<b>Situation</b>	<b>Strongly Disagree (1-2)</b>	<b>Neither Agree nor Disagree (3-5)</b>	<b>Strongly Agree (6-7)</b>
Have to do things one way that should be done differently	15%	58%	27%
Inadequate policies and guidelines to help me	33%	47%	20%
Work under incompatible policies and guidelines	21%	54%	25%
Receive an assignment without time or resources to complete it	20%	48%	32%
Have to buck a rule or policy in order to carry out an assignment	29%	53%	18%
Work with two or more groups who operate quite differently	27%	36%	37%
Receive incompatible requests from two or more people	32%	42%	26%
Do things apt to be accepted by one person and not by others	21%	47%	33%
Receive an assignment w/o adequate resources/materials to execute it	25%	58%	17%
Work on unnecessary things	31%	44%	25%
Have to work under vague directions or orders	48%	35%	18%
Receive simultaneous conflicting job responsibilities/assignments	34%	45%	21%
Inadequate support from Regional Administration as CPS SW	21%	46%	33%
Inadequate support from CA HQ in role as CPS social worker	16%	37%	47%

On almost every statement, the largest proportion of social workers (42% - 58%) responded that they “neither agreed nor disagreed.” Strong opinions were only expressed on three statements: almost half (47%) felt *strong agreement* with the statement “I receive inadequate support from Children’s Administration headquarters in my role as a CPS social worker”; and an approximately equal number (48%) just as strongly *disagreed* with the statement “I have to work under vague directions or orders”; while a little over one third (37%) strongly *agreed* that “I work with two or more groups who operate quite differently.”

Most social worker comments on this section of the survey focused on issues with the administration, policies, rules, regulations and system ideology as it affected their ability to do their job.

### **3. Work Environment**

Literature on burnout and turnover rates indicates that organizational features of job design (e.g., supervisory adequacy) and job impact (e.g., overwork), when negatively linked to a worker’s performance should *increase* burnout and/or turnover but when positively linked to a worker’s caseload should *decrease* them. Going one step further, the *interactions* between different job-related factors can either aggravate or act as a buffer to the negative features of CPS work. Kern showed, for example, that workers could be classified as “burned out” or “not burned out” based on the important factors of caseload size and supervisory/administrative support. The impact of these factors also plays an influential role in decision-making (Kern, 1980, as cited in Baumann, et al., 1997).

**Table 33**  
**Supervisor Adequacy Items (N=127)**

<b>Supervision Issue</b>	<b>Strongly Disagree (1-2)</b>	<b>Neither Agree nor Disagree (3-5)</b>	<b>Strongly Agree (6-7)</b>
I am able to turn to my supervisor for emotional support	18%	27%	55%
I can get the advice I need from my supervisor	11%	29%	60%
My supervisor values me as a worker	10%	17%	74%
The supervision I receive is of adequate quality and quantity	14%	23%	63%
My supervisor has adequate conflict resolution skills	14%	33%	54%
My supervisor is competent and knowledgeable in CPS procedures	9%	23%	69%
My supervisor adequately represents my interests to Regional Administration	11%	32%	57%
My supervisor is a competent teacher and trainer	13%	29%	58%

\*Total percents may not equal 100 due to rounding.

Social workers who completed the surveys indicated that they did not feel they had administrative support at the higher levels of the organization, but were overwhelmingly positive about the support they felt they received from the first-line supervisors. A few social workers report poor supervision and/or lack of support from their supervisor, but in the main, social workers report supervisory adequacy or excellence. Social workers who chose to make additional comments about supervisor adequacy were almost evenly split between the positive and the negative. Staff additionally made comments about the fact that they felt their supervisors also were overworked or overwhelmed.

**Table 34**  
**Work Environment: Other Job Factors (N=127)**

<b>Job Descriptor</b>	<b>Strongly Disagree (1-2)</b>	<b>Neither Agree nor Disagree (3-5)</b>	<b>Strongly Agree (6-7)</b>
My caseload usually is too high	13%	50%	37%
Interpersonal conflicts/ differing opinions are adequately resolved	15%	45%	40%

When social workers were given the opportunity to comment further, an ongoing theme throughout the survey was the feeling of staff that their caseload was too high or that additional work requirements

added to their already high workload. Specific areas of concern included activities involving electronic documentation and activities felt to be “clerical” in nature. In this light, it is interesting to note that when asked to indicate their level of agreement with the statement “My caseload usually is too high” only 37% strongly agreed and 13% strongly disagreed, with 50% neither agreeing nor disagreeing. Taken together, this suggests that while most of the social workers surveyed do *not* feel that their caseload usually is too high, for the more than a third of them that *do* feel that way the issue can be a very important one, as evidenced by the numerous comments to this effect that were made in response to the survey.

In summary, the data in this section confirm that contextual issues can have a major impact on decision-making. CPS workers believe that excessive workload can impact how cases are processed. In addition, concerns about administrative support, which is another factor that has been shown to impact the context of decision-making, is evident in this group of workers. While a strong sense of first-line supervisory support is evident, a perception of support from “upper management” is not. The perception of first-line supervisory support should moderate the effect of high workload to some extent, but the perception of inadequate time or resources and lack of higher-level agency support would be expected to interact negatively as contextual influences in the work environment. This next section provides further clarification on this issue.

#### **4. Job Satisfaction and Stress**

Generally speaking, the social workers interviewed did *not* report feeling ineffective or that they were planning to leave their jobs.

**Figure 13**

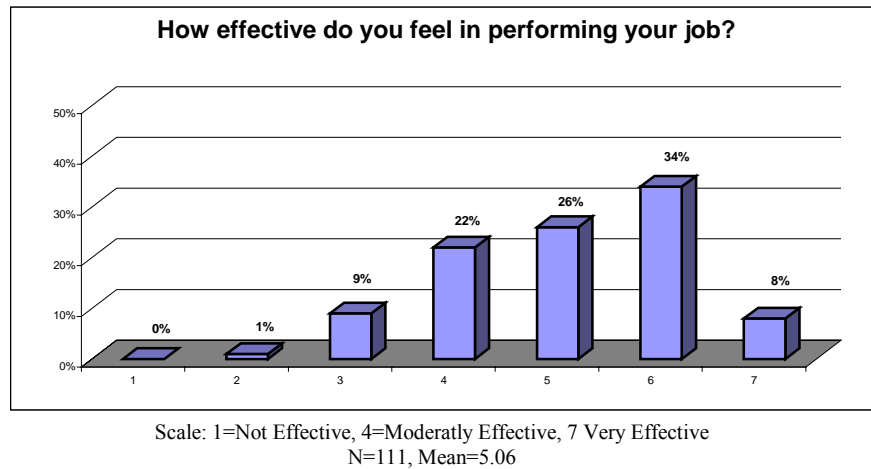
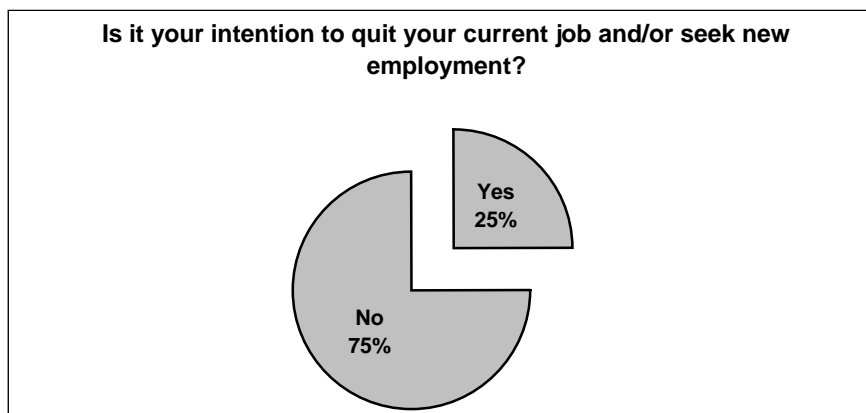


Figure 13 indicates that the vast majority (90%) of social workers who completed the survey reported that they felt moderately to very effective in their job performance, and when asked if it was their intention to quit their current job or seek new employment, only one fourth responded that they did.

**Figure 14**

N=122



That said, the vast majority of the social workers reported experiencing moderately high stress. Figure 15 illustrates social workers' response to the query about job related stress.



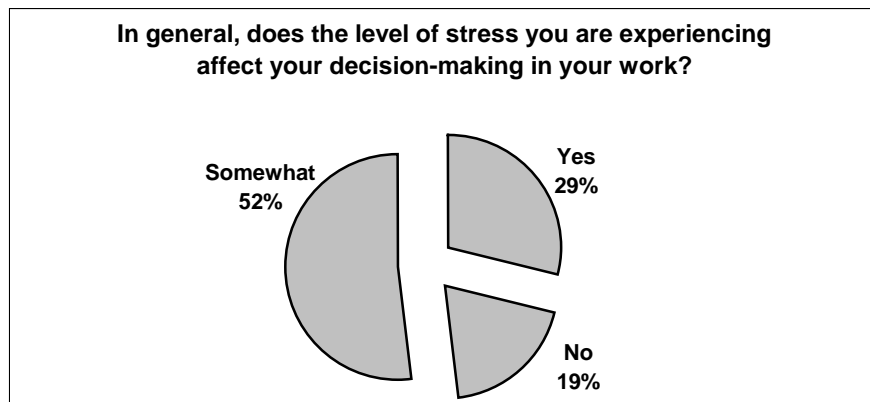
**Figure 15**



Further, when asked whether this stress generally affected their decision-making at work, 81% responded 'Yes' (29%) or 'Somewhat' (52%), as seen in Figure 16.

**Figure 16**

N=126



Most of the social workers who felt level of stress had some effect on their decision-making (N=101) identified as sources of such stress child safety concerns (89%), excessive workload (80%), lack of appropriate resources (73%), fear of making the wrong decision (61%) and fear of liability (53%). Personal safety on the job was identified by 41% of these workers as a source of stress affecting their decision-making, and about a third (34%) of them indicated conflicts in work environment and fear of media attention to one of [their] cases.

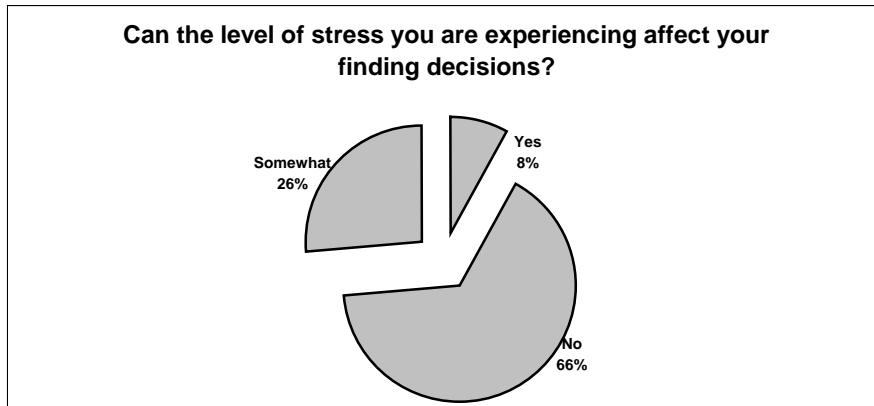
**Table 35**

**Which of the following stressors affect your decision-making? (N=101)**

<b>Stressor</b>	<b>Yes</b>
Child safety concerns	89%
Excessive workload	80%
Lack appropriate/effective client resources	73%
Fear of making wrong decision	61%
Fear of liability	53%
Personal safety on the job	41%
Conflicts in work environment	34%
Fear of media attention to one of my cases	34%
Stressors in personal life	23%

Just under a quarter (23%) of these workers responded that stressors in personal life were among the stressors affecting their decision-making. However, when asked more specifically whether they felt that the level of stress they were experiencing might affect the *finding* decision in a CPS investigation, 66% said ‘NO’ (see Figure 17)

**Figure 17**



The 34% who responded ‘Yes’ or ‘Somewhat’ said they felt it might impact the level of investigation, and that *all* judgements were affected by stress.

## **5. Personal Values and Beliefs**

During the CPS Decision-Making Study it increasingly became apparent that another element besides those previously mentioned played a part in the decisions being made by CPS investigative social workers. Although not as often addressed in decision-making research, personal values and beliefs appeared to have a major impact on the decisions social workers make. As a follow-up to that observation, the wide variety of personal views held by the social workers surveyed in the present study is evident in Table 36 (data presented in the table collapsed from a 7-point Likert scale as indicated).

**Table 36**  
**The following items describe my beliefs regarding my work. (N=127)**

<b>Situation</b>	<b>Strongly Disagree (1-2)</b>	<b>Neither Agree nor Disagree (3-5)</b>	<b>Strongly Agree (6-7)</b>
I am committed to improving the quality of life for children in my community	2%	17%	80%
I make my substantiation decision based on the fact that a child was a victim of CA/N	5%	33%	62%
I make my substantiation decision based on the fact that caregiver committed abusive/ neglectful act	5%	35%	61%
I keep the family's right to privacy at the forefront when investigating referrals	7%	37%	56%
Some families just can't be motivated to change their behavior	8%	44%	48%
I am very careful not to intrude unnecessarily in family's lives when I am investigating referrals	10%	42%	48%
I worry that sometimes CPS intervention in the child's life makes things worse for the child	9%	45%	46%
Collateral information from professionals is more reliable than from friends/family/ neighbors	21%	65%	14%
If SW ethnicity different than family being investigated, this can affect SW substantiation decision	40%	51%	10%
If SW ethnicity is same as family being investigated, this can affect SW's substantiation decision	43%	50%	7%
Children are more damaged by abuse than neglect	50%	50%	1%
Physical discipline is an effective means of parenting some children	44%	45%	11%
If caregiver arrested on charges unrelated to CA/N & no other caregiver is available, it's neglect	42%	39%	19%
If referral appears to be clearly unfounded it is inappropriate to continue investigation of family	28%	38%	34%

\*Total percents may not equal 100 due to rounding.

While the results are generally interesting, several findings are especially worth noting: Given the widening recognition of the very harmful consequences of neglect, *only 1%* of the workers

surveyed agreed that “Children are more damaged by abuse than neglect,” while half of the caseworkers strongly disagreed with that statement. Another result that is important to highlight here, in light of issues raised elsewhere in the study, is the fact that very few social workers (5% for each statement) *disagreed* with “I make my substantiation decision based on the fact that a child was a victim of CA/N” and “I make my substantiation decision based on the fact that caregiver committed abusive/ neglectful act.” This indicates that the vast majority of the social workers surveyed do *not* see themselves as making finding decisions based solely on reasons (such as risk) apart from maltreatment that has occurred (i.e., a child or children being a victim of CA/N committed by a caregiver).

Finally, in order to explore the diversity of views of CPS investigative caseworkers regarding substantiation of cases that are not necessarily clear-cut, workers were asked to indicate whether they would “substantiate” or “find” particular situations that are indefinite enough that they might or might not be considered to be neglectful or physically abusive. All of the situations were adapted from case record reviews.

**Table 37**  
**Which of the following would you decide were founded for neglect? (N=122)**

<b>Situation</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
An infant is left in the care of an 8-year-old for 3 hours	91%	1%	8%
An 8-year-old is allowed to play unsupervised for less than 3 hours in an area with broken glass and toxic chemicals present	89%	3%	8%
The caregiver is in the home but not intervening in potentially dangerous behaviors of the child	82%	5%	13%
A child's clothing is frequently dirty and smells of urine	79%	6%	15%
A sleeping child under age 2 is left alone for 30 minutes while caregiver uses neighbor's phone	77%	8%	15%
Garbage has not been removed from the home, dirty dishes are encrusted with food, floors and other surfaces are very dirty	74%	8%	17%
Child under age 5 plays outside without parental supervision	47%	15%	38%
Caregiver refuses to accept custody of a returned runaway	36%	30%	35%
A 9-year old fixes his/her own dinner several times per week because caregivers are sleeping	33%	40%	27%
You observe home sanitation hazards, but the caregiver has resolved the hazards by the time you are closing the case	31%	47%	22%
A child under age 12 who is too ill to attend school is left home alone while the parent is at work	28%	38%	34%

\*Total percents may not equal 100 due to rounding.

The potential neglect situations that were presented prompted a considerable range of response regarding the finding decision, from “An infant is left in the care of an 8-year-old for 3 hours” (91% yes) to “A child under age 12 who is too ill to attend school is left home alone while the parent is at work” (28% yes). Perhaps what is most notable about these results is the extent to which caseworkers *differ* about whether some of the situations described would justify a founded decision.

Those situations which appear to be “case-specific,” that is, regarding which workers felt that they would need more information about the particular child or situation, had the least agreement in response. For instance, regarding the item “Caregiver refuses to accept custody of a returned runaway,” 36% of the surveyed caseworkers responded “Yes” and 30% responded “No,” but 35% responded “Don’t Know.” Another striking example is “A 9-year old fixes his/her own dinner several times a week because caregivers are sleeping.” In response, 33% of the workers reported that they *would* decide the case was “substantiated” whereas 40% indicated that they *would not*, and 35% responded “Don’t Know.” Even for the item “A child under age 12 who is too ill to attend school is left home alone while the parent is at work” only 10 percentage points separated those workers who indicated they would decide that the case was substantiated (28%) from those that reported they would not decide that it was substantiated (38%), and almost as many (34%) responded “Don’t Know.”

The fact that only 31% of the respondents reported that they *would* substantiate neglect if a parent had resolved sanitation hazards by case closure (while 47% reported that they would *not*) is especially noteworthy in the context of our trying to understand the meaning of the finding decision as it is applied in practice in Washington State. Here is an instance where the maltreatment allegation (sanitation hazards) is specified to have been true, yet almost half of the workers surveyed responded that they would not make a decision of “founded” in this case if the unsanitary situation had been resolved by case closure. This is an example of a finding decision based more on the *response* of the caregiver(s) (and to the absence of ongoing risk) than to the *validity* of the allegation of maltreatment. It is an instance in which the technical definition of “founded” and its practical definition appear to be

somewhat at odds. Taken with other results reported above, it appears that the vast majority of social workers interviewed *substantiate* based on whether a child was victimized by CA/N, but many may *unsubstantiate* even though CA/N is present. In other words, there is some evidence that in practice CA/N usually is a *necessary* condition for substantiation but not necessarily a *sufficient* one.

There was even less worker agreement as to which caregiver behaviors would be considered founded for physical abuse, which illustrates not only that personal beliefs can enter into the finding decision, but possibly also that there is a lack of knowledge about legal definitions of physical abuse.

**Table 38**  
**Which of the following would you decide were founded for physical abuse? (N=120)**

<b>Situation</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
A caregiver bites a child to demonstrate why the child should not bite others	69%	8%	23%
Spanking a child under age 2	62%	16%	22%
An ongoing pattern of shoving, pushing, dragging or grabbing a child, without leaving marks	61%	16%	23%
Putting Tabasco sauce on a child's tongue as punishment	55%	23%	22%
Throwing an object at a child which could potentially cause injury, but does not cause injury	52%	23%	25%
Unintentional harm (such as minor marks, scratches or bruises) from a regular discipline behavior such as spanking	52%	31%	17%
A pattern of aggressive physical discipline such as spanking with hand, paddle or belt which does not result in observable injury	38%	40%	23%
A 12-year-old child exhibits disrespectful behavior which provokes the caregiver to physically strike him or her	37%	26%	36%
A mutual physical conflict between a caregiver and teen in which both parties administer blows to each other	33%	37%	30%

\*Total percents may not equal 100 due to rounding.

The greatest contrasts in response to the physical abuse scenarios were for the situations “A pattern of aggressive physical discipline such as spanking with hand, paddle or belt which does not result in observable injury” and “A mutual physical conflict between a caregiver and teen in which both parties administer blows to each other.” Each had an almost equal number of respondents who said they would substantiate the situation as those who said they would unsubstantiate (on the order of 33% to 40%).

Regarding the results presented for both the neglect and physical abuse situations described, it may be that such diversity of responses is due in part to the fact that the situations given are very general, extracted from a real-world context in which actual finding decisions are made (which presumably accounts in large part for the sizable group responding “Don’t Know” to some of the questions).

## **6. Mail Survey Summary**

Data from the mail survey provided information about the working context within which CPS workers make their decisions regarding abuse and/or neglect. As expected, workload, including the number of cases and the amount of time available to do the job, are major contextual issues. To a lesser extent, resources, and assignments not directly related to services contribute to the stressful environment within which the work of CPS is conducted. Also as expected, CPS workers prioritize investigation and assessment as their highest role function. This prioritization is in keeping with the organizational structure of child welfare service systems. However, of concern is the approximately 20 percent of staff who report their primary role as investigation. This is in conflict with policies that include assessment as a primary CPS function along with investigation. The data indicate perceptions of strong supervisory support, a potential moderator for an otherwise stressful work environment. However, in this, and in other studies in Washington State, staff perceive support at the administrative level (regional and state office) less favorably.

Despite the press of workload, the CPS workers interviewed in this study report feeling effective in their work, but report that the level of stress does have an impact on their decision process. One-quarter of the staff report they intend to quit. While much of the stress these workers report is related to workload and inadequate resources, there is additional stress related to the job function itself. These workers report feeling stress related to concerns for child safety, fear of making the wrong decision, potential liability, and to their own safety, as well as other reasons.

The findings from the case scenario section of the interview are interesting and have implications for understanding both the findings from the telephone interview and the empirical and case narrative phases of this study.

Finally, of interest are the findings associated with the variation in the finding decision workers reported in the case scenario section. There were significant differences between workers in the kinds of situations that would be substantiated or unsubstantiated, though they were utilizing the same information. While presenting case scenarios is an “artificial” mechanism to examine the decision process, and necessarily incomplete, the respondents in this study indicated very different decisions based on the same information. This study also confirmed earlier findings, that is, in some situations CPS workers make a decision to unsubstantiate some cases even though they believe abuse and/or neglect occurred. While such decisions might be beneficial to some families, decisions based on individual worker values can create both inconsistency in practice, and cause doubt about the meaning of the term “substantiation.”

## **7. Bivariate Analysis**

As stated in the section on Questionnaire Development, there was so much information that we wanted to collect from the CPS social workers that we used two methods of data collection: a mail survey and a telephone interview. The surveys were administered at different points in time over a four-month period, and participation in both was on a voluntary basis. The total number of staff who completed both surveys was 105, or 35% of the identified sample.

Bivariate tests (Chi-square) were conducted using demographic variables from the telephone interviews of social worker gender, ethnicity, years worked for CPS and the contextual items from the mail survey questionnaire. The same tests were conducted using workload variables from the telephone interview and mail survey context variables. In keeping with the exploratory nature of the study univariate tests of items and mean scores on the Bureaucratic Distraction, Role Conflict, and



Supervisory Adequacy scales by social worker gender, length of time with CPS and social worker ethnicity were conducted.

Three of the eleven items on the Bureaucratic Distraction scale had a significant association with the gender of social worker, along with two out of eight Supervisor Adequacy and two out of 14 statements regarding the social worker's beliefs about their work. Male staff more frequently felt unable to manage workload and complete paperwork. They had stronger agreement than females that their supervisor was available for advice and represented their interests to management. Furthermore, male respondents more strongly agreed that physical discipline is an effective means of parenting and that if a caregiver was arrested with no one available for their children, it was neglect.

Looking at the same items by worker ethnicity (Caucasian versus Other), non-Caucasian workers had stronger agreement regarding the adequacy of their supervisor and stronger disagreement that they were given conflicting job assignments. Caucasian social workers were more likely to agree with value statements about their work like it was "an unnecessary intrusion into family's lives, worry that a CPS investigation could make things worse for a child, and the belief that some families can't be motivated to change."

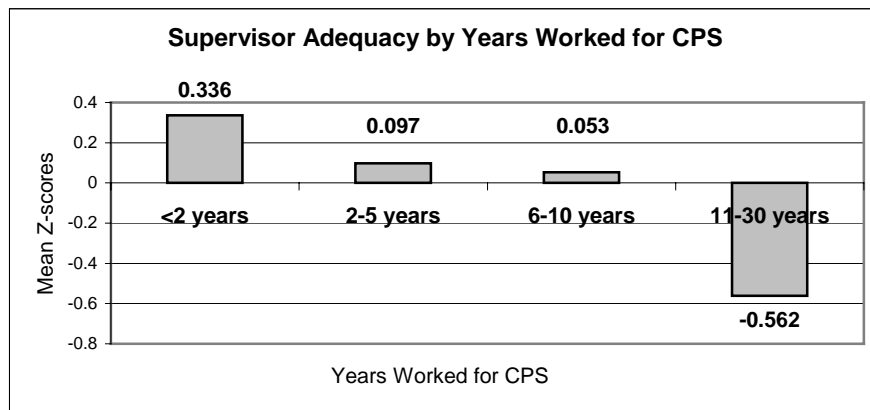
The same three of the eleven individual Bureaucratic Distraction items were significantly associated with social worker level of workload. Workers with higher caseloads had stronger agreement regarding their ability to manage their caseloads or to get work done compared to those with lower caseloads. Workers who were assigned a larger number of new referrals in a month were more likely to identify excessive workload as a source of stress that could affect their decision-making. Subsequently, those staff who indicated they felt *high* stress in relation to their job were significantly more likely to say they intended to quit.

The same set of contextual variables also were considered in relation to the number of years a worker had worked in Child Protective Services. Staff who had worked for CPS five years or less were more likely to disagree that they worked under incompatible policies and guidelines and had

stronger agreement about the adequacy of their supervisor in regards to teaching and conflict resolution. Social workers who had worked for the agency more than five years were significantly more likely to agree that they work on unnecessary things and do not have support from the upper management levels of the administration, and to have stronger disagreement that their supervisor was competent.

In order to look at the effects of levels of experience upon the context variables measured in the mail survey, telephone survey data were matched with survey data for those workers who had responded to both inquiries (N=105). The experience variable was originally collapsed into four levels (<2 yrs, 2-5 yrs, 6-10 yrs, and 11-30 yrs), however, in an attempt to more closely replicate the Texas results we used the Texas levels of experience (0-17 mo., 18-51 mo., and 52+ mo.). Also, associations with a different collapse of the Washington levels (0-24 mo., 25-60 mo., 61+ mo.) were examined. The original (four-fold) collapse was most powerful in terms of significant results. These findings indicate (using the original collapse and standardized scores, with an ANOVA), Supervisor Adequacy was significantly associated with caseworker experience ( $p < .05$ ) and there was a *marginal* result for Role Conflict and caseworker experience ( $p = .078$ ). There was no significant result, however, with caseworker experience and Bureaucratic Distractions or Work Environment (as a whole). The effect for Supervisory Adequacy was such that the relatively inexperienced workers (6 months to 2 years) had a relatively *high* estimation of the adequacy of their supervision whereas the most experienced workers (11-30 years) had a very *low* estimation of the adequacy of supervision (see Figure 18).

**Figure 18**



#### **CHAPTER IV: SUMMARY AND CONCLUSION**

The findings from this phase of the study do not lend themselves to a neat set of conclusions. These findings do however provide additional information to help inform our understanding of the CPS process and factors that specifically influence the CPS finding decision.

First, it should be noted that the CPS social workers in this study are more experienced, on average, than the majority of CPS workers in Washington State (or nationwide). Therefore, the responses provided are more likely to represent the practice of seasoned workers. Second, an assessment of how 'overworked' this sample of CPS workers is depends on the standard that is applied. Based on Washington State standards one-third of the workers have larger than recommended (and therefore unmanageable) workloads, however, if CWLA workload standards are applied, two-thirds of the CPS social workers in this study have larger than recommended workloads. It is interesting to note that of those CPS workers who responded to the mail survey (35% of the total sample) 43% indicated they frequently had "too many cases to do a good job" and an additional 39% indicated sometimes this is true. Furthermore 47% indicated they frequently "cannot spend enough time with clients," and frequently "cannot finish assigned work even working overtime" (47%). Despite workload, the majority (90%) feels moderately to very effective in their job, although the same

percent also report moderate to high stress. In addition, the respondents indicate that the level of stress they experience does affect their decision-making (81%), particularly stress associated with concerns for child safety (89%), excessive workload (80%), and lack of resources (73%).

Other data from the contextual questions also are interesting. While workload and stress are significant factors, from a contextual point of view these CPS workers report that in the daily context of their work being “called away on trivial matters,” or “need equipment or supplies not available,” or “whole day shot by unnecessary interruptions,” are relatively infrequent (14 – 17%) occurrences. While their job is stressful, and there is more work than time to do it, these data indicate that CPS staff are focused on their primary job, which is CPS investigation and service provision. However, not having enough time to do the job (investigation and assessment) has implications for the finding decision.

One potential mediating factor for stress and high workload in these data is the relatively strong indication of supervisory support. Over one-half to two-thirds of the CPS workers indicate they “can get the advice they need from their supervisor,” that “my supervisor is competent,” that “the supervision I receive is of adequate quality and quantity,” and that “my supervisor is knowledgeable and competent in CPS procedures.” Other research has shown that strong supervisory support can moderate the effect of stress. This contextual information provides information to help understand the environment in which CPS decisions are made. The finding decision investigated in this study is made in the context of relatively high workload and stress, by experienced workers, with reasonably strong supervisory support.

Before the data on specific factors influencing the finding decision are examined, it is instructive to review the general findings regarding social worker interpretation/application of policy and values related to child abuse/neglect. Again, the specific focus is on the finding decision, with emphasis on the decision *not* to find, or to unsubstantiate, a CPS referral. The current basis for making a finding in Washington State statute is “more likely than not” that the allegation did occur,

(substantiated), did not occur (unsubstantiated), no significant evidence to reasonably conclude abuse/neglect has or has not occurred (inconclusive). In Washington State statute the CPS worker may conclude the child is (or is not) abused/neglected, or is (or is not) *at risk*.

In the general questions section we wanted to explore the basis on which CPS workers make their finding decision. While not a comprehensive review of all factors, this data does give some indication of the similarities and differences between workers regarding the basis for their decisions. For example, most (61%) workers (in the mail survey) indicated their role was equally to investigate and assess families. About one-fifth (18%) indicated their primary CPS role is perceived as investigation. These findings are consistent with the earlier CPS decision study (English et al., 1998b). One question is whether differences in orientation or perception of role have an impact on CPS decisions. Do CPS workers who view their role as investigators take a different approach to CPS work compared to the assessors, and if so, does this difference in approach result in different outcomes? One could speculate that the answer to this question is yes, however, that answer must wait for further research.

Questions about “approach” raise even more questions about worker orientation and decisions. Almost one-half (45%) of the CPS workers told us they base their finding on child outcome, while the other half or so (46%) base their finding decision on a combination of caregiver behavior and child outcome. Few CPS workers (5%) base their decision on caregiver behavior alone. Do outcomes for families differ if the decision is made based on outcome vs. behavior or both? What guidance is provided by the legal definition of child abuse/neglect, CPS training, and supervision?

Based on the findings from this study workers indicate they are least likely to substantiate neglect referrals, and when they do substantiate neglect they base their decision on an assessment of the “impact” of parental omissions on the child rather than the caregiver omissions themselves. Furthermore, “context” variables appear to assume greater importance in the finding decision associated with neglect compared to other types of CA/N.

Another policy issue of interest is CPS worker understanding of guidelines related to findings based on “risk” as opposed to “evidence.” The Washington State policy regarding findings *at the time of this study*, states the finding decision can be based on “risk.” However, 39% of the respondents indicated it was *not* appropriate to continue an investigation based solely on risk. The rationale provided for not continuing an investigation based on risk alone included concerns about ethics, authority, family rights and privacy issues. Again, this study does not provide an answer to the question of whether or not investigations should continue based on risk, but does point out the potential inconsistencies in practice and decision outcomes if some CPS investigations proceed on one basis and others do not.

A third context issue in this general influence section examined policy regarding case findings and service expectations. In this study, we find differential practices based on local office or regional application of practice standards. In some offices CPS workers report a case must be opened for service if there is a finding, in other offices there are policies which allow case closing even if an allegation is substantiated. Again, we do not ask or answer what the policy should be. We wanted to know what the social workers do. A follow-up question might be, does local office policy influence a CPS worker to classify a case as inconclusive or unfounded, even when they believe that abuse/neglect was ‘more likely than not’ if it means they must open a case for services? The answer is particularly important in relation to the issue of workload. Could excessive workload produce practice rationales which support an unsubstantiated or inconclusive finding decision as a workload management mechanism? If the answer to this question (and the previous ‘risk’ question) is yes, how does this process affect our understanding of what the finding decision means? In our view, there are circumstances or situations where child abuse/neglect may be ‘more likely than not’ and therefore meet the ‘substantiation’ criteria, but would not necessarily need to be opened for services.

To explore this question, we asked the CPS workers to tell us about the kinds of situations (we didn’t ask specifically about the case opening issue) that might be associated with classifying a case as

inconclusive or substantiated even if they believed that abuse/neglect had occurred. Proof (or lack thereof) was the most frequently cited reason, with other family context variables cited as considerations in these decisions. Parents “doing the best they can,” “parents already resolved the problem,” “parents voluntarily engaging in services,” and, “child not at future risk” were some of the reasons cited for their decision to classify a maltreatment case as inconclusive or unsubstantiated.

On the face of it, considerations like these seem like good reasons why a CPS worker might make a finding decision contrary to a decision that would be indicated by policy. These responses indicate there are ‘de-facto’ policies in operation utilized by between one-third and one-half of the CPS workers in this study. The question is, should there be consistent application of policy, or should the policy be changed to allow for variation in the decision that is beneficial to families who are in “adverse circumstances and doing the best they can?”

In the earlier CPS Decision-Making Study CPS workers told us that neglect cases were more difficult and they were less likely to substantiate neglect. Reasons cited as to why neglect was less likely to be substantiated included community values, issues associated with poverty, or other factors beyond parental control. These reasons reflect the *context* of maltreatment, and do not necessarily relate to the *did it happen* question or the *impact* question. In this study, about a third of the workers told us that if neglect was assessed as situational (e.g., due to poverty, lack of health insurance), rather than intentional they would substantiate. The remainder of the workers indicated they would not substantiate, but they do offer services. At least for neglect cases, these study findings indicate that the finding decision includes ‘did it happen,’ an assessment of intention or family ability to meet a child’s basic needs, and an assessment that the consequences to the child did not meet the *clear and present danger* standard included in the legal definition of neglect (RCW 26.44.020).

In an attempt to clarify values associated with behaviors typically reported as physical abuse or neglect we developed a set of brief statements and asked whether these situations would be founded (Tables 37 and 38). The most notable findings from responses to these scenarios are the extent to

which CPS workers *differ* about whether some of the situations described would justify a founded decision. All of the neglect scenarios were based on parental ‘omissions’ (e.g. provision of basic needs or supervision) and in the scenarios no specific harm was alleged. In other words, the scenarios indicate potential for harm based on parental omission. Essentially, the older the child in the scenario the less agreement on finding decision. This adds support to earlier studies that indicate a combination of parental act and *potential* harm serves as the basis for the decision, modified by the age of the child, not necessarily actual harm. However, assessment of potential harm is more varied as the child gets older. There is even greater inconsistency in worker response to the physical abuse scenarios raising issues related not only to parental behavior and endangerment, but also the presence or absence of observable harm. These issues will be discussed more fully in the specific information guiding the finding decision section.

It is not our intention to debate whether these acts or conditions should or should not be classified as founded, but to point out that there is wide variation in CPS worker’s response to these factors resulting in inconsistency of practice. It is unclear whether these results are due to workload pressures, individual worker values and understanding of policy/procedures, or unclear policy and practice guidelines. Research suggests that all three factors contribute to the apparent inconsistency in practice, and all three must be addressed if the goal is to provide a rational, consistent approach to CPS practice and the determination of behaviors and outcomes that are classified as abuse or neglect.

Finally, three issues currently at the forefront of the CPS decision debate are domestic violence, substance abuse, and referrer credibility. In this study we briefly explore the relationship of these factors to the CPS finding decision. Two-thirds (65%) of the CPS workers in this study said that a child’s awareness of domestic violence in the home constitutes child abuse/neglect and that the presence of domestic violence influences their finding decision, especially in physical abuse cases. In contrast, only one-fifth report that the presence of substance abuse in a home constitutes child abuse/neglect. However, 59% report that their finding decision is affected by caregiver substance



abuse, especially in neglect situations. There appears to be less consensus about the relationship of substance abuse to child abuse/neglect than domestic violence. More importantly, these two factors are considered substantially more important for one type of abuse or neglect compared to other types.

A final issue in this section is the issue of referrer credibility. False reporting is often raised as an argument for asserting that CPS is overly intrusive. While at best exploratory, the issue of referrer credibility shows up in interesting ways in this study. First, based on responses from these social workers, almost all (95%) of the workers indicated they had at least one referral in the last six months where credibility was an issue. The least credible referrers are cited as friends, family, or neighbors of the alleged maltreater. The referrers are most often considered lacking credibility because they are in conflict with the person they are referring. Furthermore, 50% of the workers said referrer credibility affected their finding decision, and most often the effect was in the direction of classifying the case as unsubstantiated. While we do not have overall prevalence rates regarding how often referrer credibility is a factor in CPS investigations, we do know from Chapter 3, section B findings that referrer credibility was not cited as a frequent or influential factor in substantiated, inconclusive, or unsubstantiated cases reviewed in this study. However, when examined statistically, referrer credibility was reported in 20% of the physical abuse cases, but less likely than expected, and present in 33% of the neglect cases, a result more likely than expected. Referrer credibility was cited as an issue in 30% of the sexual abuse unsubstantiated cases recalled, but not more or less than expected by chance. At least for the cases identified in this study, referrer credibility was identified as an issue 20% to 30% of the time, and the presence of this issue appears more influential for neglect cases.

Based on these data two implications are suggested: 1) Referrer credibility is an issue, but not as frequent or influential as other factors in the decision process; and 2) The primary influence of referrer credibility, when it is present, is an increased likelihood of unsubstantiation, especially for neglect cases. While one might conclude that referrer credibility does contribute to unnecessary investigation for some families, it appears that CPS workers recognize this issue and take it into

account in the decision process (see additional information in *Phase III: Client Perceptions of Investigations*).

In addition to exploring general factors that might influence the finding decision, we also wanted to explore the influence of specific types of information to determine whether the same or different types of information are utilized. We recognized that “positive” types of information as well as “negative” types of information might be influential in the decision process and developed a “key” to reflect this assumption (Table 19). In the general factors section we learned that “proof” (evidence and testimony) characterize the substantiation decision, and ‘suspicion,’ but lack of “proof” characterize the inconclusive decision. Additional detail in the specific factor section indicates that child, family, and case factors are frequently considered in the finding decision process. The substantiation decision is dominated by Proof/Evidence, child factors including disclosure, assessments of credibility, child condition and assessment of future risk. Also influential are caregiver admission, negative collateral reports and law enforcement involvement. All these factors, except assessment of future risk, might be considered ‘evidence’ in the legal sense.

Interestingly, an examination of the inconclusive cases revealed that both potentially positive and negative types of information are influential. In the absence of “clear-cut proof,” whether the child’s basic needs are met, caregiver denial or presentation of a plausible explanation or cooperation, and assessment of the family context (positive factors such as good parent/child relationship, satisfactory condition of the home, adequate resources and social supports and absence of prior history) influenced the worker to make an inconclusive decision when they suspected but did not have clear-cut proof of CA/N. Finally, supervisory input in the decision process influenced the classification of a case as inconclusive.

Factors that influenced the decision to unsubstantiate across maltreatment types are more complex. Grouping the types of information into categories of Proof/Evidence, Testimonial/Credibility, Observational and Contextual factors provided some clarity, however, the data

indicate the influence of different types of information within and between categories for different types of abuse/neglect. Furthermore, a number of the factors influential in the decision to unsubstantiate a case, are also influential in the decision to classify a case as inconclusive.

In keeping with the legal definitions of abuse/neglect we would expect the absence of physical, observable, or medical evidence would influence the decision to unsubstantiate across maltreatment types. We would also expect that the absence of observable evidence (non-physical) would be more likely in neglect cases and the absence of medical evidence more likely in sexual abuse unsubstantiated cases. More interesting is the differential impact of testimonial credibility assessments across unsubstantiated maltreatment cases. Information from these sources has different impact on the finding decision process for different types of maltreatment. For example, child statements about CA/N influence findings in different ways. Child disclosure is more frequent in unsubstantiated physical abuse cases, but so is a plausible explanation by a parent/caregiver. Assessments that a child's statement as *not* credible or the child recanted their statement was not a frequent occurrence, but more likely in unsubstantiated sexual abuse cases. Referrer credibility, not child or parent statements, were more influential in unsubstantiated neglect cases. From this data we learn that CPS workers collect information from the child, alleged perpetrator, collaterals and the referrer, and that these sources of information may be differentially weighted depending on the type of abuse.

Differences in the importance attached to *Observational* information by maltreatment type is more striking. An assessment that a child's basic needs are met and that the home is satisfactory is more likely for neglect. On the other hand, the *absence* of behavioral indicators is frequently cited for physical and sexual abuse, but less likely for physical abuse than would be expected. The question here, assuming comprehensive assessments are the standard for CPS investigations, is why the *absence* of behavioral indicators appear less prominent for neglect cases, and why basic needs and home conditions appear to be less important as factors in physical or sexual abuse unsubstantiated cases (or substantiated cases), compared to cases of neglect.

Contextual information most frequently cited as present in this set of unsubstantiated cases included family addressing the problem, cooperative caregiver, adequate resources, the presence or absence of domestic violence, the absence of CPS history, positive caregiver/child relationship, a protective or non-protective, non-abusive caregiver. Again, the question is why are these factors differentially associated with different types of maltreatment? The majority of these contextual factors are the types of information that are associated with risk and might be expected to influence the decision to intervene (or not) after a decision about maltreatment has occurred, not the decision about whether or not maltreatment has occurred. Assessing these contextual factors as positive might provide a rationale for unsubstantiating a referral based on lack of evidence and absence of risk. However, if the contextual factors indicate risk, it is unclear how the finding classification decision is made.

Another way to look at the results related to types of information is to consider how unsubstantiation decisions for the three main types of maltreatment can be distinctly characterized based upon the information that is most relied upon in making them. First, though, consider the commonalities. Regardless of the type of maltreatment, some factors stood out descriptively as relatively important to unsubstantiation: absence of physical harm to child, no medical evidence of CA/N, no observable evidence of CA/N, no clear-cut proof of CA/N (all factors so far related to issues of Proof/Evidence), child denied CA/N, caregiver gave plausible explanation, collaterals gave positive reports, child's statement not credible (information related to Testimonial/Credibility), and adequate time/resources to complete the investigation. However (and the following is based upon the statistical results), it also is possible to see which factors are exceptionally important to unsubstantiation decisions of each *type* of maltreatment.

For the *physical abuse* cases, issues especially likely to be present in an unsubstantiated case are whether the injury is determined to be accidental, there is physical harm to the child, there is no current domestic violence, the caregiver has a plausible explanation, and whether the child disclosed

CA/N. Especially influential when they *were* present in these physical abuse cases were the issues of no physical harm to child and no medical evidence of CA/N, pointing to the centrality of issues related to Proof/Evidence for physical abuse cases.

For the *sexual abuse* cases, issues especially likely to be present in an unsubstantiated case are whether there is medical evidence of CA/N, the child recanted, the child's statement is not credible, whether or not the non-abusive caregiver is protective, whether there is a poor parent/child relationship, current domestic violence issues, and law enforcement involvement. Especially influential when they *were* present in these sexual abuse cases were the issues of collaterals giving mixed reports and the child's statement not being credible, which points to the centrality of issues related to Testimonial Information and Credibility for sexual abuse cases.

For the *physical neglect* cases, issues especially likely to be present in an unsubstantiated case are whether there is no emotional harm to the child, whether or not there is observable evidence of CA/N, the referrer is not credible, the child's basic needs are met, the satisfactory condition of the home, appropriate resources and social support are available to the family, and whether the family is addressing or had resolved the problems. Especially influential when they *were* present in these physical neglect cases were the issues of whether the child's basic needs are met, and whether the home is in satisfactory condition, pointing to the centrality of Observational information for physical neglect cases.

It is interesting to note not only how different factors and kinds of information are differentially utilized by workers judging cases with different types of maltreatment to be unsubstantiated, but also how the *presence* vs. *absence* of certain factors can serve different functions in the decision-making, and even be differentially utilized *vis a vis* cases presenting different forms of maltreatment. For example, whether there is *no* current domestic violence shows up as especially likely to be an issue in the unsubstantiated *physical* abuse cases, but the *presence* of current domestic violence issues was especially salient for the *sexual* abuse cases. To generalize, such findings indicate the importance of

distinguishing between presence and absence of factors, because the alternative forms of the information may possibly serve distinctive functions depending on the particulars of a case and the decisions being made.

The data from this study raise serious questions about the meaning of substantiated, inconclusive or unsubstantiated findings. The meaning of the substantiation label applied to a case is clearer than the other two labels. Substantiation is most often based on factors that are considered Proof/Evidence, admissions, or disclosures. If a case is labeled substantiated we can have some confidence that abuse/neglect occurred. The opposite is not true for the other two finding classifications. There are more similarities in cases classified as inconclusive or unsubstantiated than differences. There are no differences in re-referral rates. The major difference appears to be that there is more suspicion, but still lack of proof in cases classified as inconclusive compared to unsubstantiated. However, it cannot be clearly stated that classifying a case as inconclusive or unsubstantiated means that maltreatment did not occur. It is true that sometimes unsubstantiated means that maltreatment did not occur. But, the data from this study also indicate that in many instances workers believe maltreatment did occur and choose to classify a case as unsubstantiated because of ameliorating circumstances, or conceivably other reasons like workload or lack of other resources. While these decisions might be beneficial to some families, they also might represent serious risk to children. Furthermore, if these findings are replicated elsewhere, these data raise serious questions about the meaning of findings, and particularly the use of finding and recurrence rates as CPS outcome measures.

The implications of the data and the use of findings as an outcome measure is important, but not as important as a broader implication related to consistency of practice and child safety.

The overall impression drawn from this data is that many factors can influence the CPS finding decision. These factors include the environmental context within which the work of CPS is carried out, the clarity of guidelines and policies that govern the decision process, individual worker

perception of role, understanding and application of policies and guidelines, as well as individual family and case circumstances. The impact of any, all or a combination of these factors can influence findings in individual CPS cases and across cases.

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# **APPENDIX I**

## **Key Variables Tables**

**Table 39**

**Key Issues Present and Level of Influence on Referrals with Inconclusive Decision**

Key Variable	N=214	%	Low	Mod	High	Mean
<b>Child Statement</b>						
1. Child denied CA/N*	64	30%	9%	63%	28%	4.68
2. Child disclosed CA/N*	51	24%	12%	49%	39%	4.82
3. Child's statement was credible*	50	23%	4%	52%	44%	5.32
4. Child's statement was not credible or <i>less than credible</i> *	48	22%	0%	60%	40%	5.09
5. Child recanted disclosure*	23	11%	9%	48%	43%	5.00
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*	48	22%	4%	56%	40%	5.06
7. No behavioral indicators of CA/N*	59	28%	3%	73%	24%	4.80
8. Emotional harm to child*	37	17%	5%	73%	22%	4.51
9. No emotional harm to child	48	22%	2%	63%	35%	5.06
10. Physical harm to child	30	14%	7%	57%	37%	4.97
11. No physical harm to child	81	38%	5%	52%	43%	5.09
12. Injury determined to be accidental*	16	8%	0%	38%	63%	5.69
13. Basic needs appeared to be met*	142	66%	6%	55%	39%	5.00
14. Basic needs did not appear to be met*	13	6%	15%	62%	23%	4.46
15. Risk of further harm to child*	41	19%	2%	46%	51%	5.32
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*	142	66%	23%	63%	13%	3.81
17. Alleged perpetrator admitted CA/N*	13	6%	0%	54%	46%	5.39
18. Caregiver gave plausible explanation for situation*	99	46%	3%	54%	43%	5.17
19. Caregiver cooperative with investigation*	122	57%	3%	70%	27%	4.70
20. Caregiver not cooperative with investigation*	39	18%	5%	59%	36%	4.97
21. Non-abusive caregiver protective of child*	54	25%	2%	39%	59%	5.53
22. Non-abusive caregiver not protective of child*	19	9%	5%	58%	37%	5.00
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*	136	64%	9%	49%	43%	4.92
24. No appropriate resources available for family*	8	4%	0%	50%	50%	--
25. Adequate time/ resources to complete thorough investigation	94	44%	7%	63%	30%	4.76
26. Inadequate time/ resources to complete thorough investigation*	11	5%	18%	46%	36%	4.64
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	65	30%	2%	51%	48%	5.28
28. Collaterals gave negative reports about family*	50	23%	4%	72%	24%	4.65
29. Collaterals gave conflicting reports on family*	73	34%	3%	55%	43%	5.16
30. Referrer not credible, <i>questionable reliability/motivation</i> *	39	18%	3%	54%	44%	5.28
31. Law enforcement involved in case*	80	37%	9%	41%	50%	4.99
32. Input from supervisor*	59	28%	3%	42%	54%	5.56
<b>Chronicity</b>						
33. Family had history of referrals to CPS*	117	55%	7%	58%	35%	4.83
34. Family had no history of referrals to CPS*	67	31%	3%	57%	40%	4.98
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	101	47%	1%	55%	44%	5.27
36. Poor relationship between child and caregiver(s)*	42	20%	2%	67%	31%	4.91
37. Family was addressing or had resolved alleged problem*	70	33%	0%	31%	69%	5.73
38. Current issues of domestic violence in family*	21	10%	0%	62%	38%	5.10
39. No current issues of domestic violence in family	58	27%	14%	48%	38%	4.71
<b>Home</b>						
40. Satisfactory condition of home	127	59%	10%	61%	29%	4.65
41. Unsatisfactory condition of home*	20	9%	20%	70%	10%	3.88

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Inconclusive decision on this specific referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 39 (Continued)**  
**Key Issues Present and Level of Influence on Referrals with Inconclusive Decision**

<b>Key Variable</b>	<b>N=214</b>	<b>%</b>	<b>Low</b>	<b>Mod</b>	<b>High</b>	<b>Mean</b>
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	156	73%	0%	37%	63%	5.71
43. Had enough proof to pursue further action	11	5%	0%	46%	55%	5.55
44. I witnessed abuse and/ or neglect	3	1%	0%	67%	33%	--
45. Medical evidence of CA/N	12	6%	8%	33%	58%	5.54
46. No medical evidence of CA/N*	74	35%	3%	37%	61%	5.55
47. Observable evidence of CA/N*	21	10%	0%	57%	43%	5.31
48. No observable evidence of CA/N*	89	42%	2%	42%	56%	5.46
49. Suspected CA/N, but unable to prove it	81	38%	0%	31%	69%	5.91
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics	21	10%	0%	38%	62%	5.64
51. Caregiver Characteristics	21	10%	5%	38%	57%	5.31
52. Other Input/ Statements	7	3%	0%	57%	43%	--
53. Custodial Issues	3	1%	0%	100%	0%	--
54. Insufficient Evidence	20	9%	5%	40%	55%	5.48
56. SW Relationship with Family	1	1%	0%	0%	100%	--
57. Incident Situational	10	5%	0%	50%	50%	5.75
60. Cooperative with Services	2	1%	0%	50%	50%	--
61. Not Cooperative with Services	2	1%	0%	100%	0%	--
59. Other	13	6%	0%	46%	54%	5.65

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Inconclusive decision on this specific referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 40**

**Key Issues Present and Level of Influence on Referrals with Substantiated Decision**

Key Variable	N=218	%	Low	Mod	High	Mean
<b>Child Statement</b>						
1. Child denied CA/N*	9	4%	44%	44%	11%	--
2. Child disclosed CA/N*	122	56%	1%	23%	76%	6.02
3. Child's statement was credible*	109	50%	0%	19%	81%	6.13
4. Child's statement was not credible or <i>less than credible</i> *	11	5%	9%	64%	27%	4.36
5. Child recanted disclosure*	7	3%	29%	43%	29%	--
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*	111	51%	3%	47%	51%	5.39
7. No behavioral indicators of CA/N*	11	5%	36%	55%	9%	3.27
8. Emotional harm to child*	105	48%	3%	47%	51%	5.37
9. No emotional harm to child	7	3%	43%	43%	14%	--
10. Physical harm to child	103	47%	1%	15%	85%	6.24
11. No physical harm to child	21	10%	43%	57%	0%	2.76
12. Injury determined to be accidental*	8	4%	25%	50%	25%	--
13. Basic needs appeared to be met*	51	23%	28%	59%	14%	3.53
14. Basic needs did not appear to be met*	87	40%	1%	21%	78%	6.07
15. Risk of further harm to child*	139	64%	2%	16%	82%	6.24
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*	90	41%	34%	36%	30%	3.87
17. Alleged perpetrator admitted CA/N*	99	45%	1%	13%	86%	6.39
18. Caregiver gave plausible explanation for situation*	23	11%	9%	70%	22%	4.39
19. Caregiver cooperative with investigation*	95	44%	14%	59%	27%	4.46
20. Caregiver not cooperative with investigation*	88	40%	11%	49%	40%	4.92
21. Non-abusive caregiver protective of child*	28	13%	0%	54%	46%	5.54
22. Non-abusive caregiver not protective of child*	55	25%	2%	18%	80%	5.98
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*	116	53%	19%	55%	26%	4.31
24. No appropriate resources available for family*	30	14%	10%	47%	43%	4.87
25. Adequate time/ resources to complete thorough investigation	109	50%	11%	52%	37%	4.80
26. Inadequate time/ resources to complete thorough investigation*	8	4%	25%	63%	13%	--
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	32	15%	13%	56%	31%	4.67
28. Collaterals gave negative reports about family*	103	47%	2%	46%	52%	5.46
29. Collaterals gave conflicting reports on family*	42	19%	7%	79%	14%	4.36
30. Referrer not credible, <i>questionable reliability/ motivation</i> *	4	2%	25%	25%	50%	--
31. Law enforcement involved in case*	138	63%	8%	34%	58%	5.42
32. Input from supervisor*	77	35%	5%	34%	61%	5.58
<b>Chronicity</b>						
33. Family had history of referrals to CPS*	155	71%	5%	46%	50%	5.30
34. Family had no history of referrals to CPS*	31	14%	26%	52%	23%	4.03
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	62	28%	18%	52%	31%	4.31
36. Poor relationship between child and caregiver(s)*	72	33%	4%	46%	50%	5.25
37. Family was addressing or had resolved alleged problem*	25	12%	4%	52%	44%	5.20
38. Current issues of domestic violence in family*	69	32%	0%	32%	68%	5.84
39. No current issues of domestic violence in family	31	14%	42%	48%	10%	3.37
<b>Home</b>						
40. Satisfactory condition of home	66	30%	26%	61%	14%	3.65
41. Unsatisfactory condition of home*	68	31%	0%	37%	63%	5.74

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Founded decision on this specific referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 40 (Continued)**

**Key Issues Present and Level of Influence on Referrals with Substantiated Decision**

Key Variable	N=218	%	Low	Mod	High	Mean
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	8	4%	13%	75%	13%	--
43. Had enough proof to pursue further action	130	60%	2%	13%	85%	6.25
44. I witnessed abuse and/ or neglect	21	10%	0%	19%	81%	6.29
45. Medical evidence of CA/N	82	38%	0%	7%	93%	6.65
46. No medical evidence of CA/N*	17	8%	35%	59%	6%	3.35
47. Observable evidence of CA/N*	120	55%	0%	8%	93%	6.56
48. No observable evidence of CA/N*	8	4%	13%	88%	0%	--
49. Suspected CA/N, but unable to prove it	8	4%	0%	50%	50%	--
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics	12	6%	8%	8%	83%	6.08
51. Caregiver Characteristics	37	17%	0%	16%	84%	6.28
52. Other Input/ Statements	7	3%	0%	29%	71%	--
53. Custodial Issues	2	1%	0%	50%	50%	--
54. Insufficient Evidence	3	1%	0%	0%	100%	--
56. SW Relationship with Family	2	1%	0%	50%	50%	--
57. Incident Situational	4	2%	25%	25%	50%	--
60. Cooperative with Services	0	0%	0%	0%	0%	--
61. Not Cooperative with Services	9	4%	11%	22%	67%	--
59. Other	9	4%	11%	44%	44%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Founded decision on this specific referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 41**  
**Key Variables with Highest Frequencies and Highest Level of Influence Ratings**  
**for Unfounded Physical Abuse, Physical Neglect and Sexual Abuse**

Key Variables	Physical Abuse		Physical Neglect		Sexual Abuse	
	Freq.	Level of Influence	Freq.	Level of Influence	Freq.	Level of Influence
<b>Child Statement</b>						
1. Child denied CA/N*	45%	52%			52%	57%
2. Child disclosed CA/N*						
3. Child's statement was credible *						
4. Child's statement was not credible or <i>less than credible</i> *						
5. Child recanted disclosure*						
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*						
7. No behavioral indicators of CA/N*						
8. Emotional harm to child*						
9. No emotional harm to child						
10. Physical harm to child						
11. No physical harm to child	50%	63%	46%	51%		
12. Injury determined to be accidental*						
13. Basic needs appeared to be met*	57%	45%	88%	73%		
14. Basic needs did not appear to be met*						
15. Risk of further harm to child*						
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*						
17. Alleged perpetrator admitted CA/N*						
18. Caregiver gave plausible explanation for situation*			61%	50%		
19. Caregiver cooperative with investigation*						
20. Caregiver not cooperative with investigation*						
21. Non-abusive caregiver protective of child*					50%	55%
22. Non-abusive caregiver not protective of child*						
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*						
24. No appropriate resources available for family*						
25. Adequate time/ resources to complete thorough investigation	48%	46%	49%	45%		
26. Inadequate time/ resources to complete thorough investigation*						
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	50%	57%	46%	59%		
28. Collaterals gave negative reports about family*						
29. Collaterals gave conflicting reports on family*						
30. Referrer not credible, <i>questionable reliability/ motivation</i> *						
31. Law enforcement involved in case*					50%	49%
32. Input from supervisor*						
<b>Chronicity</b>						
33. Family had history of referrals to CPS*						
34. Family had no history of referrals to CPS*						
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	63%	54%	72%	59%	59%	46%
36. Poor relationship between child and caregiver(s)*						
37. Family was addressing or had resolved alleged problem*			46%	70%		
38. Current issues of domestic violence in family*						
39. No current issues of domestic violence in family						
<b>Home</b>						
40. Satisfactory condition of home			78%	49%		
41. Unsatisfactory condition of home*						

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 41 (Continued)**  
**Key Variables with Highest Frequencies and Highest Level of Influence Ratings**  
**for Unfounded Physical Abuse, Physical Neglect, and Sexual Abuse**

<b>Key Variables</b>	<b>Freq.</b>	<b>Level of Influence</b>	<b>Freq.</b>	<b>Level of Influence</b>	<b>Freq.</b>	<b>Level of Influence</b>
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	72%	63%	61%	57%	70%	69%
43. Had enough proof to pursue further action						
44. I witnessed abuse and/ or neglect						
45. Medical evidence of CA/N					58%	55%
46. No medical evidence of CA/N*	50%	72%				
47. Observable evidence of CA/N*			60%	66%		
48. No observable evidence of CA/N*	55%	64%				
49. Suspected CA/N, but unable to prove it						
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics						
51. Caregiver Characteristics						
52. Other Input/ Statements						
53. Custodial Issues						
54. Insufficient Evidence						
56. SW Relationship with Family						
57. Incident Situational						
60. Cooperative with Services						
61. Not Cooperative with Services						
59. Other Issue						

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.



**Table 42**

**Key Issues Present and Level of Influence on Unsubstantiated Physical Abuse Referrals**

Key Variable	N = 177	%	Low	Mod	High	Mean
<b>Child Statement</b>						
1. Child denied CA/N*	79	45%	6%	42%	52%	5.27
2. Child disclosed CA/N*	29	16%	31%	55%	14%	3.47
3. Child's statement was credible *	43	24%	7%	44%	49%	5.20
4. Child's statement was not credible or <i>less than credible</i> *	31	18%	13%	61%	26%	4.29
5. Child recanted disclosure*	17	10%	6%	65%	29%	4.71
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*	13	7%	15%	69%	15%	3.92
7. No behavioral indicators of CA/N*	65	37%	5%	63%	32%	4.77
8. Emotional harm to child*	5	3%	0%	100%	0%	--
9. No emotional harm to child	50	28%	4%	66%	30%	4.64
10. Physical harm to child	25	14%	8%	56%	36%	4.78
11. No physical harm to child	89	50%	2%	35%	63%	5.69
12. Injury determined to be accidental*	59	33%	3%	27%	70%	5.83
13. Basic needs appeared to be met*	100	57%	5%	50%	45%	5.08
14. Basic needs did not appear to be met*	2	1%	100%	0%	0%	--
15. Risk of further harm to child*	11	6%	27%	27%	46%	4.27
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*	105	59%	26%	59%	15%	3.68
17. Alleged perpetrator admitted CA/N*	11	6%	9%	36%	55%	5.36
18. Caregiver gave plausible explanation for situation*	118	67%	1%	57%	42%	5.17
19. Caregiver cooperative with investigation*	121	68%	4%	60%	36%	4.88
20. Caregiver not cooperative with investigation*	9	5%	22%	44%	33%	--
21. Non-abusive caregiver protective of child*	44	25%	5%	48%	48%	5.31
22. Non-abusive caregiver not protective of child*	1	1%	100%	0%	0%	--
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*	97	55%	11%	54%	35%	4.67
24. No appropriate resources available for family*	2	1%	50%	0%	50%	--
25. Adequate time/ resources to complete thorough investigation	84	48%	7%	46%	46%	5.04
26. Inadequate time/ resources to complete thorough investigation*	5	3%	0%	100%	0%	--
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	89	50%	0%	43%	57%	5.43
28. Collaterals gave negative reports about family*	21	12%	14%	62%	24%	4.19
29. Collaterals gave conflicting reports on family*	25	14%	12%	64%	24%	4.64
30. Referrer not credible, <i>questionable reliability/ motivation</i> *	36	20%	0%	69%	31%	4.83
31. Law enforcement involved in case*	53	30%	11%	40%	49%	5.05
32. Input from supervisor*	41	23%	2%	44%	54%	5.59
<b>Chronicity</b>						
33. Family had history of referrals to CPS*	63	36%	11%	70%	19%	4.38
34. Family had no history of referrals to CPS*	83	47%	7%	58%	35%	4.75
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	112	63%	1%	46%	54%	5.49
36. Poor relationship between child and caregiver(s)*	19	11%	0%	79%	21%	4.66
37. Family was addressing or had resolved alleged problem*	45	25%	2%	42%	56%	5.43
38. Current issues of domestic violence in family*	9	5%	11%	56%	33%	--
39. No current issues of domestic violence in family	79	45%	5%	61%	34%	4.89
<b>Home</b>						
40. Satisfactory condition of home	123	70%	15%	65%	20%	4.15
41. Unsatisfactory condition of home*	4	2%	75%	25%	0%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 42 (Continued)**

**Key Issues Present and Level of Influence on Unsubstantiated Physical Abuse Referrals**

Key Variable, continued...	N = 177	%	Low	Mod	High	Mean
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	128	72%	0%	36%	63%	5.75
43. Had enough proof to pursue further action	4	2%	0%	50%	50%	--
44. I witnessed abuse and/ or neglect	1	1%	0%	100%	0%	--
45. Medical evidence of CA/N	2	1%	0%	0%	100%	--
46. No medical evidence of CA/N*	88	50%	1%	27%	72%	5.90
47. Observable evidence of CA/N*	1	1%	0%	0%	100%	--
48. No observable evidence of CA/N*	97	55%	2%	34%	64%	5.73
49. Suspected CA/N, but unable to prove it	12	7%	0%	92%	8%	4.50
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics	14	8%	0%	71%	29%	5.00
51. Caregiver Characteristics	11	6%	0%	55%	46%	5.27
52. Other Input/ Statements	9	5%	0%	22%	78%	--
53. Custodial Issues	4	2%	0%	75%	25%	--
54. Insufficient Evidence	2	1%	0%	50%	50%	--
56. SW Relationship with Family	2	1%	0%	50%	50%	--
57. Incident Situational	6	3%	0%	67%	33%	--
60. Cooperative with Services	4	2%	25%	50%	25%	--
61. Not Cooperative with Services	1	1%	100%	0%	0%	--
59. Other Issue	8	5%	0%	75%	25%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 43**

**Key Issues Present and Level of Influence on Unsubstantiated Sexual Abuse Referrals**

Key Variable	N=111	%	Low	Mod	High	Mean
<b>Child Statement</b>						
1. Child denied CA/N*	58	52%	2%	41%	57%	5.48
2. Child disclosed CA/N*	17	15%	12%	65%	24%	4.56
3. Child's statement was credible *	33	30%	0%	24%	76%	6.06
4. Child's statement was not credible or <i>less than credible</i> *	25	23%	4%	40%	56%	5.32
5. Child recanted disclosure*	16	14%	6%	44%	50%	5.31
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*	19	17%	16%	68%	16%	4.47
7. No behavioral indicators of CA/N*	56	51%	5%	57%	38%	4.98
8. Emotional harm to child*	8	7%	13%	63%	25%	--
9. No emotional harm to child	35	32%	0%	63%	37%	5.11
10. Physical harm to child	1	1%	100%	0%	0%	--
11. No physical harm to child	50	45%	6%	52%	42%	5.03
12. Injury determined to be accidental*	3	3%	0%	33%	67%	--
13. Basic needs appeared to be met*	58	52%	17%	53%	29%	4.47
14. Basic needs did not appear to be met*	1	1%	0%	0%	100%	--
15. Risk of further harm to child*	6	5%	0%	67%	33%	--
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*	64	58%	31%	55%	14%	3.41
17. Alleged perpetrator admitted CA/N*	3	3%	0%	33%	67%	--
18. Caregiver gave plausible explanation for situation*	42	38%	2%	52%	45%	5.19
19. Caregiver cooperative with investigation*	77	69%	7%	64%	30%	4.70
20. Caregiver not cooperative with investigation*	6	5%	17%	33%	50%	--
21. Non-abusive caregiver protective of child*	55	50%	2%	44%	55%	5.49
22. Non-abusive caregiver not protective of child*	6	5%	50%	17%	33%	--
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*	65	59%	14%	52%	34%	4.57
24. No appropriate resources available for family*	4	4%	0%	75%	25%	--
25. Adequate time/ resources to complete thorough investigation	49	44%	10%	45%	45%	4.93
26. Inadequate time/ resources to complete thorough investigation*	5	5%	60%	20%	20%	--
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	38	34%	8%	45%	47%	5.11
28. Collaterals gave negative reports about family*	10	9%	10%	80%	10%	4.05
29. Collaterals gave conflicting reports on family*	19	17%	11%	42%	47%	4.79
30. Referrer not credible, <i>questionable reliability/ motivation</i> *	33	30%	0%	46%	55%	5.58
31. Law enforcement involved in case*	55	50%	13%	38%	49%	5.16
32. Input from supervisor*	27	24%	7%	41%	52%	5.33
<b>Chronicity</b>						
33. Family had history of referrals to CPS*	42	38%	10%	67%	24%	4.73
34. Family had no history of referrals to CPS*	39	35%	5%	69%	26%	4.53
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	65	59%	2%	52%	46%	5.26
36. Poor relationship between child and caregiver(s)*	17	15%	12%	53%	35%	4.82
37. Family was addressing or had resolved alleged problem*	33	30%	0%	36%	64%	5.55
38. Current issues of domestic violence in family*	14	13%	36%	43%	21%	3.86
39. No current issues of domestic violence in family	32	29%	16%	53%	31%	4.16
<b>Home</b>						
40. Satisfactory condition of home	58	52%	24%	55%	21%	4.00
41. Unsatisfactory condition of home*	4	4%	50%	25%	25%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific sexual abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 43 (Continued)**

**Key Issues Present and Level of Influence on Unsubstantiated Sexual Abuse Referrals**

Key Variable, continued...	N=111	%	Low	Mod	High	Mean
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	78	70%	0%	31%	69%	5.84
43. Had enough proof to pursue further action	0	0%	0%	0%	0%	--
44. I witnessed abuse and/ or neglect	0	0%	0%	0%	0%	--
45. Medical evidence of CA/N	2	2%	0%	0%	100%	--
46. No medical evidence of CA/N*	64	58%	8%	38%	55%	5.44
47. Observable evidence of CA/N*	0	0%	0%	0%	0%	--
48. No observable evidence of CA/N*	43	39%	9%	35%	56%	5.33
49. Suspected CA/N, but unable to prove it	8	7%	0%	63%	38%	--
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics	9	8%	0%	56%	44%	--
51. Caregiver Characteristics	9	8%	0%	67%	33%	--
52. Other Input/ Statements	8	7%	0%	0%	100%	--
53. Custodial Issues	6	5%	0%	50%	50%	--
54. Insufficient Evidence	3	3%	0%	67%	33%	--
56. SW Relationship with Family	4	4%	0%	25%	75%	--
57. Incident Situational	0	0%	0%	0%	0%	--
60. Cooperative with Services	1	1%	0%	100%	0%	--
61. Not Cooperative with Services	0	0%	0%	0%	0%	--
59. Other Issue	8	7%	13%	38%	50%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific sexual abuse referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 44**

**Key Issues Present and Level of Influence on Unsubstantiated Physical Neglect Referrals**

Key Variable	N = 171	%	Low	Mod	High	Mean
<b>Child Statement</b>						
1. Child denied CA/N*	76	44%	5%	50%	45%	5.16
2. Child disclosed CA/N*	10	6%	20%	40%	40%	4.70
3. Child's statement was credible*	52	30%	4%	42%	54%	5.42
4. Child's statement was not credible or <i>less than credible</i> *	9	5%	33%	33%	33%	--
5. Child recanted disclosure*	4	2%	25%	25%	50%	--
<b>Condition of Child</b>						
6. Behavioral indicators of CA/N*	23	14%	9%	61%	30%	4.70
7. No behavioral indicators of CA/N*	86	50%	6%	63%	31%	4.80
8. Emotional harm to child*	7	4%	0%	100%	0%	--
9. No emotional harm to child	72	42%	3%	64%	33%	4.88
10. Physical harm to child	5	3%	20%	40%	40%	--
11. No physical harm to child	78	46%	0%	49%	51%	5.26
12. Injury determined to be accidental*	7	4%	0%	43%	57%	--
13. Basic needs appeared to be met*	151	88%	1%	26%	73%	5.89
14. Basic needs did not appear to be met*	4	2%	0%	50%	50%	--
15. Risk of further harm to child*	12	7%	0%	50%	50%	5.08
<b>Caregiver/ Perpetrator</b>						
16. Alleged perpetrator denied CA/N*	107	63%	14%	72%	14%	3.99
17. Alleged perpetrator admitted CA/N*	7	4%	14%	57%	29%	--
18. Caregiver gave plausible explanation for situation*	104	61%	1%	49%	50%	5.42
19. Caregiver cooperative with investigation*	128	75%	3%	59%	38%	4.97
20. Caregiver not cooperative with investigation*	11	6%	36%	36%	27%	3.82
21. Non-abusive caregiver protective of child*	36	21%	6%	36%	58%	5.44
22. Non-abusive caregiver not protective of child*	0	0%	0%	0%	0%	--
<b>Resources</b>						
23. Appropriate resources and <i>social support</i> available for family*	120	70%	4%	52%	44%	5.18
24. No appropriate resources available for family*	7	4%	14%	43%	43%	--
25. Adequate time/ resources to complete thorough investigation	83	49%	6%	49%	45%	5.11
26. Inadequate time/ resources to complete thorough investigation*	7	4%	14%	71%	14%	--
<b>Input from Collaterals and Other Sources</b>						
27. Collaterals gave positive reports about family*	78	46%	0%	41%	59%	5.60
28. Collaterals gave negative reports about family*	18	11%	6%	67%	28%	4.50
29. Collaterals gave conflicting reports on family*	31	18%	3%	84%	13%	4.26
30. Referrer not credible, <i>questionable reliability/ motivation</i> *	56	33%	0%	54%	46%	5.03
31. Law enforcement involved in case*	18	11%	11%	44%	44%	5.11
32. Input from supervisor*	37	22%	0%	57%	43%	5.51
<b>Chronicity</b>						
33. Family had history of referrals to CPS*	69	40%	15%	71%	15%	4.10
34. Family had no history of referrals to CPS*	63	37%	3%	48%	49%	5.12
<b>Family</b>						
35. Good relationship between child and caregiver(s)*	123	72%	1%	41%	59%	5.54
36. Poor relationship between child and caregiver(s)*	8	5%	13%	63%	25%	--
37. Family was addressing or had resolved alleged problem*	79	46%	3%	28%	70%	5.79
38. Current issues of domestic violence in family*	11	6%	27%	64%	9%	3.73
39. No current issues of domestic violence in family	54	32%	13%	54%	33%	4.65
<b>Home</b>						
40. Satisfactory condition of home	134	78%	2%	49%	49%	5.30
41. Unsatisfactory condition of home*	10	6%	10%	80%	10%	3.90

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical neglect referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

**Table 44 (Continued)**

**Key Issues Present and Level of Influence on Unsubstantiated Physical Neglect Referrals**

Key Variable, continued...	N = 171	%	Low	Mod	High	Mean
<b>Proof/ Evidence</b>						
42. No clear-cut proof of CA/N*	105	61%	0%	43%	57%	5.63
43. Had enough proof to pursue further action	7	4%	0%	29%	71%	--
44. I witnessed abuse and/ or neglect	0	0%	0%	0%	0%	--
45. Medical evidence of CA/N	3	2%	0%	33%	67%	--
46. No medical evidence of CA/N*	52	30%	0%	46%	54%	5.46
47. Observable evidence of CA/N*	7	4%	0%	14%	86%	--
48. No observable evidence of CA/N*	102	60%	0%	34%	66%	5.86
49. Suspected CA/N, but unable to prove it	19	11%	0%	68%	32%	4.95
<b>Other Issues Mentioned by Workers**</b>						
50. Child Characteristics	8	5%	0%	50%	50%	--
51. Caregiver Characteristics	9	5%	0%	22%	78%	--
52. Other Input/ Statements	3	2%	0%	0%	100%	--
53. Custodial Issues	4	2%	0%	50%	50%	--
54. Insufficient Evidence	2	1%	0%	50%	50%	--
56. SW Relationship with Family	5	3%	0%	40%	60%	--
57. Incident Situational	6	4%	0%	50%	50%	--
60. Cooperative with Services	4	2%	0%	75%	25%	--
61. Not Cooperative with Services	0	0%	0%	0%	0%	--
59. Other Issue	5	3%	20%	20%	60%	--

\* Some "Other" responses were collapsed into this factor on one or more keys.

\*\* At the end of the Key, workers were asked if other things influenced their Unfounded decision on this specific physical neglect referral which were not covered by the Key. The answers that they gave were either collapsed into an original Key variable, or are included in one of the categories in this section.

# **APPENDIX II**

## **Operational Definitions and Data Collection Instruments**

## Operational Definitions

### Washington Administrative Code (WAC) 388-15-130

#### Child protective services--Authority.

(3) **Definition of child abuse, neglect, or exploitation (ca/n).** Abusive, neglectful, or exploitive acts defined in [RCW 26.44.020](#) include:

(a) Inflicting physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health, or loss or impairment of any bodily function.

(b) Creating a substantial risk of physical harm to such child's bodily functioning.

(c) Committing or allowing to be committed any sexual offense against such child as defined in the criminal code or intentionally touching, either directly or through the clothing, the genitals, anus, or breasts of a child for other than hygiene or child care purposes.

(d) Committing acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline demonstrating a disregard of a child's pain and/or mental suffering.

(e) Assaulting or criminally mistreating a child as defined by the criminal code.

(f) Failing to provide food, shelter, clothing, supervision, or health care necessary to a child's health or safety.

(g) Engaging in actions or omissions resulting in injury to, or creating a substantial risk to the physical or mental health or development of a child.

(h) Failing to take reasonable steps to prevent the occurrence of (a) through (g).

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### Revised Code of Washington 26.44.020

#### Definitions.

(12) "Abuse or neglect" shall mean the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child, adult dependent, or developmentally disabled person by any person under circumstances which indicate that the child's or adult's health, welfare, and safety is harmed, excluding conduct permitted under [RCW 9A.16.100](#). An abused child is a child who has been subjected to child abuse or neglect as defined herein.

(15) "Sexual exploitation" includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

(16) "Negligent treatment or maltreatment" means an act or omission which evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety. The fact that siblings share a bedroom is not, in and of itself, "negligent treatment or maltreatment."



# SOCIAL WORKER MAIL SURVEY

## I. DEMOGRAPHICS

1. Sample ID# \_\_\_\_\_

## II. BUREAUCRATIC DISTRACTION

The following 11 items describe events that might happen while you are at work. Using the scale below, select the number that best describes *How Often* each event happens to you.

1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5 - - - - - 6 - - - - - 7  
Never Sometimes Frequently  
happens happens happens

### How Often:

- \_\_\_\_\_ 2. You fall behind in your regular duties because you have extra work that is not part of your daily routine.
- \_\_\_\_\_ 3. You are called away from important work for a trivial matter.
- \_\_\_\_\_ 4. You need equipment or supplies that are not available in your unit.
- \_\_\_\_\_ 5. You have so much work assigned to you that you cannot even work overtime and get it all done.
- \_\_\_\_\_ 6. You cannot spend enough time with clients.
- \_\_\_\_\_ 7. Your efforts to obtain the resources that would help your client are thwarted.
- \_\_\_\_\_ 8. Your whole day is shot because of unnecessary interruptions.
- \_\_\_\_\_ 9. You have too many cases to do a good job, yet you are responsible to do so.
- \_\_\_\_\_ 10. Your hardest efforts to help a client do not pay off because “the system” just doesn’t work.
- \_\_\_\_\_ 11. A long conference or meeting prevents you from doing needed work.
- \_\_\_\_\_ 12. Insufficient time to properly complete your paperwork.
13. Do you have any comments regarding the above Bureaucratic Distraction section?



**B. SUPERVISOR ADEQUACY ITEMS**

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7  
Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

**Describes my supervision:**

- \_\_\_\_\_ 28. I am able to turn to my supervisor for emotional support.
- \_\_\_\_\_ 29. I can get the advice I need from my supervisor.
- \_\_\_\_\_ 30. My supervisor values me as a worker.
- \_\_\_\_\_ 31. The supervision I receive is of adequate quality and quantity.
- \_\_\_\_\_ 32. My supervisor has adequate conflict resolution skills.
- \_\_\_\_\_ 33. My supervisor is competent and knowledgeable in CPS procedures.
- \_\_\_\_\_ 34. My supervisor adequately represents my interests to Regional Administration.
- \_\_\_\_\_ 35. My supervisor is a competent teacher and trainer.

**C. OTHER JOB FACTORS**

**Describes my job:**

- \_\_\_\_\_ 36. My caseload usually is too high.
- \_\_\_\_\_ 37. Interpersonal conflicts and differing opinions are adequately resolved in my work unit.
- 38. Do you have any comments regarding the Work Environment section?



43. Please rank the following role functions in order of the priority you perceive them to have in your job. *Use 1 for the function with highest priority, then rank all of the roles in priority order down to 8 being the lowest priority.*

- a. \_\_\_\_\_ Assess risk of future harm to the child.
- b. \_\_\_\_\_ Assess current family functioning (strengths and problems).
- c. \_\_\_\_\_ Assess the emotional and physical condition of the child.
- d. \_\_\_\_\_ Assess family history and patterns of functioning
- e. \_\_\_\_\_ You (the social worker) directly provide services to the family.
- f. \_\_\_\_\_ Connect families to appropriate services/monitors which can improve their functioning and/or reduce risk.
- g. \_\_\_\_\_ Investigate specific allegations of CA/N as made in the referral.
- h. \_\_\_\_\_ Gather supporting evidence of CA/N or the absence of CA/N from collateral sources.

44. Do you have any comments regarding the Role Perception section?

## VI. VALUES CLARIFICATION

For the next 14 items, please use the following scale to indicate how much you *Agree or Disagree* that each item describes your beliefs regarding your work.

1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5 - - - - - 6 - - - - - 7  
 Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

### **Describes my beliefs regarding my work:**

45. \_\_\_\_\_ If a referral appears to be clearly Unfounded at first contact, it is inappropriate to continue my investigation/assessment of the family.
46. \_\_\_\_\_ Physical discipline is an effective means of parenting some children.

1 - - - - - 2 - - - - - 3 - - - - - 4 - - - - - 5 - - - - - 6 - - - - - 7  
 Strongly Disagree                      Neither Agree nor Disagree                      Strongly Agree

47. \_\_\_\_\_ I keep the family's right to privacy at the forefront of my mind when investigating CPS referrals.
48. \_\_\_\_\_ I am committed to improving the quality of life for children in my community.
49. \_\_\_\_\_ Children are more damaged by abuse than neglect.
50. \_\_\_\_\_ I make my substantiation decision based on the fact that a child was a victim of CA/N.
51. \_\_\_\_\_ I make my substantiation decision based on the fact that a caregiver committed an abusive or neglectful act.
52. \_\_\_\_\_ Collateral information from professionals is more reliable than collateral information from non-professionals such as friends, family, or neighbors.
53. \_\_\_\_\_ If a worker's ethnicity is the same as the family that is being investigated, this can affect that worker's substantiation decision.
54. \_\_\_\_\_ If a worker's ethnicity is different from the family that is being investigated, this can affect that worker's substantiation decision.
55. \_\_\_\_\_ I am very careful not to intrude unnecessarily in family's lives when I am investigating referrals.
56. \_\_\_\_\_ I worry that sometimes CPS intervention in the child's life makes things worse for the child.



## VII. DEFINITIONS OF PHYSICAL ABUSE AND NEGLECT

**(OPTIONAL SECTION):** Your answers to this last section of this survey would be greatly appreciated. However, if you do not have time to complete this last section, your survey responses to the other sections will still be included in the data analysis.

64. The following situations are sometimes considered neglectful, but social workers do not always find them. In your opinion, which of the following situations would you decide were founded for neglect? (*Circle your response.*)

- |    |       |      |              |   |
|----|-------|------|--------------|---|
| a. | 1=Yes | 2=No | 3=Don't Know | A 9-year old child fixes his/her own dinner several times per week because the caregivers are sleeping.                       |
| b. | 1=Yes | 2=No | 3=Don't Know | Caregiver refuses to accept custody of a returned runaway.  |
| c. | 1=Yes | 2=No | 3=Don't Know | Garbage has not been removed from the home, dirty dishes are encrusted with food, and floors & other surfaces are very dirty. |
| d. | 1=Yes | 2=No | 3=Don't Know | A child's clothing is frequently dirty and smells of urine.   |
| e. | 1=Yes | 2=No | 3=Don't Know | A sleeping child under age 2 is left alone for 30 minutes while the caregiver uses a neighbor's phone.                        |
| f. | 1=Yes | 2=No | 3=Don't Know | An 8-year-old is allowed to play unsupervised for less than 3 hours in an area with broken glass and toxic chemicals present. |
| g. | 1=Yes | 2=No | 3=Don't Know | The caregiver is in the home, but not intervening in potentially dangerous behaviors of the child.                            |
| h. | 1=Yes | 2=No | 3=Don't Know | Child under age 5 plays outside without parental supervision.   |
| i. | 1=Yes | 2=No | 3=Don't Know | A child under age 12 who is too ill to attend school is left home alone while the parent is at work.                          |
| j. | 1=Yes | 2=No | 3=Don't Know | You observe home sanitation hazards, but the caregiver has resolved the hazards by the time you are closing the case.         |
| k. | 1=Yes | 2=No | 3=Don't Know | An infant is left in the care of an 8-year-old for 3 hours.   |



65. In your opinion, which of the following caregiver behaviors would you decide were Founded for physical abuse? (*Circle your response.*)

- |    |       |      |              |  |
|----|-------|------|--------------|--|
| a. | 1=Yes | 2=No | 3=Don't Know | An ongoing pattern of shoving, pushing, dragging, or grabbing a child, without leaving marks.  |
| b. | 1=Yes | 2=No | 3=Don't Know | Throwing an object at a child which could potentially cause injury, but does not cause injury.                                       |
| c. | 1=Yes | 2=No | 3=Don't Know | Putting Tabasco sauce on a child's tongue as punishment.   |
| d. | 1=Yes | 2=No | 3=Don't Know | Spanking a child under age 2.  |
| e. | 1=Yes | 2=No | 3=Don't Know | A mutual physical conflict between a caregiver and teen in which both parties administer blows to each other.                        |
| f. | 1=Yes | 2=No | 3=Don't Know | Unintentional harm (such as minor marks, scratches, or bruises) from a regular discipline behavior, such as spanking.                |
| g. | 1=Yes | 2=No | 3=Don't Know | A pattern of aggressive physical discipline such as spanking with hand, paddle, or belt, which does not result in observable injury. |
| h. | 1=Yes | 2=No | 3=Don't Know | A 12 year old child exhibits disrespectful behavior which provokes the caregiver to physically strike him/her.                       |
| i. | 1=Yes | 2=No | 3=Don't Know | A caregiver bites a child to demonstrate why the child should not bite others.   |

66. Do you have any comments on the above Optional section?

## Social Worker Telephone Interview

### A. DEMOGRAPHICS

1. Sample ID# \_\_\_\_\_
2. Worker's Gender: 1 = Male 2 = Female
3. How many years have you worked in Child Protective Services in Washington State?  
\_\_\_\_\_

*If the worker asks... we want years working in any capacity for Child Protective Services (intake, investigation, ongoing, etc.); this also includes "generic" workers who work for CPS concurrently with CWS, FRS, etc.*

- 4a. What is your ethnicity? (*Circle appropriate code.*)
  - 1 = African American/Black
  - 2 = Asian/ Polynesian/ Pacific Islander
  - 3 = Caucasian
  - 4 = Hispanic/Latino
  - 5 = Native American/Alaskan Native
  - 6 = Middle Eastern
  - 7 = Other (*write-in*) 4b. \_\_\_\_\_

### B. WORKLOAD

5. How many cases are currently open and active on your caseload?  
\_\_\_\_\_
6. On average, about how many new referrals/investigations are you assigned per month?  
\_\_\_\_\_
- 7a. Do you feel that the amount of time you have to investigate a referral affects your finding decisions?  
  
1 = Yes                      2 = No                      3 = Somewhat

7b. Please explain: \_\_\_\_\_  
\_\_\_\_\_

### C. RESOURCES

- 8a. Within the last 6 months, has your finding decision on a referral been affected by a lack of appropriate resources for you to complete a comprehensive investigation?  
  
1 = Yes                      2 = No (*Skip to 9*)

8b. If yes, can you briefly describe the circumstances of the last time it happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. TYPE OF CA/N**

9a. For which type of child abuse/neglect allegation are you least likely to make a Founded determination?

- 1 = Sexual Abuse
  - 2 = Physical Abuse
  - 3 = Lack of Supervision Neglect
  - 4 = Failure to Provide Basic Needs Neglect
  - 5 = Medical Neglect
  - 6 = Other Type
  - 7 = All Types Equally Likely to be Founded
- 9b. (*write-in*): \_\_\_\_\_
- \*If SW says “neglect”, please ask if they mean lack of supervision, basic needs, or medical neglect.*

9c. Why? \_\_\_\_\_  
\_\_\_\_\_

For the next three questions, please use the KEY which we sent you to describe issues which were present in the last few Unfounded referrals which you investigated. After you have identified specific issues that were present, I will ask you to rate how much influence each issue had on your decision that the referral was Unfounded.

You will notice that the KEY is organized into different categories such as Child Statement, Condition of Child, Condition of Home, etc. Please keep in mind that the first thing we are asking is which issues were *present* in the case, and later we will ask how much the issue influenced your decision to Unfound. I will give you an opportunity at the end of each question to add other reasons for your Unfounded decision which may be missing from the KEY.

10a. In the last 6 months, have you investigated a physical abuse referral for which you made an Unfounded decision?

- 1 = Yes  
*(If answer is “No” and worker does not automatically clarify, please ask “Is that because you haven’t had any physical abuse referrals recently or because you haven’t Unfounded any P/A referrals recently?)*
- 2 = No, I haven’t investigated physical abuse in the last 6 months. (*Skip to 11*)
- 3 = No, none of my recent physical abuse referrals have been Unfounded. (*Skip to 11*)

10b. Think of the last physical abuse referral for which you made an Unfounded determination. Now thinking of that referral specifically, please read through the Key and indicate which of the items were *present* in the case. (*Circle “1=Yes” for the items that the worker selects from the Key.*)

**THIS IS THE KEY FOR QUESTION #10**

**Child Statement:**

- b1. 1=Yes 7=N/A c. \_\_\_\_\_ Child denied CA/N
- b2. 1=Yes 7=N/A c. \_\_\_\_\_ Child disclosed CA/N
- b3. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement credible
- b4. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement not credible
- b5. 1=Yes 7=N/A c. \_\_\_\_\_ Child recanted

**Condition of Child:**

- b6. 1=Yes 7=N/A c. \_\_\_\_\_ Behavioral indicators
- b7. 1=Yes 7=N/A c. \_\_\_\_\_ No behavioral indicators
- b8. 1=Yes 7=N/A c. \_\_\_\_\_ Emotional harm to child
- b9. 1=Yes 7=N/A c. \_\_\_\_\_ No emotional harm to child
- b10. 1=Yes 7=N/A c. \_\_\_\_\_ Physical harm to child
- b11. 1=Yes 7=N/A c. \_\_\_\_\_ No physical harm to child
- b12. 1=Yes 7=N/A c. \_\_\_\_\_ Injury determined accidental
- b13. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs met
- b14. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs not met
- b15. 1=Yes 7=N/A c. \_\_\_\_\_ Risk of further harm to child

**Caregiver/Perpetrator:**

- b16. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator denied CA/N
- b17. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator admitted CA/N
- b18. 1=Yes 7=N/A c. \_\_\_\_\_ Plausible explanation
- b19. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver cooperative
- b20. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver not cooperative
- b21. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG protective
- b22. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG not protect.

**Resources:**

- b23. 1=Yes 7=N/A c. \_\_\_\_\_ Appropriate resources (fam)
- b24. 1=Yes 7=N/A c. \_\_\_\_\_ No appropriate resources (fam)
- b25. 1=Yes 7=N/A c. \_\_\_\_\_ Adequate time/resources to investigate
- b26. 1=Yes 7=N/A c. \_\_\_\_\_ Inadequate time/resources to investigate

**Input from Collaterals & Other Sources:**

- b27. 1=Yes 7=N/A c. \_\_\_\_\_ Positive reports about family
- b28. 1=Yes 7=N/A c. \_\_\_\_\_ Negative reports about family
- b29. 1=Yes 7=N/A c. \_\_\_\_\_ Conflicting reports about family
- b30. 1=Yes 7=N/A c. \_\_\_\_\_ Referrer not credible
- b31. 1=Yes 7=N/A c. \_\_\_\_\_ Law enforcement involved
- b32. 1=Yes 7=N/A c. \_\_\_\_\_ Input from supervisor

**Chronicity:**

- b33. 1=Yes 7=N/A c. \_\_\_\_\_ History of referrals
- b34. 1=Yes 7=N/A c. \_\_\_\_\_ No history of referrals

**Family:**

- b35. 1=Yes 7=N/A c. \_\_\_\_\_ Good CG/child relationship
- b36. 1=Yes 7=N/A c. \_\_\_\_\_ Poor CG/child relationship
- b37. 1=Yes 7=N/A c. \_\_\_\_\_ Family addressing/resolved prob.
- b38. 1=Yes 7=N/A c. \_\_\_\_\_ Current domestic violence
- b39. 1=Yes 7=N/A c. \_\_\_\_\_ No current domestic violence

**Home:**

- b40. 1=Yes 7=N/A c. \_\_\_\_\_ Satisfactory condition of home
- b41. 1=Yes 7=N/A c. \_\_\_\_\_ Unsatisfactory cond. of home

**Proof/Evidence:**

- b42. 1=Yes 7=N/A c. \_\_\_\_\_ No clear-cut proof
- b43. 1=Yes 7=N/A c. \_\_\_\_\_ Enough proof to pursue action
- b44. 1=Yes 7=N/A c. \_\_\_\_\_ S/W Witnessed CA/N
- b45. 1=Yes 7=N/A c. \_\_\_\_\_ Medical evidence of CA/N
- b46. 1=Yes 7=N/A c. \_\_\_\_\_ No medical evidence of CA/N
- b47. 1=Yes 7=N/A c. \_\_\_\_\_ Observable evidence of CA/N
- b48. 1=Yes 7=N/A c. \_\_\_\_\_ No observable evid. of CA/N
- b49. 1=Yes 7=N/A c. \_\_\_\_\_ Suspect CA/N, unable to prove

10c. **Direct the worker to use the Level of Influence scale provided on the Key, and go through each item which the worker said was present and ask** “How much did that issue influence your Unfounded decision? Remember that we are asking specifically for the influence on your *Unfounded* decision, *not* other case decisions such as case plan or disposition” **Note the worker’s rating in the space provided next to each applicable item.**

10d. Were there other things which influenced your Unfounded decision on this specific physical abuse referral which are not covered by this Key?

1 = Yes            2 = No (*Skip to 11*)

10e. **Write in “Other” and Level of Influence for later coding:**

e1. _____	f1. _____
e2. _____	f2. _____
e3. _____	f3. _____

11a. In the last 6 months, have you investigated a sexual abuse referral for which you made an Unfounded decision?

1 = Yes

**(If answer is “No” and worker does not automatically clarify, please ask “Is that because you haven’t had any sexual abuse referrals recently or because you haven’t Unfounded any S/A referrals recently?”)**

2 = No, I haven’t investigated sexual abuse recently. (*Skip to 12*)

3 = No, none of my recent sexual abuse referrals have been Unfounded. (*Skip to 12*)

11b. Think of the last sexual abuse referral for which you made an Unfounded determination. Now thinking of that referral specifically, please read through the Key and indicate which of the items were *present* in the case. (**Circle “1=Yes” for each item that the worker selects from the Key.**)

**THIS IS THE KEY FOR QUESTION #11**

**Child Statement:**

- b1. 1=Yes 7=N/A c. \_\_\_\_\_ Child denied CA/N
- b2. 1=Yes 7=N/A c. \_\_\_\_\_ Child disclosed CA/N
- b3. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement credible
- b4. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement not credible
- b5. 1=Yes 7=N/A c. \_\_\_\_\_ Child recanted

**Condition of Child:**

- b6. 1=Yes 7=N/A c. \_\_\_\_\_ Behavioral indicators
- b7. 1=Yes 7=N/A c. \_\_\_\_\_ No behavioral indicators
- b8. 1=Yes 7=N/A c. \_\_\_\_\_ Emotional harm to child
- b9. 1=Yes 7=N/A c. \_\_\_\_\_ No emotional harm to child
- b10. 1=Yes 7=N/A c. \_\_\_\_\_ Physical harm to child
- b11. 1=Yes 7=N/A c. \_\_\_\_\_ No physical harm to child
- b12. 1=Yes 7=N/A c. \_\_\_\_\_ Injury determined accidental
- b13. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs met
- b14. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs not met
- b15. 1=Yes 7=N/A c. \_\_\_\_\_ Risk of further harm to child

**Caregiver/Perpetrator:**

- b16. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator denied CA/N
- b17. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator admitted CA/N
- b18. 1=Yes 7=N/A c. \_\_\_\_\_ Plausible explanation
- b19. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver cooperative
- b20. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver not cooperative
- b21. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG protective
- b22. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG not protect.

**Resources:**

- b23. 1=Yes 7=N/A c. \_\_\_\_\_ Appropriate resources (fam)
- b24. 1=Yes 7=N/A c. \_\_\_\_\_ No appropriate resources (fam)
- b25. 1=Yes 7=N/A c. \_\_\_\_\_ Adequate time/resources to investigate
- b26. 1=Yes 7=N/A c. \_\_\_\_\_ Inadequate time/resources to investigate

**Input from Collaterals & Other Sources:**

- b27. 1=Yes 7=N/A c. \_\_\_\_\_ Positive reports about family
- b28. 1=Yes 7=N/A c. \_\_\_\_\_ Negative reports about family
- b29. 1=Yes 7=N/A c. \_\_\_\_\_ Conflicting reports about family
- b30. 1=Yes 7=N/A c. \_\_\_\_\_ Referrer not credible
- b31. 1=Yes 7=N/A c. \_\_\_\_\_ Law enforcement involved
- b32. 1=Yes 7=N/A c. \_\_\_\_\_ Input from supervisor

**Chronicity:**

- b33. 1=Yes 7=N/A c. \_\_\_\_\_ History of referrals
- b34. 1=Yes 7=N/A c. \_\_\_\_\_ No history of referrals

**Family:**

- b35. 1=Yes 7=N/A c. \_\_\_\_\_ Good CG/child relationship
- b36. 1=Yes 7=N/A c. \_\_\_\_\_ Poor CG/child relationship
- b37. 1=Yes 7=N/A c. \_\_\_\_\_ Family addressing/resolved prob.
- b38. 1=Yes 7=N/A c. \_\_\_\_\_ Current domestic violence
- b39. 1=Yes 7=N/A c. \_\_\_\_\_ No current domestic violence

**Home:**

- b40. 1=Yes 7=N/A c. \_\_\_\_\_ Satisfactory condition of home
- b41. 1=Yes 7=N/A c. \_\_\_\_\_ Unsatisfactory cond. of home

**Proof/Evidence:**

- b42. 1=Yes 7=N/A c. \_\_\_\_\_ No clear-cut proof
- b43. 1=Yes 7=N/A c. \_\_\_\_\_ Enough proof to pursue action
- b44. 1=Yes 7=N/A c. \_\_\_\_\_ S/W Witnessed CA/N
- b45. 1=Yes 7=N/A c. \_\_\_\_\_ Medical evidence of CA/N
- b46. 1=Yes 7=N/A c. \_\_\_\_\_ No medical evidence of CA/N
- b47. 1=Yes 7=N/A c. \_\_\_\_\_ Observable evidence of CA/N
- b48. 1=Yes 7=N/A c. \_\_\_\_\_ No observable evid. of CA/N
- b49. 1=Yes 7=N/A c. \_\_\_\_\_ Suspect CA/N, unable to prove

11c. *Direct the worker to use the Level of Influence scale provided on the Key, and go through each item which the worker said was present and ask “How much did that reason influence your Unfounded decision?” Remember that we are asking specifically for the influence on your Unfounded decision, not other case decisions such as case plan or disposition” Note the worker’s rating in the space provided next to each applicable item.*

11d. Were there other things which influenced your Unfounded decision on this specific sexual abuse referral which are not covered by this Key?

1 = Yes            2 = No (*Skip to 12*)

11e. Write in “Other” and Level of Influence for later coding:

e1. _____	f1. _____
e2. _____	f2. _____
e3. _____	f3. _____

12a. In the last 6 months, have you investigated a physical neglect referral, (that is a referral which alleged lack of supervision or failure to provide basic needs or both,) for which you made an Unfounded decision?

1 = Yes

*(If answer is “No” and worker does not automatically clarify, please ask “Is that because you haven’t had any physical neglect referrals recently or because you haven’t Unfounded any P/N referrals recently?”)*

2 = No, I haven’t investigated a physical neglect referral recently. (*Skip to 13*)

3 = No, none of my recent physical neglect referrals have been Unfounded. (*Skip to 13*)

12b. Think of the last physical neglect referral for which you made an Unfounded determination. Now thinking of that referral specifically, please read through the Key and indicate which of the items were *present* in the case. (*Circle “1=Yes” for each item that the worker selects from the Key.*)

**THIS IS THE KEY FOR QUESTION #12**

**Child Statement:**

- b1. 1=Yes 7=N/A c. \_\_\_\_\_ Child denied CA/N
- b2. 1=Yes 7=N/A c. \_\_\_\_\_ Child disclosed CA/N
- b3. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement credible
- b4. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement not credible
- b5. 1=Yes 7=N/A c. \_\_\_\_\_ Child recanted

**Condition of Child:**

- b6. 1=Yes 7=N/A c. \_\_\_\_\_ Behavioral indicators
- b7. 1=Yes 7=N/A c. \_\_\_\_\_ No behavioral indicators
- b8. 1=Yes 7=N/A c. \_\_\_\_\_ Emotional harm to child
- b9. 1=Yes 7=N/A c. \_\_\_\_\_ No emotional harm to child
- b10. 1=Yes 7=N/A c. \_\_\_\_\_ Physical harm to child
- b11. 1=Yes 7=N/A c. \_\_\_\_\_ No physical harm to child
- b12. 1=Yes 7=N/A c. \_\_\_\_\_ Injury determined accidental
- b13. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs met
- b14. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs not met
- b15. 1=Yes 7=N/A c. \_\_\_\_\_ Risk of further harm to child

**Caregiver/Perpetrator:**

- b16. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator denied CA/N
- b17. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator admitted CA/N
- b18. 1=Yes 7=N/A c. \_\_\_\_\_ Plausible explanation
- b19. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver cooperative
- b20. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver not cooperative
- b21. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG protective
- b22. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG not protect.

**Resources:**

- b23. 1=Yes 7=N/A c. \_\_\_\_\_ Appropriate resources (fam)
- b24. 1=Yes 7=N/A c. \_\_\_\_\_ No appropriate resources (fam)
- b25. 1=Yes 7=N/A c. \_\_\_\_\_ Adequate time/resources to investigate
- b26. 1=Yes 7=N/A c. \_\_\_\_\_ Inadequate time/resources to investigate

**Input from Collaterals & Other Sources:**

- b27. 1=Yes 7=N/A c. \_\_\_\_\_ Positive reports about family
- b28. 1=Yes 7=N/A c. \_\_\_\_\_ Negative reports about family
- b29. 1=Yes 7=N/A c. \_\_\_\_\_ Conflicting reports about family
- b30. 1=Yes 7=N/A c. \_\_\_\_\_ Referrer not credible
- b31. 1=Yes 7=N/A c. \_\_\_\_\_ Law enforcement involved
- b32. 1=Yes 7=N/A c. \_\_\_\_\_ Input from supervisor

**Chronicity:**

- b33. 1=Yes 7=N/A c. \_\_\_\_\_ History of referrals
- b34. 1=Yes 7=N/A c. \_\_\_\_\_ No history of referrals

**Family:**

- b35. 1=Yes 7=N/A c. \_\_\_\_\_ Good CG/child relationship
- b36. 1=Yes 7=N/A c. \_\_\_\_\_ Poor CG/child relationship
- b37. 1=Yes 7=N/A c. \_\_\_\_\_ Family addressing/resolved prob.
- b38. 1=Yes 7=N/A c. \_\_\_\_\_ Current domestic violence
- b39. 1=Yes 7=N/A c. \_\_\_\_\_ No current domestic violence

**Home:**

- b40. 1=Yes 7=N/A c. \_\_\_\_\_ Satisfactory condition of home
- b41. 1=Yes 7=N/A c. \_\_\_\_\_ Unsatisfactory cond. of home

**Proof/Evidence:**

- b42. 1=Yes 7=N/A c. \_\_\_\_\_ No clear-cut proof
- b43. 1=Yes 7=N/A c. \_\_\_\_\_ Enough proof to pursue action
- b44. 1=Yes 7=N/A c. \_\_\_\_\_ S/W Witnessed CA/N
- b45. 1=Yes 7=N/A c. \_\_\_\_\_ Medical evidence of CA/N
- b46. 1=Yes 7=N/A c. \_\_\_\_\_ No medical evidence of CA/N
- b47. 1=Yes 7=N/A c. \_\_\_\_\_ Observable evidence of CA/N
- b48. 1=Yes 7=N/A c. \_\_\_\_\_ No observable evid. of CA/N
- b49. 1=Yes 7=N/A c. \_\_\_\_\_ Suspect CA/N, unable to prove



12c. **Direct the worker to use the Level of Influence scale provided on the Key, and go through each item which the worker said was present and ask** “How much did that reason influence your Unfounded decision? Remember that we are asking specifically for the influence on your *Unfounded* decision, *not* other case decisions such as case plan or disposition.” **Note the worker’s rating in the space provided next to each applicable item.**

12d. Were there other things which influenced your Unfounded decision on this specific physical neglect referral which are not covered by this Key?

1 = Yes            2 = No (*Skip to 13*)

12e. **Write in “Other” and Level of Influence for later coding:**

e1. _____	f1. _____
e2. _____	f2. _____
e3. _____	f3. _____

13a. Have you investigated a neglect referral in which you felt that a child had been neglected, but the neglect seemed to be *situational* (due to poverty, lack of health insurance or child care, etc.) rather than *intentional* on the part of the caregiver?

1 = Yes            2 = No, I haven’t had any referrals like that. (*Skip to 14*)

13b. On your last case like that, what finding did you make?

- 1 = Founded
- 2 = Inconclusive
- 3 = Unfounded
- 4 = Other (*write-in specifics*): 13c. \_\_\_\_\_
- 5 = Did Not Make a Finding
- 6 = Don’t Remember
- 7 = N/A

13d. Would you briefly describe the circumstances which led you to your finding decision?

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13e. Did you offer any services to the family?

1 = Yes            2 = No            3 = Can’t remember.

**E. EVIDENCE**

14. What is your definition of “Founded”? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Data entry:** 1 = *Reasonable cause to believe that alleged CA/N occurred or child is at risk of CA/N.*  
2 = *Information available indicates that CA/N (as defined by WAC) more likely that not did occur.*  
3 = **Other answer**

15a. Based on your experience, do you feel that you use the same level of proof to make a “Founded” decision for all types of child abuse and neglect?

1 = Yes (*skip to 16*) 2 = No

If No, what level of proof do you use for....

15b. Physical abuse? \_\_\_\_\_

15c. Physical neglect? \_\_\_\_\_

15d. Emotional abuse? \_\_\_\_\_

15e. Sexual abuse? \_\_\_\_\_

15f. Multiple type of CA/N referrals? \_\_\_\_\_

16a. Do you think that it is appropriate and within agency policy to make a Founded decision based solely on risk to the child, without proof of the occurrence of specific allegations?

1 = Yes, appropriate and within agency policy.  
2 = No, it is neither appropriate, nor within agency policy. (*Explain & Skip to 18*)  
3 = Other answer (*Explain & Skip to 18*)

16b. Please explain:

\_\_\_\_\_  
\_\_\_\_\_

17. In the last 6 months, approximately what percent of your Founded decisions were made because you had sufficient evidence to reasonably support that a child was *at risk* of being abused and neglected, as opposed to CA/N having *occurred*? \_\_\_\_\_

## F. SUBSTANTIATION

18a. Does your determination of whether or not you are going to intervene in the case (i.e., provide services, pursue court action, etc.) influence your finding decision?

1 = Yes      2 = No (*Skip to 19*)    3 = Somewhat

18b. Use the Level of Influence scale on the Key to rate *how much* your determination of whether or not you're going to do anything with the case (provide services, pursue court action, etc.) influences your finding decision? \_\_\_\_\_

19. Think of the last referral of any type for which you made an Inconclusive determination.

19a. What type or types of CA/N were alleged on that referral?

*(Let worker answer, and circle their response(s))*

- |       |         |        |                                  |
|-------|---------|--------|----------------------------------|
| 19a1. | 1 = Yes | 2 = No | Physical Abuse                   |
| 19a2. | 1 = Yes | 2 = No | Sexual Abuse/Sexual Exploitation |
| 19a3. | 1 = Yes | 2 = No | Physical Neglect                 |
| 19a4. | 1 = Yes | 2 = No | Medical Neglect                  |
| 19a5. | 1 = Yes | 2 = No | Exploitation                     |
| 19a6. | 1 = Yes | 2 = No | Emotional Abuse/Mental Injury    |
| 19a7. | 1 = Yes | 2 = No | Prenatal Injury                  |
| 19a8. | 1 = Yes | 2 = No | Abandonment                      |

19b. Now thinking of that referral specifically, please look at the Key again and indicate which of the items were *present* in that case. (*Circle "1=Yes" for the items that the worker selects from the Key.*)

**THIS IS THE KEY FOR QUESTION #19**

**Child Statement:**

- b1. 1=Yes 7=N/A c. \_\_\_\_\_ Child denied CA/N
- b2. 1=Yes 7=N/A c. \_\_\_\_\_ Child disclosed CA/N
- b3. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement credible
- b4. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement not credible
- b5. 1=Yes 7=N/A c. \_\_\_\_\_ Child recanted

**Condition of Child:**

- b6. 1=Yes 7=N/A c. \_\_\_\_\_ Behavioral indicators
- b7. 1=Yes 7=N/A c. \_\_\_\_\_ No behavioral indicators
- b8. 1=Yes 7=N/A c. \_\_\_\_\_ Emotional harm to child
- b9. 1=Yes 7=N/A c. \_\_\_\_\_ No emotional harm to child
- b10. 1=Yes 7=N/A c. \_\_\_\_\_ Physical harm to child
- b11. 1=Yes 7=N/A c. \_\_\_\_\_ No physical harm to child
- b12. 1=Yes 7=N/A c. \_\_\_\_\_ Injury determined accidental
- b13. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs met
- b14. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs not met
- b15. 1=Yes 7=N/A c. \_\_\_\_\_ Risk of further harm to child

**Caregiver/Perpetrator:**

- b16. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator denied CA/N
- b17. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator admitted CA/N
- b18. 1=Yes 7=N/A c. \_\_\_\_\_ Plausible explanation
- b19. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver cooperative
- b20. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver not cooperative
- b21. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG protective
- b22. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG not protect.

**Resources:**

- b23. 1=Yes 7=N/A c. \_\_\_\_\_ Appropriate resources (fam)
- b24. 1=Yes 7=N/A c. \_\_\_\_\_ No appropriate resources (fam)
- b25. 1=Yes 7=N/A c. \_\_\_\_\_ Adequate time/resources to investigate
- b26. 1=Yes 7=N/A c. \_\_\_\_\_ Inadequate time/resources to investigate

**Input from Collaterals & Other Sources:**

- b27. 1=Yes 7=N/A c. \_\_\_\_\_ Positive reports about family
- b28. 1=Yes 7=N/A c. \_\_\_\_\_ Negative reports about family
- b29. 1=Yes 7=N/A c. \_\_\_\_\_ Conflicting reports about family
- b30. 1=Yes 7=N/A c. \_\_\_\_\_ Referrer not credible
- b31. 1=Yes 7=N/A c. \_\_\_\_\_ Law enforcement involved
- b32. 1=Yes 7=N/A c. \_\_\_\_\_ Input from supervisor

**Chronicity:**

- b33. 1=Yes 7=N/A c. \_\_\_\_\_ History of referrals
- b34. 1=Yes 7=N/A c. \_\_\_\_\_ No history of referrals

**Family:**

- b35. 1=Yes 7=N/A c. \_\_\_\_\_ Good CG/child relationship
- b36. 1=Yes 7=N/A c. \_\_\_\_\_ Poor CG/child relationship
- b37. 1=Yes 7=N/A c. \_\_\_\_\_ Fam addressing/resolved prob.
- b38. 1=Yes 7=N/A c. \_\_\_\_\_ Current domestic violence
- b39. 1=Yes 7=N/A c. \_\_\_\_\_ No current domestic violence

**Home:**

- b40. 1=Yes 7=N/A c. \_\_\_\_\_ Satisfactory condition of home
- b41. 1=Yes 7=N/A c. \_\_\_\_\_ Unsatisfactory cond. of home

**Proof/Evidence:**

- b42. 1=Yes 7=N/A c. \_\_\_\_\_ No clear-cut proof
- b43. 1=Yes 7=N/A c. \_\_\_\_\_ Enough proof to pursue action
- b44. 1=Yes 7=N/A c. \_\_\_\_\_ S/W Witnessed CA/N
- b45. 1=Yes 7=N/A c. \_\_\_\_\_ Medical evidence of CA/N
- b46. 1=Yes 7=N/A c. \_\_\_\_\_ No medical evidence of CA/N
- b47. 1=Yes 7=N/A c. \_\_\_\_\_ Observable evidence of CA/N
- b48. 1=Yes 7=N/A c. \_\_\_\_\_ No observable evid. of CA/N
- b49. 1=Yes 7=N/A c. \_\_\_\_\_ Suspect CA/N, unable to prove

19c. **Direct the worker to use the Level of Influence scale provided on the Key, and go through each item which the worker said was present and ask** “How much did that reason influence your *Inconclusive* decision?”

19d. Were there other things which influenced your Inconclusive decision on this specific referral which are not covered by this Key?

1 = Yes            2 = No (*Skip to 20*)

19e.& f. **Write in “Other” and Level of Influence for later coding:**

e1. _____	f1. _____
e2. _____	f2. _____
e3. _____	f3. _____

20. Now think of the last referral for which you made a Founded determination.

20a. What type or types of CA/N were Founded on that referral?

**(Let worker answer, and circle their response(s))**

20a1.	1 = Yes	2 = No	Physical Abuse
20a2.	1 = Yes	2 = No	Sexual Abuse/Sexual Exploitation
20a3.	1 = Yes	2 = No	Physical Neglect
20a4.	1 = Yes	2 = No	Medical Neglect
20a5.	1 = Yes	2 = No	Exploitation
20a6.	1 = Yes	2 = No	Emotional Abuse/Mental Injury
20a7.	1 = Yes	2 = No	Prenatal Injury
20a8.	1 = Yes	2 = No	Abandonment

20b. Now thinking of that referral specifically, please look at the Key and indicate which of the items were *present* in this case. **(Circle “1=Yes” for the items that the worker selects from the Key.)**

**THIS IS THE KEY FOR QUESTION #20**

**Child Statement:**

- b1. 1=Yes 7=N/A c. \_\_\_\_\_ Child denied CA/N
- b2. 1=Yes 7=N/A c. \_\_\_\_\_ Child disclosed CA/N
- b3. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement credible
- b4. 1=Yes 7=N/A c. \_\_\_\_\_ Child's statement not credible
- b5. 1=Yes 7=N/A c. \_\_\_\_\_ Child recanted

**Condition of Child:**

- b6. 1=Yes 7=N/A c. \_\_\_\_\_ Behavioral indicators
- b7. 1=Yes 7=N/A c. \_\_\_\_\_ No behavioral indicators
- b8. 1=Yes 7=N/A c. \_\_\_\_\_ Emotional harm to child
- b9. 1=Yes 7=N/A c. \_\_\_\_\_ No emotional harm to child
- b10. 1=Yes 7=N/A c. \_\_\_\_\_ Physical harm to child
- b11. 1=Yes 7=N/A c. \_\_\_\_\_ No physical harm to child
- b12. 1=Yes 7=N/A c. \_\_\_\_\_ Injury determined accidental
- b13. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs met
- b14. 1=Yes 7=N/A c. \_\_\_\_\_ Basic needs not met
- b15. 1=Yes 7=N/A c. \_\_\_\_\_ Risk of further harm to child

**Caregiver/Perpetrator:**

- b16. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator denied CA/N
- b17. 1=Yes 7=N/A c. \_\_\_\_\_ Perpetrator admitted CA/N
- b18. 1=Yes 7=N/A c. \_\_\_\_\_ Plausible explanation
- b19. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver cooperative
- b20. 1=Yes 7=N/A c. \_\_\_\_\_ Caregiver not cooperative
- b21. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG protective
- b22. 1=Yes 7=N/A c. \_\_\_\_\_ Non-abusive CG not protect.

**Resources:**

- b23. 1=Yes 7=N/A c. \_\_\_\_\_ Appropriate resources
- b24. 1=Yes 7=N/A c. \_\_\_\_\_ No appropriate resources
- b25. 1=Yes 7=N/A c. \_\_\_\_\_ Adequate time/resources to investigate
- b26. 1=Yes 7=N/A c. \_\_\_\_\_ Inadequate time/resources to investigate

**Input from Collaterals & Other Sources:**

- b27. 1=Yes 7=N/A c. \_\_\_\_\_ Positive reports about family
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**Chronicity:**

- b33. 1=Yes 7=N/A c. \_\_\_\_\_ History of referrals
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- b44. 1=Yes 7=N/A c. \_\_\_\_\_ S/W Witnessed CA/N
- b45. 1=Yes 7=N/A c. \_\_\_\_\_ Medical evidence of CA/N
- b46. 1=Yes 7=N/A c. \_\_\_\_\_ No medical evidence of CA/N
- b47. 1=Yes 7=N/A c. \_\_\_\_\_ Observable evidence of CA/N
- b48. 1=Yes 7=N/A c. \_\_\_\_\_ No observable evid. of CA/N
- b49. 1=Yes 7=N/A c. \_\_\_\_\_ Suspect CA/N, unable to prove

20c. *Direct the worker to use the Level of Influence scale provided on the Key, and go through each item which the worker said was present and ask “How much did that reason influence your *Founded* decision?”*

20d. Were there other things which influenced your *Founded* decision on this specific referral which are not covered by this Key?

1 = Yes      2 = No (*Skip to 21*)

20e. *Write in “Other” and Level of Influence for later coding:*

e1. _____	f1. _____
e2. _____	f2. _____
e3. _____	f3. _____

21. In your opinion, what is the difference between an *Inconclusive* finding and an *Unfounded* finding?

*(Let the worker explain, spaces below are just to save time writing down the response)*

*Inconclusive:* \_\_\_\_\_  
\_\_\_\_\_

*Unfounded:* \_\_\_\_\_  
\_\_\_\_\_

22a. Do you define the occurrence of CA/N primarily in terms of impact on the child or in terms of caregiver behavior?

- 1 = Impact on the child
- 2 = Caregiver behavior
- 3 = Both
- 4 = Neither
- 5 = Other

22b. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the CPS Decision-Making Project interviews of 1996, 46% of the CPS social workers who were unable to substantiate abuse or neglect on their specific cases, told us that they still believed that CA/N had occurred. In this study, we are interested in learning more about some of the reasons why social workers might make *Unfounded* and *Inconclusive* findings for referrals on which they believe CA/N occurred.

23a. Have you ever investigated a referral in which you had reason to believe that CA/N had occurred or the child was at risk of CA/N, but you were unable to make a Founded determination?

1 = Yes

2 = No, I can't remember a referral like that. (*Skip to 25*)

23b. On your last case like that, what finding decision did you make?

1 = Inconclusive

2 = Unfounded

3 = Other (*write-in specifics*) 23c. \_\_\_\_\_

4 = Didn't make a finding.

5 = Don't Remember

7 = N/A

23d. Would you briefly explain the circumstances of that referral? \_\_\_\_\_

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24. Now I'm going to read you a list of situations that workers told us influenced their decision *not* to substantiate CA/N even though they believed CA/N occurred. Consider the following situations, and indicate which of these **might cause you to consider not making a Founded decision, even though you believe CA/N happened.**

- |    |         |        |               |  |
|----|---------|--------|---------------|--|
| a. | 1 = Yes | 2 = No | 3 = Sometimes | You assess that the child is not at risk of future serious or severe CA/N.   |
| b. | 1 = Yes | 2 = No | 3 = Sometimes | The family was addressing or had resolved their problems.  |
| c. | 1 = Yes | 2 = No | 3 = Sometimes | Law Enforcement decided <i>not</i> to pursue a criminal investigation.   |
| d. | 1 = Yes | 2 = No | 3 = Sometimes | The caregiver is doing the best he/she can at parenting a child who has difficult behavior problems.                                       |
| e. | 1 = Yes | 2 = No | 3 = Sometimes | The caregiver has mental health issues or emotional problems and is doing the best she/he can as a parent considering her/his limitations. |
| f. | 1 = Yes | 2 = No | 3 = Sometimes | A caregiver with developmental delays is doing the best he/she can as a parent considering his/her limitations.                            |
| g. | 1 = Yes | 2 = No | 3 = Sometimes | You do not have enough proof to pursue further action.   |
| h. | 1 = Yes | 2 = No | 3 = Sometimes | The family was willing to voluntarily engage in services to reduce risk to the child.  |



## G. REFERRER CREDIBILITY

25a. In the last 6 months, have you been assigned a referral in which you felt that the referrer lacked credibility?

1 = Yes      2 = No, I haven't recently been assigned any referrals like that. (*Skip to 26*)

25b. What type of referrer was it? \_\_\_\_\_

25c. What made you doubt the referrer's credibility? \_\_\_\_\_  
\_\_\_\_\_

25d. Did the referrer's lack of credibility affect the depth of your investigation?

1 = Yes      2 = No

25e. What finding decision did you make?

1 = Founded

2 = Inconclusive

3 = Unfounded

4 = Other (*write-in specifics*) : 25f. \_\_\_\_\_

5 = Did Not Make a Finding (*Skip to 26*)

6 = Don't Remember (*Skip to 26*)

25g. Was the referrer's lack of credibility a contributing factor to your finding decision?

1 = Yes      2 = No

26. In approximately what percentage of the referrals which are assigned to you for investigation would you say that the referrer lacks credibility? \_\_\_\_\_%

## H. OUTCOMES RELATED TO THE FINDING DECISION

27a. In your office, can you close a Founded case without providing services or pursuing a dependency?

1 = Yes      2 = No      3 = Other answer: 27b. \_\_\_\_\_

28a. If a referral appears to be clearly Unfounded, is it appropriate to continue your investigation and/or assessment of the family based on risk?

1 = Yes      2 = No      3 = It depends

28b. Please explain: \_\_\_\_\_  
\_\_\_\_\_

## I. DOMESTIC VIOLENCE

29a. Do you feel if a child is aware of domestic violence in the home that it constitutes child abuse or neglect?

1 = Yes      2 = No      3 = Other answer (*write-in*)

29b. \_\_\_\_\_

30a. Does the presence of domestic violence in the home affect your finding decisions?

1 = Yes      2 = No      3 = Sometimes

30b. Please explain: \_\_\_\_\_  
\_\_\_\_\_

31a. Is domestic violence more important for finding decisions for specific types of CA/N?

1 = Yes      2 = No (*Skip to 32*)

If yes, for which type or types of CA/N is domestic violence more important for finding decisions?

*(Let the worker answer and we just circle their response(s) )*

31b. 1 = Yes    7 = N/A    Sexual Abuse

31c. 1 = Yes    7 = N/A    Physical Abuse

31d. 1 = Yes    7 = N/A    Physical Neglect

31e. 1 = Yes    7 = N/A    Emotional Abuse

31f. 1 = Yes    7 = N/A    Other (*write-in*) 31g.

\_\_\_\_\_

## J. SUBSTANCE ABUSE

32a. Does substance abuse by a caregiver constitute child abuse or neglect?

1 = Yes      2 = No      3 = Other answer (*write-in*) 32b. \_\_\_\_\_

33a. Does the presence of current substance abuse by the caregiver affect your finding decisions?

1 = Yes      2 = No      3 = Somewhat

33b. Please explain: \_\_\_\_\_  
\_\_\_\_\_

34a. Is substance abuse more important for finding decisions for specific types of CA/N?

1 = Yes      2 = No (*Skip to 35*)

If yes, for which type(s) of CA/N is substance abuse more important for finding decisions?

*(Let the worker answer and we just circle their response(s) )*

34b. 1 = Yes    7 = N/A    Sexual Abuse

34c. 1 = Yes    7 = N/A    Physical Abuse

34d. 1 = Yes    7 = N/A    Physical Neglect

34e. 1 = Yes    7 = N/A    Emotional Abuse

34f. 1 = Yes    7 = N/A    Other (*write-in*) 34g.  
\_\_\_\_\_

## K. COMMENTS

35. Do you have any other comments which you would like to make regarding the process you use to determine findings on your referrals?

36. Any other comments about this survey which you would like to make?