

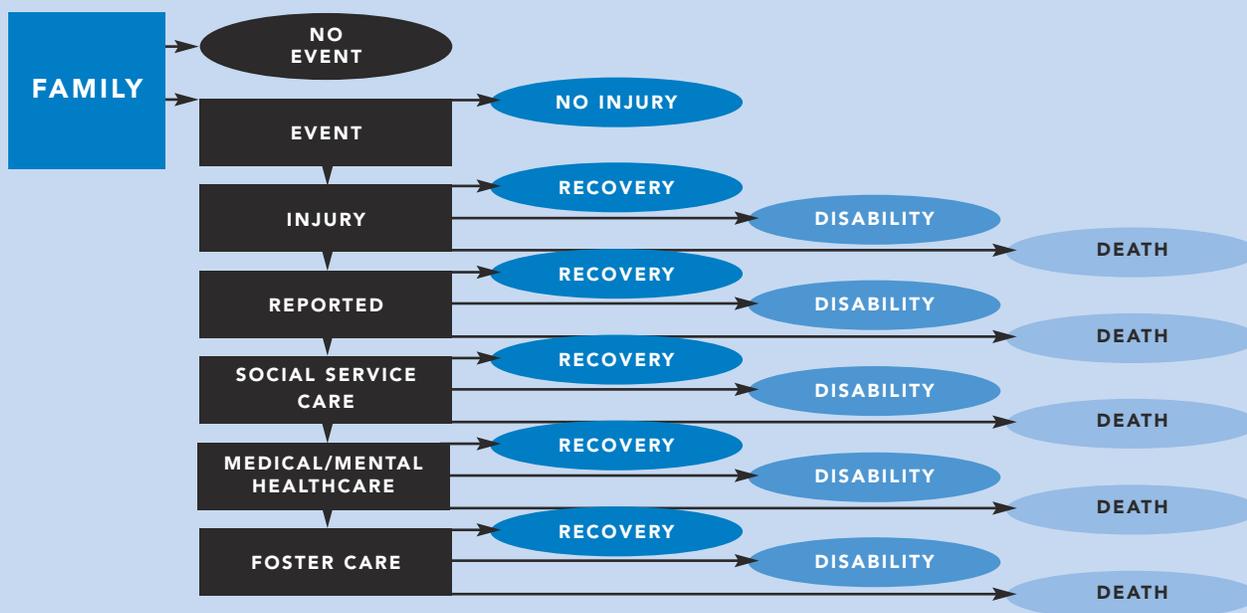
Monitoring the Problem of Child Maltreatment

North Carolina needs a comprehensive monitoring system to estimate the magnitude of the child maltreatment problem, provide information for program planning and implementation, evaluate system successes and failures, and inform the public and policy makers of the status of child maltreatment and child maltreatment prevention efforts in North Carolina. Without monitoring or “surveillance” data, the ability to design, target, and evaluate the state prevention system is significantly limited.⁷⁸

Challenges to Child Maltreatment Surveillance

There are a number of opportunities to count incidents of maltreatment in the child population. Diagram 5.1 illustrates the many points at which child maltreatment could be counted, beginning with the initial exposure to potential maltreatment, and ending with the case of death in a foster care community.

Diagram 5.1. Opportunities for Counting Maltreatment



Currently, the only data about the extent of child maltreatment that is collected on an ongoing basis is through the Central Registry. Unfortunately, there are significant limitations with relying on this data as the sole source of information about child maltreatment. Reports to Child Protective Services only include cases of maltreatment by caretakers, not similar maltreatment caused by non-caretakers. In addition, reported cases of abuse and neglect are only considered official if they are substantiated, meaning there is sufficient evidence to show that the mistreatment meets the statutory definition of abuse and neglect. There is evidence to suggest that child maltreatment is under-reported and there are wide variations in investigation and substantiation rates of child maltreatment cases. A detailed explanation of these issues follows:

- > **Child maltreatment is significantly under-reported.** Child maltreatment typically occurs within a child's own home making it difficult to detect. Children may not demonstrate visible signs of physical abuse or neglect or report maltreatment; and behavioral changes that result from maltreatment may be difficult to interpret or may occur later in life. In addition, strongly held beliefs about family privacy, the public's hesitancy to intrude in families' lives, and lack of knowledge of child abuse reporting laws can hinder child abuse reporting. Other North Carolina-specific data suggests that the true incidence of child maltreatment may be as much as ten to twenty times higher than what is reported to the Child Protective Services system.⁷⁹
- > **Policies and procedures, which vary among communities, contribute to wide variations between counties in terms of investigation and substantiation rates for maltreatment.** In 2002-2003, the rate of substantiation ranged from 44.17 children per 1,000 in Rutherford County to 2.98 children per 1,000 in Camden County. Such variations in rates of substantiation are not easily understood and raise questions about the reliability of the data when interpreting incidence of maltreatment.
- > **The Central Registry contains information on children who are maltreated by caretakers; children maltreated by non-caretakers are not included.** North Carolina statute defines caretakers as parents, guardians, custodians, individuals who care for children in residential settings (foster parents, residential care staff), and individuals who care for children in childcare facilities (childcare providers). If a child is sexually abused by a teacher, a family friend, relative, or a boyfriend who does not have responsibility for the child's care, the victim is not included in the Central Registry. In fact, North Carolina has no systematic method of gathering data, and no available statistics, on the population of children who are maltreated by a non-caretaker.
- > **Multiple forms of abuse are typically summarized by the most graphic type of maltreatment.** The instances of many types of abuse will be underrepresented because cases are typically only classified under one category of abuse. In the case of a child who experiences sexual abuse and emotional abuse, the report is generally coded as sexual abuse within government registries and no instance of emotional abuse is recorded.
- > **Multiple events of child maltreatment are summarized as a single event.** Child maltreatment rarely occurs as a single event. Rather, it often occurs at multiple points in time, and varies in severity. Nevertheless, years of maltreatment are captured as a single event within government registries.

Measurement Methods

The limitations of the Central Registry necessitate the development of additional data collection strategies. The Task Force on Child Abuse Prevention created a Measurement Subcommittee to identify ways that North Carolina could develop a system to more accurately monitor the incidence of maltreatment. Developing such a system is difficult because there are differing conceptualizations of what constitutes maltreatment (e.g. is leaving a young child at home alone for an hour neglect? Is corporal punishment that leaves bruises abuse?). In addition, maltreatment usually occurs in private, and there is a tendency to capture only the most egregious incidents (e.g. fatalities, serious abuse). Capturing data on emotional abuse

and less severe, but perhaps more chronic, cases of neglect is important for a monitoring system in North Carolina.

There are various ways in monitoring to capture different types of information about the extent of child maltreatment. Diagram 5.2 shows the potential levels of surveillance.

Diagram 5.2
Potential Levels of Surveillance

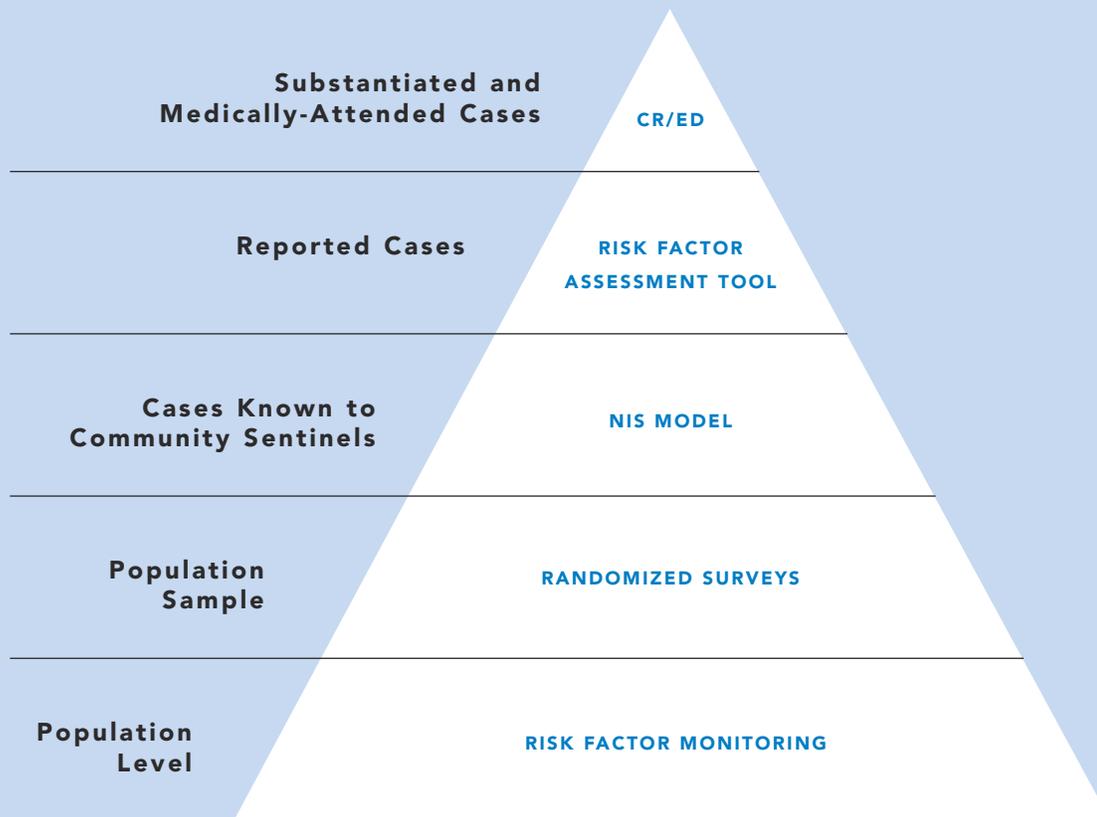


Diagram 5.2 illustrates one way to consider monitoring systems for abuse and neglect. The top of the diagram includes central registry (CR), emergency department (ED), and child fatality data. These are cases already being counted by three different surveillance systems in North Carolina.

The Family Risk Assessment and Assessment of Strengths and Needs captures extensive information on a family's risk and protective factors associated with child maltreatment. These assessments are conducted with all families who are subject to an investigation or family assessment. Currently, the data is not computerized and cannot be accessed; however, the implementation of NC Fast will address this issue. Using data from this assessment tool would allow North Carolina to generate and aggregate information on all children reported to local departments of social services, without regard to substantiation of report. It would also allow for a more detailed description of the child and household characteristics than is currently available through the Central Registry.

In addition to using existing data, North Carolina could collect information at the next level of the pyramid. The National Incidence Study surveys providers who have professional contact with children (doctors, teachers, social workers, etc.) to ascertain the incidence of abuse and neglect that may or may not be reported to child protection agencies. The state should examine these data and consider collecting an even more comprehensive level of information by using randomized surveys to directly ask a sample of parents about their parenting practices.

The base of the diagram represents an additional layer of information that may be useful to examine in concert with the different measures of child maltreatment. We know a great deal about risk and protective factors for child abuse and neglect and that an accumulation of risk in the absence of adequate protective factors is highly predictive of maltreatment. In fact, the thrust of primary prevention programs is to reduce risk and increase protection. Evaluation of programs or policies to prevent maltreatment typically looks first at changes in risk and/or protective factors as intermediate outcomes. Furthermore, recent research suggests that risk factors for child maltreatment tend to be associated with the same adverse outcomes as maltreatment itself.

In terms of monitoring the incidence or prevalence of child maltreatment in the state or a local community, it makes sense to look also at available trend data for risk and protective factors (e.g. the percent of children living in poverty, single parent homes, homes characterized by domestic violence, homes with substance abusing parents; the prevalence of maternal depression in the population; the availability of services in a community and the degree to which they are accessed by high risk families). If the trend for a number of these factors indicated positive change, the likelihood of an associated decrease in maltreatment increases.

Risk factor data are most meaningful when examined in concert with data from other sources. Because all data sources for child maltreatment are fraught with limitations, it is important to triangulate data sources, or look at data from all layers of the pyramid together. To the extent that all the data sources are telling the same story, one can have increased confidence that the story is true.

Available Data to Use in a Surveillance System

There is currently data available, or which could be made available, to help monitor the occurrences, consequences, and risk factors of child maltreatment.

Occurrences

- > **Central Registry:** The Central Registry provides information on the number of children investigated and substantiated, the types of maltreatment experienced, and other demographic data on the victims and perpetrators. This data can be augmented with risk assessment data collected by social workers on families who encounter the child protection system once the data is automated and available for analysis.
- > **Child Fatality Data:** North Carolina has one of the strongest child fatality data collection systems in the country. Nevertheless, a limitation of this data is that it includes only children who die from physical abuse and not other types of maltreatment. National statistics indicate that the number of children who die from neglect is far greater than those who die from abuse.
- > **Emergency Department Discharge Data:** The NC Hospital Emergency Surveillance System is a new North Carolina database of emergency department discharge data that offers administrative level data, including diagnosis codes, and nursing triage notes. The system includes the largest hospitals in the state. However, in two years, only 137 children were discharged with child abuse specific codes. In addition, evaluation of the data is labor intensive for a relatively small number of cases.
- > **Medicaid Claims:** An analysis of Medicaid claims data may provide information about the incidence of maltreatment among children, but this strategy needs to be explored more thoroughly. The challenge is that a group of experts would have to agree on a set of diagnosis and/or procedure codes that are likely to indicate maltreatment. The State Center for Health Statistics used a similar strategy recently to estimate the number of medically fragile children in the state.
- > **Independent Surveillance Activity:** North Carolina could choose to administer a population-based study modeled after CarolinaSAFE or the National Incidence Study.

Consequences

- > **Youth Risk Behavior Surveillance System:** This survey is administered by the NC Department of Public Instruction and collects data through a biannual survey of middle and high school students. The focus of the survey is at-risk behavior including delinquent and violent behavior, substance abuse, and sexual activity. Given that we know many of these behaviors arise because of abuse and neglect, these behaviors could be measured as a marker for prior abuse and neglect. However, it is difficult to assess accurately which behaviors are a direct result of abuse and neglect, and which are attributable to other causes.
- > **Criminal Justice:** Criminal justice data includes information about violent and non-violent crimes as well as juvenile delinquency. Prior abuse and neglect is a risk factor for involvement with the criminal justice system. Again, these behaviors could be measured as a marker for prior abuse and neglect but would not show a direct cause and effect from abuse and neglect because other factors could have contributed to the delinquency.
- > **NC Department of Public Instruction:** The NC Department of Public Instruction maintains county level data on dropouts and college or trade school attendance for high school graduates. School failure is a known consequence of child maltreatment, but is again, subject to the same problems in interpreting the data as referred to above.
- > **Childhood Exit Interview:** This would be a novel monitoring strategy involving new data collection efforts. The methodology has been used by AddHealth (based at the University of North Carolina), an ongoing national longitudinal sample of adolescents. This involves interviewing young adults that have reached the age of eighteen about their prior personal experience of violence. This allows monitoring from the victim's perspective and eliminates ethical concerns involved in surveying minors. There is obviously a significant time lag from occurrence to monitoring (up to eighteen years) and potential for recall bias. Many incidents of abuse and neglect happen before the age of permanent memory development.

Risk Factors

- > **Birth Certificates:** Birth certificates can provide information about Medicaid eligibility, adequate and timely prenatal care, and the number of children in a household.
- > **Pregnancy Risk Assessment Monitoring System:** This is a survey of pregnant and postpartum women that can provide information about postpartum depression, domestic violence, and the health of the child at well-child visits.
- > **Behavioral Risk Factor Surveillance System (BFRSS):** This is an ongoing, random survey of a representative sample of adults that asks respondents about a variety of topics including their experience of physical and sexual violence, socio-demographic characteristics, health concerns/issues, social/emotional support, use of health services, and presence of firearms in or around their home.
- > **Criminal Justice Data:** Criminal justice data can generate reports about how frequently certain violent crimes are occurring.
- > **Child Health Assessment and Monitoring Program Survey (CHAMP):** This is a new child health survey that the State Center for Health Statistics hopes to continue yearly. It is currently funded for two years. The survey is an add-on to the BFRSS and will survey 5,000 parents annually. CHAMP adds nine questions related to parenting behaviors and discipline to the BFRSS survey, in an effort to measure emotional abuse, positive/negative discipline, and supervision.
- > **Census:** Data from the US Census Bureau provides information on the economic workforce, demographic factors that affect families, counties, zip codes, and neighborhoods.

The Task Force on Child Abuse Prevention agrees that it is a critical priority to establish a data collection system that monitors, with a high degree of accuracy, the incidence of child maltreatment in the North Carolina. The Task Force on Child Abuse Prevention recommends:

- Rec. 5.1. The NC Division of Public Health's Injury and Violence Prevention Branch should develop a North Carolina data collection system for monitoring child abuse prevention through the analysis of the incidence of maltreatment as well as through indicators, including risk and protective factors, that are associated with child

maltreatment. A Technical Advisory Committee should be established by the Injury and Violence Prevention Branch and should include representatives from the NC Division of Social Services, the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the NC Division of Child Development, PCA North Carolina, the NC Division of Public Health - Women's and Children's Health Section, the NC State Center for Health Statistics, law enforcement agencies, organizations housing relevant databases from which child maltreatment data will be collected, and other researchers. This system will:

- A. Monitor the incidence of child maltreatment, including maltreatment perpetrated by family caregivers and non-family caregivers.
- B. Monitor the incidence of child fatalities due to neglect.
- C. Use multiple sources of data to provide a picture of child maltreatment in North Carolina.
- D. Identify science-based measures for collecting indicators of, and risk and protective factors associated with, child maltreatment.
- E. Collect, summarize, and report data at the state and county level on a yearly basis, to measure trends over time.
- F. The NC Division of Public Health should work with the Child Maltreatment Prevention Leadership Team to secure funding for the surveillance system..

The NC Division of Public Health's Injury and Violence Prevention Branch should report progress toward implementing this recommendation to the Child Maltreatment Prevention Leadership Team by January 2006 and annually thereafter.