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Rept & Plan on Recom Approaches & Methods for Detn of Nat'l Incidence of Child Abuse & Neglect. Vol I

Burt Associates, Inc.

Prepared For
Nat'l Center on Child Abuse & Neglect

November 27, 1975

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This report describes the development of a methodology for determining the incidence of child abuse and neglect during an initial 12-month period as a baseline for detecting trends during succeeding years of implementation. Thirteen possible approaches for estimating incidence are identified, discussed, and evaluated according to specific criteria. Each approach is further evaluated with regard to 12 postulated policy issues and cost effectiveness. Based on the evaluation criteria, a methodology is recommended consisting of 2 independent approaches for determining abuse incidence (a nomination survey utilizing a questionnaire and a randomized response telephone survey) and 2 independent approaches for determining neglect incidence (an in-depth random citizen survey utilizing a questionnaire and interviews by a highly trained social worker). Numerous references.

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REPORT AND PLAN ON RECOMMENDED APPROACHES AND METHODS FOR DETERMINATION OF NATIONAL INCIDENCE OF CHILD ABUSE AND NEGLECT

VOLUME I

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U. S. CHILDREN'S BUREAU

UNDER

CONTRACT NUMBER
HEW-100-75-0058

PREFACE

In recent years, our nation has become increasingly concerned about children and youth who are abused and neglected by their parents and other caregivers. In response to this increased public awareness and concern, Congress established the National Center on Child Abuse and Neglect (NCCAN) in 1973. Housed within the Children's Bureau, Office of Child Development, U. S. Department of Health, Education, and Welfare, NCCAN has been assigned primary responsibility for coordinating programs and research on child abuse and child neglect at the national level.

One of the most pressing problems facing NCCAN is that of determining the incidence of child abuse and child neglect in our nation. Existing figures on incidence vary greatly, a fact that hampers the decision-making capabilities of persons concerned with child abuse and child neglect.

As a first step to solving this problem, NCCAN contracted with Burt Associates, Incorporated, in January, 1975, to develop methodologies that would permit NCCAN to gather valid and reliable information on the incidence of child abuse and child neglect.

Burt Associates, Incorporated, is pleased to have been selected to participate in this important endeavor. We sincerely hope that this final report will provide meaningful solutions to the problem of obtaining information on the incidence of child abuse and child neglect.

ACKNOWLEDGEMENTS

We are grateful for the valuable assistance on this project given by our consultants. Dr. David Gil, Professor of Social Policy, Brandeis University, contributed significantly in providing theoretical perspectives for the study. Dr. Paul Stolley, Associate Professor, Department of Epidemiology, Johns Hopkins University, was invaluable for his help with definitions and epidemiological considerations. Dr. W. Edwards Deming, Statistical Consultant, was most helpful in a critique of the sampling and analysis methods.

Dr. Charles Gershenson, Project Officer from the Children's Bureau, Office of Child Development, provided valuable guidance, assistance, and feedback throughout the work on this project. His knowledge of research, of child abuse and neglect, and of the special needs of OCD had a major impact in the shaping and final design of the recommended methodologies.

Special thanks go to Dr. Arthur Kirsch, George Washington University, who was invaluable in developing the Abuse Methodology and determining cost estimates. Helpful ideas and suggestions also came from the following persons:

- Arthur McDowell, Director of the Division of Health Statistics, The National Center for Health Statistics

- Robert Finchsberg, Director of Division of Health Interview Statistics, National Center for Health Statistics
- Beatrice Moore, Project Manager of EPSDT, Department of Health, Education, and Welfare
- Sym Taylor, National Education Association

The technical recommendations in this report do not necessarily reflect the opinions of our consultants, but all recommendations from the consultants have been taken into consideration.

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1.0 MANAGEMENT SUMMARY

Child abuse and neglect have received increased national attention during the past decade. Professional literature abounds with articles relating to prevention, diagnosis and treatment. General awareness of the problems has been heightened due to increased publicity through the media. During the mid to late 1960's, concern with abuse and neglect reached the political arena, and legislation relating to reporting was passed. In 1974, Congress passed the Child Abuse Prevention and Treatment Act (P.L. 93-247) which created the National Center on Child Abuse and Neglect. The new agency was placed under the administration of the Children's Bureau, Office of Child Development, within the Office of Human Development, United States Department of Health, Education and Welfare. The National Center on Child Abuse and Neglect (NCCAN) has been assigned primary responsibility for coordinating programs and research on abuse and neglect at the national level.

Despite this heightened visibility, little is actually known regarding the magnitude and characteristics of child abuse and neglect. Much data are available on reported cases through local social service agencies, a national clearinghouse of reported cases, police records, and other sources; these do not, however, estimate the magnitude of unreported cases.

The estimation of the extent of child abuse and neglect in the various states and in the nation is required for policy and program analysis in the National Center on Child Abuse and Neglect. This agency contracted with Burt Associates, Incorporated, to develop the estimation methodology.

More specifically, the purposes of this project were to identify and evaluate possible approaches for determining national and state incidence estimates of child abuse and neglect; to recommend the approach(es) that would be best in terms of appropriate accuracy, time required, and cost; and to develop an implementation plan for the selected approach(es). This final report documents the results of the work conducted during the contract period, beginning January 3, 1975 and ending November 27, 1975.

The first four tasks performed on the contract and discussed in Volume I of this report are described below.

1. Literature search.--A comprehensive search was made of all surveys, estimating procedures and definitional material concerned with child neglect and abuse. The findings indicate a paucity of valid methods, estimates and definitions. Although estimates of incidence of reported and unreported cases do exist, these estimates show wide variability and are generally known to be inaccurate. National planning and program development are difficult without accurate measures of the extent of the problems. It is within this context, which is expanded in Chapter 2.0, that the present work was undertaken.

2. Theoretical and operational definitions.--It was necessary to develop a conceptual framework of theoretical definitions and to develop from that a series of working definitions of abuse and neglect. The literature on this subject and the working definitions of agencies were helpful but diverse nd unorganized. For example, the terms abuse and neglect are often used interchangeably in law and sometimes in social service agency records. It was determined that these two forms of child maltreatment should be differentiated for estimation purposes since different techniques of estimation are required. Thorough literature searches were conducted. These searches provided the theoretical perspectives and frameworks necessary for defining abuse and neglect in operational terms.

Selection of categories of abuse and neglect, as well as operational definitions for the selected categories, were developed. Definitions were developed for the following:

- Neglect
  - Dental
  - Medical
  - Nutritional
  - Clothing
  - Educational
  - Supervision and safety
  - Emotional
  - Shelter
  - General neglect
- Abuse
  - Physical
  - Sexual

Death from abuse or neglect is also a selected category, but needs no definition.

3. Methodological approaches.--The next phase of this project involved identifying alternative approaches for determining incidence estimates and evaluating the approaches in relation to certain criteria. Thirteen methodological approaches were identified and are discussed in Chapter 4.0. The specific criteria used for initial evaluation of each of the approaches were:

1. Implementation must be possible within 12-18 months
2. Estimates must be of sufficient accuracy for program and policy development
3. Subcategories of estimates will be needed such as type and severity
4. Cost must be within $1.5 - 2.0 million
5. Trend analysis must be provided
6. Identification must be made of data sources
7. Acquisition of official permission should have a high likelihood
8. Validation by recheck should be possible

Thirteen approaches for estimating incidence were identified, discussed and evaluated. The approaches included:

I - Citizen survey

II - Teacher survey

III - Survey of children

IV - Nomination survey

V - Physician and hospital survey

VI - National health screening

VII - Profile development

VIII - Citizen survey, agency records and regression analysis

IX - Citizen survey and national health screening

X - Citizen survey, national health screening, agency records and regression analysis

XI - National health screening and teacher survey

XII - Citizen survey, teacher survey, national health screening, agency records and regression analysis

XIII - Neglect citizen survey, abuse nomination survey and abuse randomized response

4. Policy questions.--A critical requirement was that the methodological approaches finally selected should yield the kinds of data needed for child welfare policy analysis and program development. Twelve policy and program questions relating to abuse and neglect were developed and the data elements needed for planning for each of the possible programs enumerated. The policy questions discussed were:

- Demonstration projects on medical service delivery
- Public schools and child abuse and neglect
- A Federally funded children's allowance
- Public education on child abuse and neglect
- Crisis telephone counseling
- Emergency child care services

- Parent training programs
- Impact of Title XX
- Centers for study of prevention and treatment of abuse and neglect
- Coordination of volunteer services for children
- A national health screening program
- Prevention vs treatment

Each of the 13 methodological approaches was rigorously evaluated in relation to how effective the approach would be in yielding the necessary data elements for each policy and program question. The cost for implementation of each of the approaches was estimated and then compared to measures of effectiveness concerning policy and program questions. The policy questions and the cost-effectiveness analyses are presented in Chapter 5.0. The approaches that provided the greatest effectiveness within the cost constraint were selected for detailed planning.

The methodology that is being recommended for implementation, Approach XIII, consists of two independent approaches for neglect. The dual approaches for each allow for valuable comparisons with minimal additional cost. The recommended approaches are presented in Chapter 6.0 and are discussed further below.

Volume I outlines the problem of estimating the incidence and prevalence of child abuse and neglect and the 13 methodological approaches under consideration. Volume II discusses Approach XIII, recommended as the approach best

meeting NCCAN criteria and gives the details of sampling, questionnaires, costs, pretests, data collection and analysis. The Recommended Approach--Approach XIII: Neglect Citizen Survey, Abuse Nomination Survey and Randomized Response is recommended for determining incidences of neglect and abuse. As described in Chapter 4.0 of Volume I, Approach XIII calls for separate surveys of abuse and neglect. Both rely on citizen surveys and both can be adapted for institutional sampling. The applicability of the methodologies to Indian, military, and migrant populations requires additional exploration through field tests. (See Volume II.)

In-person interviews conducted by social workers and utilizing structured questionnaires are recommended for determining incidence estimates of neglect. Telephone interviews and an in-person randomized response technique are recommended for determining incidence estimates of abuse. Questionnaires and sampling plans are presented for the recommended neglect and abuse surveys. Four incidence estimates will be obtained. One estimate will be based on the judgments of neglect made by the social worker interviewers. Three estimates will result from classifications made by three independent panels representing:

- The average citizen
- Welfare agency personnel
- Sociologists, psychiatrists, and psychologists

These classifications are converted into statistical standards using discriminate function analysis for assessing all questionnaires. The recommended neglect methodology is outlined in Figure 1-1.

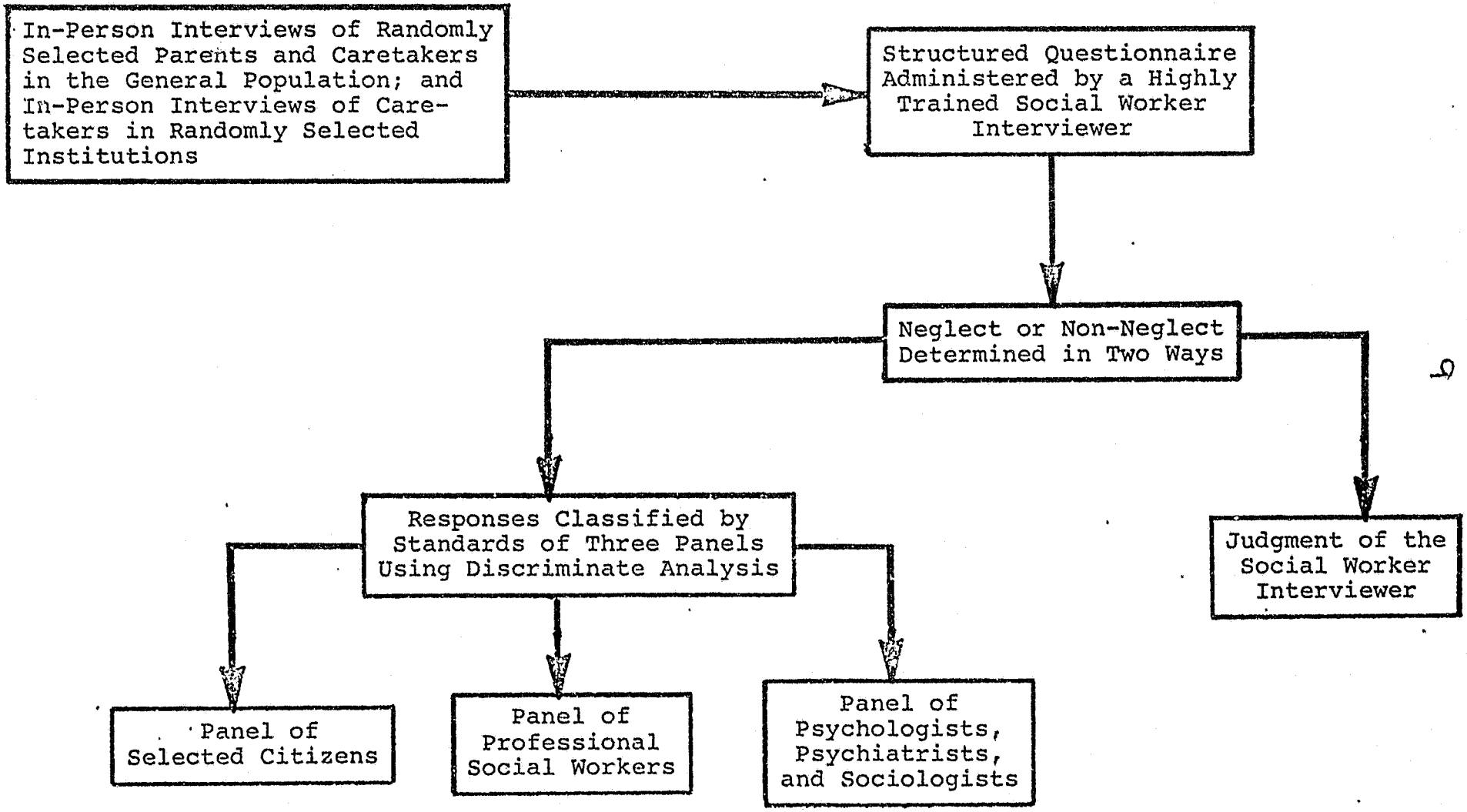
Two independent approaches are recommended for determining national incidence estimates of the several forms of abuse. A nomination and a randomized response approach would both be employed. Both approaches rely on random citizen surveying, and both are adaptable to an institutional survey.

For the nomination survey, a questionnaire has been developed that asks respondents if they personally know of any abuse incidents in their neighborhood that have occurred within the past twelve months. A calibration factor is recommended and would be based on tests of neighbors of known abusers as identified by protective service agencies. The survey will consist of a national random telephone survey in which respondents will be asked about abuse incidents in their neighborhood during the preceding twelve months. The calibration factor converts the survey estimate into a valid population estimate.

The questions of the randomized response technique for determining abuse incidence can be added to the recommended neglect questionnaire at no extra cost. The randomized response technique is a method of interviewing citizens to

FIGURE 1-1

THE SELECTED NEGLECT METHODOLOGY



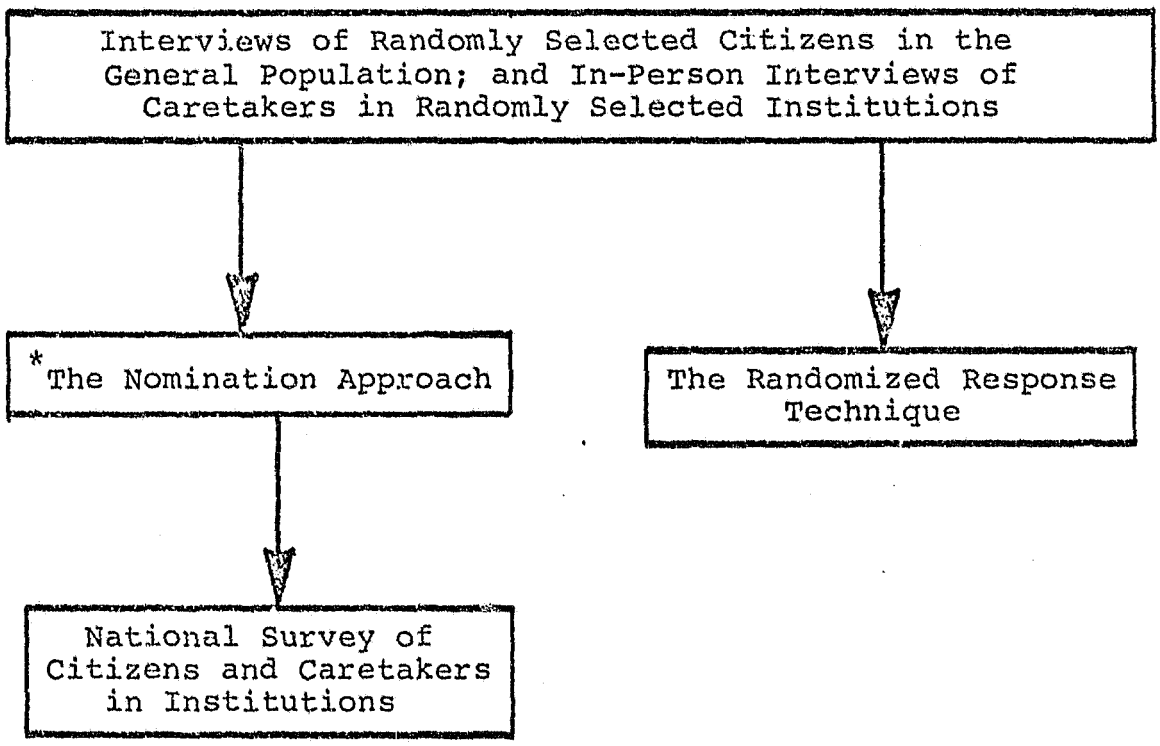
determine if they have personally abused a child in the past twelve months. The technique relies on probability theory and provides anonymity to the respondent. Briefly, the technique consists of having the respondent select one of two questions on the basis of a coin flip. One question would be of a nonsensitive nature with a known probability, such as being born between January and June. The second question would ask the respondent if a caretaker had abused a child during the past year. Since the probabilities of both the coin flip and the nonsensitive question are known, the affirmative responses to the abuse question can be deduced.

The selected methodology for determining the national incidence of abuse is presented in Figure 1-2. The methodology would yield two incidence estimates: one from the nomination survey and a second from the randomized response survey.

These selected approaches for determining incidence estimates are developed in sufficient detail in this report so that implementation can proceed. Questionnaires are provided along with a technique of classification (neglect/nonneglect, abuse/nonabuse) by type of neglect and abuse as identified in Chapter 3.0, Volume I, and by different standards (the three panels) as discussed in Chapter II, Volume II.

FIGURE 1-2

THE SELECTED ABUSE METHODOLOGY



*Adapability to institutional settings to be further explored during pretesting.

Alternative sampling plans covering the spectrum from national estimates to state estimates are presented for consideration. Each sampling plan has various properties including error of estimate which will affect the validity of the use of the survey data for policy and program analysis. The need for pretesting is discussed, and finally, cost estimates for the implementation of the proposed methodology are presented.

In summary, the recommended methodological approaches for determining incidence estimates of abuse and neglect are comprehensive and of sufficient accuracy for policy and program development. The approaches would permit the collection of a large amount of relevant demographic information on children and caretakers, such as types of abuse and neglect, the age, sex, education, income, family size, and marital status.

The estimation methods for surveying children of military, migrant, and Indian families require field investigations for clarification of procedures using the basic tools detailed in this report.

The recommended estimation methods detailed and planned in this report meet selected criteria (see page 4) and are the most cost-effective of all alternatives. The implementation of these plans into actual surveys (Chapter 6.0, Volume II) is composed of two main efforts:

- Pretest and field test is required on the instruments and procedures of estimation
- National surveys are required to estimate incidence by state, region, and by total population

Cost Estimates

Optional plans and costs for the surveys are provided. These options depend on: (1) whether state as well as national estimates are required, (2) the expected incidences of both neglect and abuse which will be determined by pre-testing, and (3) the margins of error to be selected by NCCAN for the surveys.

Overall BAI recommended plans for determining both state and national estimates are as follows:

1.	Abuse survey with		$ 397,800
	a. Assumed incidence:	.005	
	b. Margin of error:	±005	
	c. State sample size:	756	
	d. Total national sample:	39,780	
	e. Effective national sample:	7,800	
2.	Neglect survey with		756,000
	a. Assumed incidence:	.30	
	b. Margin of error:	±.05	
	c. State sample size:	323	
	d. Total national sample:	16,800	
	e. Effective national sample:	3,300	
3.	Pretests		60,000
4.	Analysis and data processing		70,000
5.	Project management		130,000
	Total		$1,413,800

The findings indicate that the surveys can be conducted within the $1.5 to 2 million cost range, which was an objective of the contract. These costs do not include surveys of institutions or Indian, military, or migrant children.

Implementation Plan

The major steps that must be accomplished in implementing the recommended approaches are as follows:

- Pretesting and preliminary estimation
- Finalization of sampling plans
- Organization and training of interviewers
- Data collection
- Organization for neglect classification
- Analysis and final report writing

BAI estimates that it will require eighteen months to accomplish the six steps listed above. Figure 1-3 shows the performance periods of the six steps.

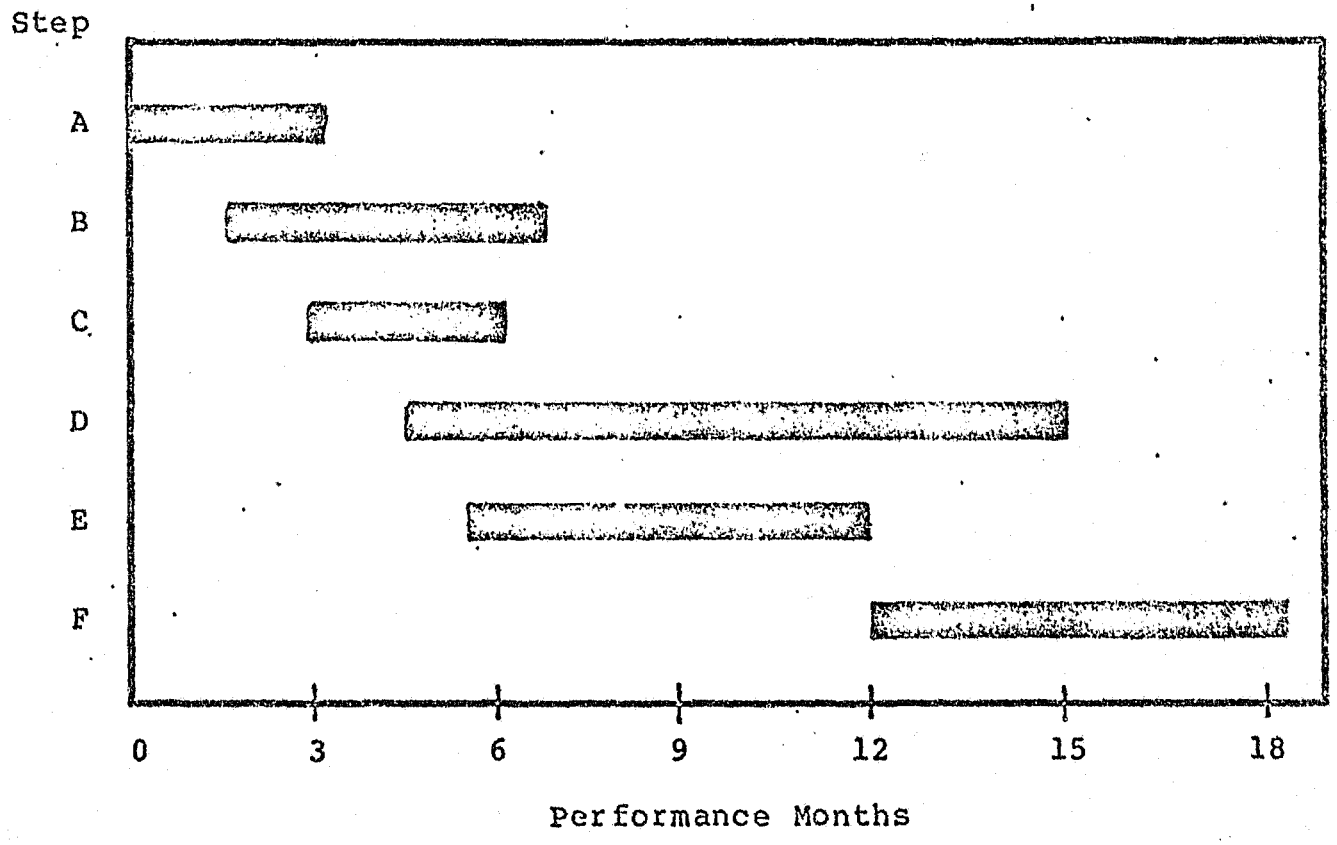
Products of Implementation

The products that will result from implementing the recommended approaches are:

- Incidence will be computed for the ten types of neglect on a national and state estimation basis. Based on a structured questionnaire, three incidence measures relate to standards of (1) general citizenery; (2) social workers; and (3) sociologists, psychiatrists, and psychologists. In addition, another incidence measure based on interviewer judgment will be provided.

FIGURE 1-3

PERFORMANCE PERIODS OF THE SIX STEPS



- Incidence will be computed for at least three types of abuse on a national and state estimation basis. Two independent measures for each type of abuse will be provided.

- Incidence measures of child abuse and neglect of institutionalized, Indian, migrant, and military children will be provided. The approaches for these subgroups require field tests prior to perfecting final sampling plans.

- Demographic characteristics of abused and neglected children and their families will be provided by the recommended approaches. These data will provide valuable comparisons of abused and neglected children with nonabused and non-neglected children and will indicate directions for policy and program development.

2.0 INTRODUCTION

The Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247) created the National Center on Child Abuse and Neglect, which was placed under the administration of the Children's Bureau, Office of Child Development, within the Office of Human Development, United States Department of Health, Education and Welfare. The Child Abuse Prevention and Treatment Act requires the Center to "make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity." The purpose of this study was to complete the first step toward that goal, that of identifying and evaluating methodologies that could be used for determining incidence.

The specific tasks delineated in the contract were as follows:

1. Determine the specific types of information or data that must be collected in order to establish a reliable estimate, or range, of the national incidence of child abuse and neglect;
2. Investigate and study approaches that are appropriate for collecting the baseline data as well as future trend data;

3. Recommend the approach(es) and methods, including any appropriate sampling approach and methods, that would be best in terms of accuracy, time required, and cost;
4. Recommend the methods to be used to validate the findings;
5. Develop a plan to implement the recommendations;
6. Document the results of the previous five activities in a report; and
7. Examine and advise on the need and feasibility of obtaining a prevalence rate.

This study began on January 3, 1975, sponsored by the National Center on Child Abuse and Neglect, Children's Bureau, under the Office of Child Development, and was concluded on November 27, 1975. This report encompasses the work conducted throughout the contract.

Figure 2-1 depicts briefly the products included in this report and the order in which they are being presented. The order of presentation is also the order in which they were addressed in the research.

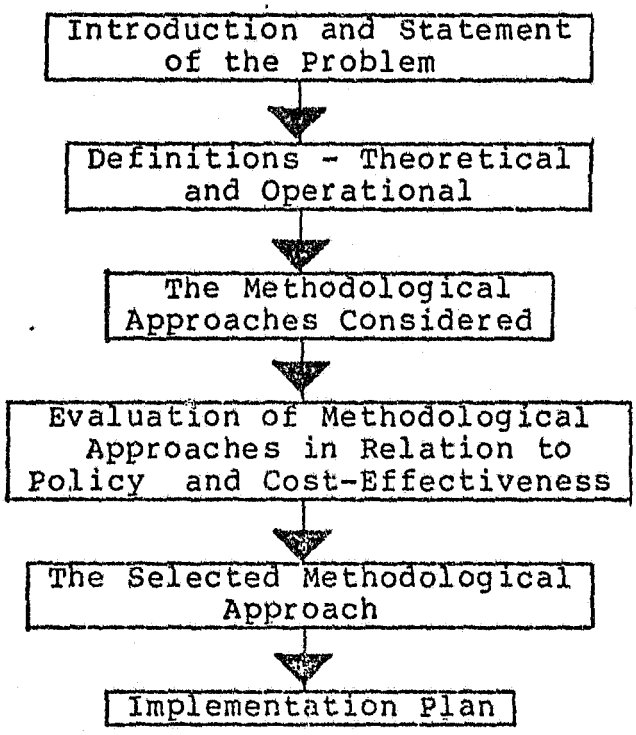


Figure 2-1: Products Included in This Report

2.1 Statement of the Problem

Since the early 1960's, the problem of child abuse and neglect has gained national prominence and concern. Many states have passed legislation relating to abuse and neglect, public awareness has increased due to widespread dissemination of information about the problem, and the literature has abounded with articles dealing with diagnosis, treatment, and prevention. Despite the heightened visibility of the problem, little is known about its magnitude. According to various estimates, the number of children abused or neglected in the United States each year ranges from 60,000[1] to as high as 4.1 million.[2] These estimates, however, are not validated. The problem, then, is that of obtaining accurate national incidence data on child abuse and neglect.

2.2 The Distinction between Incidence and Prevalence

The literature on child abuse and neglect reflects confusion in the use of the terms "incidence" and "prevalence." The two terms at times are used interchangeably, but at other times make a distinction between two different sets of statistics.

Dorland's Illustrated Medical Dictionary presents the following definitions for incidence and prevalence:[3]

- Incidence - An expression of the rate at which a certain event occurs, as the number of new cases of a specific disease occurring during a certain period.
- Prevalence - the total number of cases of a disease in existence at a certain time in a designated area.

However, while much of the literature dealing with abuse has referred to its "incidence,"[4] at least one authority has used the word prevalence to refer to the number of cases that exist.[5] And while abuse and neglect are often viewed together and the term "incidence" applied to both, Polansky, Hally, and Polansky maintain that "prevalence" model is better suited for abuse.[6] The linking of the terms "incidence" and "prevalence" with abuse and neglect therefore needs to be considered.

The distinction in Dorland's Medical Dictionary appears consistent with epidemiological formulations. Gordon and Ingalls, for example, have discussed the techniques of field investigation for determining the incidence and prevalence of disease.[7] In studying epidemic

processes, these authors state that a short-term investigation is extremely effective because of "...the sharp evolution of the epidemic processes, the ready recognition of causative factors established by long experience, and the usual brief duration of the disease process...." Thus, the brief duration and the identified onset of the event make the short-term field study well-suited for determining incidence.

When epidemiological interests shift to chronic diseases or conditions, however, the short-term field investigation is not applicable. For these chronic conditions "the typical community occurrence is at fairly established levels and characteristically endemic," the authors continue, and the rhythmic epidemic patterns of the communicable diseases are not usual. "With these diseases, short-term studies of a month or more have a usefulness in measuring prevalence; they also have the risk of describing atypical situations." Gordon and Ingalls see the long-term field investigation technique, of at least two to three years, as being the most suitable methodology for obtaining prevalence.

The purpose of this proposed study for the National Center on Child Abuse and Neglect is to determine the "incidence" of children during an initial twelve-month period who have been the victims of abuse and neglect. The contract specifies that the selected methodological approach(es)

allow for obtaining baseline data as well as detecting trends during the succeeding years of implementation. It thus appears, based on Gordon and Ingall's formulation cited above, that incidence estimates will be obtained during the first year of implementation and that succeeding years' estimates will also yield incidence estimates. Over a period of several years, however, the incidences, that is, the rates of occurrence, can yield prevalence estimates. These usages of the terms appear consistent with Gil's distinction between "incidence rates of discreet incidents of child abuse" and "prevalence rates of situations of potential or latent abuse."[8]

Theoretically it appears that Polansky, Hally and Polansky's view[9] that the term prevalence is best suited for measuring neglect is correct. Indeed, neglect seems to best fit the model of the more chronic and enduring processes as described by Gordon and Ingalls.[10] But, based on the epidemiological framework adopted for this study, it would be incorrect to state that prevalence of either abuse or neglect is measured by the methodology being recommended for implementation. The procedures recommended in this report do not measure only new cases per time period (incidence) or the total number of old and new cases at a point in time (prevalence). Rather, these procedures measure the total cases that existed in the last 12 months. Since the procedures approximate the definition of incidence, this term will be used in further discussions in this report.

2.3 The Distinction Between Abuse and Neglect

Child abuse and neglect are often not differentiated in public thinking and legislation. In the District of Columbia's Superior Court system, for example, a total of 693 cases appeared on the docket under the general heading of "neglect" in the year 1974; about one-third of these cases involved abuse.[11] This failure to distinguish between neglect and abuse under the law is not uncommon.[12]

It has also been customary in recording agency statistics to put neglect and abuse in the same category.[13] Some of those who view neglect and abuse along the same continuum have a conscious rationale for doing so. Fontana, for example, offers this justification:

> Although we realized that it was useful, from the point of view of diagnosis and treatment, to be able to categorize the physical abuse as one thing and neglect as another, we felt that such a distinction was really of little value to the child in need of help.... Any treatment by which a child's potential development is retarded or completely suppressed, by mental, emotional or physical suffering is maltreatment, whether it is negative (as in deprivation of emotional or material needs) or positive (as in verbal abuse or battering).[4]

Other writers sharply differentiate between abuse and neglect.[15] Giovannoni makes the distinction by associating acts of omission with neglect, and acts of commission with abuse.[16] The problems in arriving at definitions that effectively differentiate abuse and neglect will be presented later in this report. At this point, however, it is important to state that the theoretical framework of this report for determining approaches to abuse and neglect entails a

clear separation of the two conditions. The report follows Polansky, Hally and Polansky's view that " ...unless we approach them as separable entities, there will be no way to determine whether they represent 'a difference that makes a difference' ...."[17]

2.4 Previous Research on Incidence of Abuse and Neglect

Little is known about the incidence of abuse and neglect, and, indeed, some writers are skeptical that a "true incidence" will ever be known.[18] The figures that do exist on incidence are questionable as to reliability and validity.[19] As Cohen and Sussman point out, estimates of the number of maltreated children abound in the literature, and "... authors are fond of presenting alarming figures in order to alert their readers to the breadth of the problem."[20] Some estimates view neglect and abuse as one entity, while other estimates view them as separate entities. In addition, some authors tend to blur distinctions between suspected and confirmed cases of neglect and abuse.

The most commonly quoted national figure is that of 60,000 incidents each year. In his opening remarks before the Senate Subcommittee on Children and Youth, Senator Mondale stated, "Each year, some 60,000 children in the United States are reported to have been abused."[21] The Education Commission of the States quotes the same figure but claims that 60,000 children are actually physically abused each year.[22]

Senator Peter Dominick maintains that while the reported number of child abuse cases totals 60,000, the actual frequency per year may be as high as 120,000.[23] The National Center for the Prevention and Treatment of Child Abuse and Neglect estimates the number of children seriously abused each year to be 76,000.[24] The American Humane Association, on the other hand, estimates the incidence of "truly battered children" to be between 30,000 and 40,000 cases per year, but suggests that at least 100,000 children are sexually abused and an additional 200,000 to 300,000 children are psychologically abused each year.[25] A 1970 survey of physicians, hospitals, institutions, and police departments in Massachusetts produced a statewide incidence which on a national level would lead to an estimated incidence of about 200,000 cases annually.[26] In June, 1973, Fontana estimated that the incidence of child abuse for the year in the country would be approximately 1.5 million cases.[27]

The first national study determining incidence of child abuse was conducted by Gil in conjunction with the National Opinion Research Center (NORC).[28] A survey of 1,520 respondents was conducted asking whether "they personally knew families involved in incidents of child abuse resulting in physical injury during the twelve months preceding the interview." Based on the sample survey, both lower and upper bound estimates of national incidence of child abuse were computed. The lower estimate (0.4 percent) was based on the percent of the sample who themselves said

that they at one time had physically injured a child; the upper limit was based on the number of respondents indicating personal knowledge of incidents during the twelve month period. Gil suggested an upper bound of between 2.5 and 4.07 million cases of child abuse. He stressed, however, that the actual incidence was probably much less than his statistics indicated.

Using Gil's NORC survey data but making different assumptions about the number of families known by each respondent, Light re-estimated the incidence of abuse.[29] While suggesting that the number of abusing families may be estimated at 124,000, the estimated number of physical abuse cases was approximately 200,000 with an estimated upper bound of 500,000 per year. Using the NORC survey data, U.S. Census data, and New York State data, Light estimated the incidence of severe neglect and sexual molestation to be 465,000 yearly with an upper bound estimate of 1,750,000 annually.[30]

The first and only study that was done on the national incidence of child abuse through the states' reporting systems was conducted in 1967 and 1968 by Brandeis University under the direction of Gil.[31] Data were gathered on approximately 20,494 cases from central registries. Approximately 7,884 or 38 percent, of these cases were eliminated as a result of screening out non-physical abuse cases. The results showed that for the year 1967, approximately

6,000 confirmed physical abuse cases were reported through legal channels for the nation and U.S. territories. This figure represents an incidence rate of about 8.4 per 100,000 per year.[32] The 1968 study, using a sample of cohorts, showed 6,617 reported cases of physical abuse,[33] which represents a rate of 9.3 per 100,000 children.[34]

Trouern-Trend and Leonard report that in the state of Connecticut for the year October 1, 1967 to August 31, 1968, cases of abuse were reported at the rate of 11.5 per 100,000 children per year. For the year July 1, 1970 to June 30, 1971, however, the incidence of reported cases rose to 37.8 per 100,000 children per year.[35]

Simons, et al.,[36] studied the rate of abuse in New York City for the year July 1, 1964 to July 1, 1965 by examining registered cases drawn from the central registry files. The rate of reported abuse per 100,000 children was found to be 3.7. Simons, et al., point out, however, that under the child abuse law in New York State in 1964, only those cases involving medical care or medical corroboration are registered, thus making this rate an underestimate. In 1968 the estimated rate per 100,000 in the state of New York was 9.6, while in the neighboring state of New Jersey the reported incidence of abuse was only 1.5 cases per 100,000 for the same year.[37]

Johnson studied the incidence of reported cases of abuse in the Southeast over a five-year period to determine the extent to which the rate of reporting changed.[38] Although

the number of cases of abuse in the region increased over 400 percent in the five-year period,[39] Johnson attributes much of the increase not to a rise in number of abusive incidents but rather to changes in reporting laws and heightened public awareness.[40]

Nagi presents an estimated incidence measure of abuse and neglect in the United States by comparing the number of cases reported to a probability sample of official agencies with 1970 U.S. Census data.[41] When the rates of reporting were weighted according to the population areas represented, a corrected reporting rate of 8.8 cases per 100,000 was found. Nagi then estimates, based on this rate, that of the 69 million children below the age of 18 years in the U.S. in 1972, that about 600,000 reports of child abuse and neglect came to the attention of local protective agencies during that year.

Less attention has been paid to the incidence of neglect, although some of the estimates of incidence cited above have included severe neglect.[42] It is usually conceded that neglect is a larger problem than abuse in terms of the number of children who are affected. For example, Polansky, Borgman and DeSaix, using fragmentary data, estimate the ratio of neglect to abuse to be at least as great as 10:1.[43] The results of a study examining cases referred to a private child protective agency in Massachusetts in 1972 found that about 14 percent of the cases involved abuse.[44] More recently, Polansky, Hally and Polansky,

in examining neglect vs abuse cases in the state of Florida, arrived at a ratio of 3:1.[45] Burt and Blair found that in Nashville-Davidson County, 36 percent of neglect and dependency petitions filed were for neglect, and four percent for abuse, a 9:1 ratio. At the county children's center, the ratio of neglect to abuse for children entering in 1969 was 4:1.[46]

Thus, available estimates of the incidences of both abuse and neglect show tremendous variation. A critical point to be made is that reporting rates of incidents of abuse and neglect can be "...explained by changes in child abuse reporting laws, the mechanisms for implementing the laws, and/or heightened public awareness."[47] To give an example, the state of Florida in the year 1970 received 17 reports of cases of child abuse.[48] In 1971 Florida instituted a much publicized "hot-line" and the number of reports jumped to 19,120 in the first year of operation.[49] Cohen and Sussman note that "...in the first three years under the new system, there were 75,314 reports of abuse and neglect. Only two-thirds of that number--51,238--were investigated. Of these, 28,554, or about 56 percent, were found to be valid. This means that 46,760 reports were either left uninvestigated or found to be inaccurate."

Nagi examined the rate of reporting in Florida for the period October 1972 through September 1973, the period coinciding with his survey that yielded an estimated incidence of 600,000 cases per year.[50] Correcting for an

age difference (Florida law requires reporting only for children under the age of 16) and then projecting this rate to the 69 million children in the country in 1972, the estimated number of reportable cases in the nation would be 925,000. This is a dramatic example of variability in estimated incidence caused by changes in reporting laws.

The research thus indicates that only two actual surveys--both by Gil--have been conducted to determine incidence measures on a national basis.[51] Both of these surveys appear to have severe limitations. Both provide incidence estimates for abuse only, omitting the category of neglect, which is probably far more extensive in terms of incidence. Gil's surveys also failed to include in their design, children residing in institutions and children of Indian, migrant, and military families. Gil's NORC survey results are generally conceded to be extreme overestimates of the extent of the problem. On the other hand, incidence estimates derived from reported cases, such as Gil's second study, are thought by many to be severe underestimates. The only conclusion that can be reached when reviewing the literature dealing with incidence of abuse and neglect is that accurate statistics simply do not exist. Therefore an immediate effort is needed to determine an estimate of the current incidence of the problem.

2.5 Method of Presentation

The work conducted during the first six months of this contract will be presented in the following order. Chapter 3.0

will focus on a discussion of definitions of abuse and neglect and the formulation of operational definitions for the proposed study. Chapter 4.0 will present a discussion of alternative methodologies and sampling plans for implementation. Chapter 5.0 will present analyses of policy and cost-effectiveness of each of the approaches.

In Chapter 6.0 the reader will find a detailed discussion of the methodological approach selected as being most suitable for obtaining the needed data. Finally, Chapter 7.0 will present the proposed implementation plan for Phase II of the study.

FOOTNOTES

1. Hearings before the Subcommittee on Children and Youth of the Senate Committee on Labor and Public Welfare on the Child Abuse Prevention Act, 1973, 93rd Cong., 1st Sess. (Washington, D.C.: U.S. Government Printing Office, 1973), p.11.

2. David G. Gil, Violence Against Children (Cambridge: Harvard University Press, 1973), p. 59.

3. Dorland's Illustrated Medical Dictionary, 24th Edition (Philadelphia: Saunders, 1974).

4. See, for example: David G. Gil, Violence Against Children; Stephen Cohen and Alan Sussman, "The Incidence of Child Abuse in the United States," (unpublished manuscript from American Bar Association, Institute on Judicial Administration, Inc., New York, 1974); C. Henry Kempe and Ray E. Helfer, Helping the Battered Child and His Family (Philadelphia: J. B. Lippincott Co., 1972); Norman A. Polansky, Christine DeSaix, and Shlomo A. Sharlin, Child Neglect: Understanding and Reaching the Parent (New York: Child Welfare League of America, 1973).

5. Eli H. Newberger, "Interdisciplinary Management of Child Abuse: Problems and Progress," (Paper delivered at Fourth National Symposium on Child Abuse, American Humane Association, Children's Division, Denver, Colo., 1975).

6. Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky, Child Neglect: State of Knowledge, SRS Project Grant No. 09-P-56015/5 (July 1974), p. 17.

7. John E. Gordon and Theodore H. Ingalls, "Preventive Medicine and Epidemiology: Ecologic Interplay of Man, Environment and Health," American Journal of Medical Sciences, 252, no. 3 (September 1966): 143-352.

8. David G. Gil, "Incidence of Child Abuse and Demographic Characteristics of Persons Involved," in The Battered Child, eds. Ray Helfer and C. Henry Kempe (Chicago: University of Chicago Press, 1968), p. 38.

9. Polansky, Hally, and Polansky, Child Neglect, p. 17.

10. Gordon and Ingalls, "Preventive Medicine and Epidemiology."

11. "The Family Court," Child Protection Report (June 5, 1975) p. 3.

12. See, for example, James J. Delaney, "The Battered Child and the Law," in Helping the Battered Child, Kempe and Helfer, eds, pp 187-207; and "Workshop Report: Legislation in the Area of Child Abuse," National Conference on Child Abuse (Bethesda, Md.: National Institute of Mental Health, 1973).

13. Polansky, DeSaix, and Sharlin, Child Neglect, p. 2.

14. Vincent J. Fontana, Somewhere a Child Is Crying (New York: Macmillan, 1973), p. 24.

15. See for example, Polansky, Hally, and Polansky, Child Neglect: State of Knowledge; Kempe and Helfer, Helping the Battered Child; Leontine Young, Wednesday's Children: A Study of Child Neglect and Abuse (New York: McGraw Hill, 1964), and others.

16. Jeanne M. Giovannoni and Andrew Billingsley, "Child Neglect Among the Poor: A Study of Parental Adequacy in Three Ethnic Groups," Child Welfare 49 (1970) pp. 196-204.

17. Polansky, Hally, and Polansky, Child Neglect: State of Knowledge, p. 6.

18. Kempe and Helfer, Helping the Battered Child, p. xiii.

19. See, for example, Polansky, Hally, and Polansky, Child Neglect: State of Knowledge; Richard L. Light, "Abused and Neglected Children in America: A Study of Alternative Policies," Harvard Educational Review 43, no. 4 (November 1973) p. 560; Cohen and Sussman, "Incidence of Child Abuse;" Clara L. Johnson, Child Abuse in the Southeast: Analysis of 1172 Reported Cases, SRS Grant No. 10-P-56015/05 (Atlanta, Ga.: Regional Institute of Social Welfare Research, 1974).

20. Stephen J. Cohen and Alan Sussman, "The Incidence of Child Abuse in the United States," Child Welfare 54 (June 1975) p. 433

21. Hearings before Subcommittee on Children and Youth, p. 1.

22. Education Commission of the States, Child Abuse and Neglect: Alternatives for State Legislation (Denver, Colo., 1973), p. 6.

23. Hearings before Subcommittee on Children and Youth, p. 293.

24. Ibid., pp. 164-5.

25. Quoted in Carroll L. Lucht, "Providing a Legislative Base for Reporting Child Abuse," (Paper delivered at Fourth National Symposium on Child Abuse, American Humane Association, Children's Division, Denver, Colo., 1975); and Cohen and Sussman, "Incidence of Child Abuse," (Am. Bar), p. 2.

26. Gil, Violence Against Children; also "Violence Against Children," Journal of Marriage and the Family (November 1971)pp.637, 639.

27. Quoted in Light, "Abused and Neglected Children in America," p. 562.

28. Gil, Violence Against Children.

29. Light, "Abused and Neglected Children in America."

30. Ibid, p. 567.

31. David G. Gil, Nationwide Survey of Legally Reported Physical Abuse of Children, Brandeis University, Papers in Social Welfare, no. 15 (Waltham, Mass., 1968), p. 7.

32. Ibid; see also, David G. Gil, "Physical Abuse of Children: Findings and Implications of a Nationwide Study," Pediatrics 44 (November 1969) pp. 857-64

33. David G. Gil, "Physical Abuse of Children in the United States," (unpublished manuscript, Brandeis University, Waltham, Mass., 1969), p. 100.

34. Ibid, p. 103.

35. John B. G. Trouern-Trend and Martha Leonard, "Prevention of Child Abuse: Current Progress in Connecticut: I. The Problem," Connecticut Medicine 36 (March 1972) p. 135.

36. Betty Simons, et al. "Child Abuse: Epidemiologic Study of Medically Reported Cases," New York State Medicine (October 1966): 2783-88.

37. Light, "Abused and Neglected Children in America," p. 562.

38. Johnson, Child Abuse in the Southeast.

39. Ibid., p. 11.

40. Ibid, p. 132

41. Saad Z. Nagi, "Child Abuse and Neglect Programs: A National Overview," Children Today 4 (May-June 1975): 13-17.

42. Light, "Abused and Neglected Children in America"; and Nagi, "Child Abuse and Neglect Programs."

43. Norman A. Polansky, Robert D. Borgman, and Christine DeSaix, Roots of Futility (San Francisco: Jossey-Bass Inc., 1972), p. 25.

44. Polansky, Hally, and Polansky, Child Neglect.

45. Ibid., p. 19.

46. Marvin R. Burt and Louis H. Blair, Options for Improving the Care of Neglected and Dependent Children (Washington, D.C.: The Urban Institute, 1971), pp. 34, 37.

47. Johnson, Child Abuse in the Southeast, p. iii.

48. Hearings before Subcommittee on Children and Youth, p. 111-12.

49. Cohen and Sussman, "Incidence of Child Abuse," (Am. Bar), p. 12.

50. Nagi, "Child Abuse and Neglect Programs," p. 14.

51. Gil, Violence Against Children; and Gil, Nationwide Survey of Legally Reported Physical Abuse of Children.

3.0 DEFINITIONS OF ABUSE AND NEGLECT

The first task in developing a methodology for determining the incidence of child abuse and neglect was to develop satisfactory definitions of the actions and conditions encompassed by the terms "child abuse" and "child neglect." For the purposes of this study, both theoretical and operational definitions were needed in order to provide a framework within which to generate and evaluate methodological approaches. The problem was approached with the following definitional needs in mind:

- Distinctions between child abuse and child neglect
- Characteristics that must be present for a case to be designated as "abuse" as well as those that must exist for a case to be designated as "neglect"

3.1 Theoretical Definitions

Theoretical definitions of child abuse and neglect are based on various value premises. Issues concerning parental versus children's rights, modes of appropriate child caring, or broad social implications of phenomena which have been endorsed or tolerated for centuries form the basis from which these theoretical definitions evolve.

The phenomena of child abuse and neglect are essentially dramatic aspects of the general problem of child care and children's rights. The latter issue has only recently caught the public eye in the wake of concern for the rights of various

other segments of the population. A child is no longer regarded as his parents' property, but rather, as "belonging to himself, in care of his parents."[1] However, this enlightened view is not readily translated into social or legal action, nor does it clarify the boundary between parental rights and children's rights.

In turn, this controversy relates to the particular approach and attitude that each parent or caretaker assumes towards child care. There is not one right and one wrong way to raise a child but rather a diverse range of approaches that vary in style, effectiveness and consistency. All child care may be envisioned as on a continuum ranging from excellent, down through different levels of adequate, to borderline, and finally to clear neglect and abuse.[2]

David Gil articulates the value premise on which his definitions of child abuse and neglect are based:

> Every child, despite his individual differences and uniqueness, is to be considered of equal and intrinsic worth, and hence should be entitled to equal social, economic, civil, and political rights so that he may fully realize his inherent potential and share equally in life, liberty, and happiness. Obviously, these value premises are rooted in the humanistic philosophy of our Declaration of Independence.

Gil proceeds from this theoretical framework to postulate a theoretical definition of abuse and neglect:

> In accordance with these value premises then, any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts of inaction, which deprive children of equal rights and liberties

> and/or interfere with their optimal development, constitute, by definition, abusive or neglectful acts or conditions. 3

This definition is intentionally broad to hold institutions as well as individuals responsible for the abuse or neglect of children. Advocating a social system or holistic perspective of child abuse and neglect, Gil identifies three levels of manifestation of this phenomena:[4]

- Abusive conditions within the home: Presumably Gil includes neglect within the category of child abuse. This consists of acts of commission or omission which inhibit a child's development. Perpetrators may be parents, parent substitutes, or others living in a child's home regularly or temporarily. The abuse may "result from supposedly constructive, disciplinary, educational attitudes and measures, or from negative and hostile feelings toward children." Moreover, the abuse may be intentional and conscious or intentional and unconscious.
- Abusive conditions on the institutional level: This may occur in such settings as day care centers, schools, courts, child-care agencies, welfare departments, correctional and other residential child-care settings, etc. In this context, Gil includes policies, conditions, and attitudes of the staff as well as specific acts of commission or omission. In such settings, acts and policies

of commission or omission which inhibit or insufficiently promote the development of children, or which deprive children of, or fail to provide them with material, emotional, and symbolic means needed for their optimal development, constitute--in accordance with the holistic definition--abusive acts or conditions." These acts or policies may originate with a social worker, a judge, a child-care worker, a teacher, or they may be implicit in the standards or procedures employed by the agency or institution. This type of neglect or abuse is not commonly covered by existing legal and professional concerns. In summary, this level of child abuse is viewed as an "inflicted deficit between a child's actual circumstances and circumstances that would assure his optimal development..."

Abuse perpetrated on the societal level: This type of abuse may be the "direct or indirect consequence of currently prevailing social policies resulting in millions of children in our society living in poverty and inadequately nourished, clothed, housed, and educated; their health is not assured because of substandard medical care; their neighborhoods decay; meaningful, occupational opportunities are not available to them, and alienation widespread among them."

Gil prefers to address the problem of child abuse and neglect, not by attempting to deal solely with individual shortcomings, but to examine and modify the existing social and cultural system. Thus, Gil's definition is sufficiently broad to encompass all view points from the most constricting (i.e., serious physical abuse and neglect) to the most comprehensive (i.e., individual, constitutional, and societal abuse or neglect). While Gil sensitizes the reader to the broader social implications of child abuse and neglect, he does not provide a standard here by which to differentiate specifically what is and what is not abuse and neglect.

Eli Newberger presents a theoretical definition which indicates where intervention is required without placing blame on the individual caretaker. He defines abuse as "...an illness, with or without inflicted injury, stemming from situations in his home setting which threaten a child's survival."[5] While Newberger succeeds in advancing a "non-punitive" definition, he fails to clarify what constitutes abuse or neglect, or to differentiate between the two phenomena.

Like Newberger, Vincent De Francis is wary of indicating intentional malevolence on the part of the caretaker. Rather, he emphasizes that child abuse and neglect are the products of parental inabilities and failures.[6]

Child neglect or child abuse consists of one or more of these three elements:

1. It is a violation of the rights of children through failure to meet the needs of children; their right to have their needs met is violated in some fashion;

2. It results from derelection of parental duty, i.e., failure on the part of a parent to carry out parental obligations; and

3. It results from a combination of the first two elements.

De Francis does not distinguish child abuse from neglect nor elaborate on what "the rights of children" include. However, he proceeds to catalogue eight types of abuse and neglect:[7]

- Physical abuse
- Sexual abuse
- Physical neglect
- Moral neglect
- Emotional neglect
- Medical neglect
- Educational neglect
- Community neglect (defined as community failure through acts of omission or acts of commission to prevent neglect of children)

Although this typology does not include all of the manifestations of child abuse and neglect, it does provide a basis from which to consider specific forms the phenomena may take in daily life.

These are only a few of the more prominent theoretical definitions espoused by professionals with expertise in the field of child abuse and neglect. Theoretical definitions elucidate the many interrelationships among neglect, abuse, and other social phenomena. In addition, they serve to indicate the diverse conceptual bases from which operational definitions of child abuse and neglect may be developed. However, theoretical definitions are too broad and diffuse to provide criteria which can clearly define what has to be measured in study of the incidence of child abuse and neglect.

3.2 Operational Definitions

Operational definitions of child abuse and neglect must identify the crucial characteristics which distinguish the presence of each of these phenomena. The form of the operational definition, however, will be shaped by the function or purpose it serves, whether for identifying an abused or neglected child for protective services intervention, or for legislative action, or research projects. Finally, an operational definition should be consistent with general social standards and mores considered appropriate, as well as with the current state of knowledge of child abuse and neglect. It should be noted that due to the often blurred distinction between "working" definitions and "operational" definitions, the two types are combined under "operational."

Child abuse and neglect are often not differentiated in research literature or legislation (See Section 2.3 and 3.1). Although the two problems are probably related, BAI will treat child abuse and neglect as two distinct phenomena. As Polansky, et al. have written, "Commonalities between the two should be demonstrated empirically, rather than presumed."[8]

Some investigators have clearly distinguished between abuse and neglect. Giovannoni and Billingsley, have associated "abuse with acts of commission and neglect with acts of omission."[9] Kadushin distinguishes between the phenomena by relying on a gross etiological generalization, "Neglect appears to be a response to social stress...Abuse appears to be a response to psychological stress."[10] While these postulates serve to differentiate between the phenomena, they fail to provide definitions suitable for operational purposes.

A definition for identifying abused and neglected children for reporting purposes was developed by Kempe:

> A child, under the age of 18, who is suffering from physical injury inflicted upon him by other than accidental means, or sexual abuse, or malnutrition, or suffering physical or emotional harm or substantial risk thereof by reason of neglect. Reporting of neglect shall take into account the accepted child-rearing practices of the culture of which he or she is part.[11]

Although the definitions of child abuse and neglect are not separated, the important variable of community customs child neglect standards is articulated. Cultural practices and mores of the various ethnic populations result in different norms of child care across the country. While prevalent societal values may have to set the standards in a study concerned with developing uniform criteria for measuring incidence, the range of possible cultural norms should not be overlooked. Child rearing practices considered acceptable on American Indian reservations may be labeled neglect by middle class suburban standards or vice versa. While some differences may reflect a low standard of living in an impoverished community, other variations in child care may mirror distinct cultural traditions. This diversity in cultural standards should be a factor in policy developments. Rodham, for example, proposes establishing local review boards composed of representative citizens of the community to evaluate the need for intervention on a case-by-case basis.[12]

Many of the better working definitions focus on either child abuse or child neglect rather than attempting to integrate the two phenomena. Polansky, et al postulate the following definition of neglect:[13]

> Child neglect may be defined as a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities.

This definition includes consideration that the caretaker may be a nonparental figure (perhaps even including a social agency or community), that the neglect need not be limited to conscious behavior, that failure to avoid avoidable discomfort is neglectful, even if it leaves no certain long term damage. It is emphasized that neglect is not defined in terms of intentional parental malfeasance. In developing an operational definition for a survey of incidence, BAI focused on delineating specific types of neglect which can be applied in identifying the neglected child.

Abuse, although it is not an unequivocal phenomenon, does permit a more concise definition than neglect. Gil defines the physical abuse of children as:

> The intentional nonaccidential use of physical force, or intentional nonaccidential acts of omission on the part of the parent or other caretaker interacting with the child in his care, aimed at hurting, injuring or destroying that child.[14]

However, Gil himself notes that this definition would be difficult to carry out operationally. The major drawback lies in determining "intentional." BAI's experience has

indicated that intent cannot be measured.[15] Not all objections to the concept of intention are based on its impracticality, however. De Francis states that "child neglect and child abuse are rarely the willful acts of parents."[16] Similarly, Newberger believes that "What we are talking about here is not an intention to destroy a child, but rather the lack of capacity on the part of a parent to protect and nurture his offspring..."[17] Intention cannot be specified but neither can it be dismissed, relieving the caretaker of any responsibility for poor, as well as good child rearing practices. Nevertheless, since intention is not readily accessible for evaluation as a criterion of abuse or neglect, it must be disregarded for the operational purposes of this study. Moreover, whatever the intent, the clearly harmful effects of abuse or neglect on a child are what necessitate the need for intervention; and identifying the child in need of intervention is the fundamental objective of most operational definitions, whether for research, legal, or remedial purposes.

Another related concept is that of accidental and non-accidental injury in the domain of physical abuse. While it is not always discernable whether an injury was caused by accident or not, external factors may serve as evidence to uphold one position or the other. This concept is a factor in legal decisions where medical and circumstantial

evidence can support a contention of either accidental or nonaccidental injury. Furthermore, all statutes exclude accidential injuries from the jurisdiction of child abuse.[18] Still more importantly, the Child Abuse and Neglect Prevention and Treatment Act, with which BAI's operational definitions must be consistent, specifies "nonaccidental physical or mental injury"[19] under the rubic of child abuse. The entire definition of child abuse and neglect contained in the Child Abuse and Neglect Prevention and Treatment Act, as elaborated on by rules (45 CFR 1340.1-2(6)), is as follows:

> Physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.
>
> 'Child abuse and neglect' means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare. (1) 'Harm or threatened harm to a child's health or welfare' can occur through: Nonaccidental physical or mental injury; sexual abuse, as defined by State law; or negligent treatment or maltreatment, including the failure to provide adequate food, clothing, or shelter. Provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent. (2) 'Child' means a person under the age of eighteen. (3) 'A person responsible for a child's health or welfare' includes the child's parent, guardian, or other person responsible for a child's health or welfare, whether in the same home as the child, a relative's home, a foster care home, or a residential institution.

Existing state laws are not necessarily consistent with this enlightened definition.[20] The different state legislation will not be considered further in this paper as BAI is not bound by the individual state definitions.[21] However, the considerable disparity among state laws raises serious questions as to the feasibility of using data collected by state or local agencies. Currently, Sanford Katz et al. are conducting a study that encompasses definitions of abuse and neglect contained in state laws.[22] Alan Sussman et al. have prepared a model reporting law with interpretative clauses consistent with the current Federal definition.[23]

Operational definitions of neglect and abuse must be sufficiently precise and specific such that for each case it can be determined whether abuse or neglect has occurred. In reviewing the current literature, it is apparent that definitions may be more easily conceptualized than translated into a working framework for readily identifying abused or neglected children. BAI will base its operational definitions on specific criteria for each category of abuse and neglect (Sections 3.2.2 - 3.2.3). In addition, the definitions will be directly applicable to the selected methodologies for measuring the incidence of child abuse and neglect.

3.2.1 Severity Categories

There are two basic approaches to categorizing the severity of various types of abuse and neglect: one is to

categorize by the treatment required, and the other is to categorized by the type of injury or deprivation experienced by the child. Either method of ranking assumes that severity can be measured by objective standards. At a general level of categorizing by treatment required, an abuse/neglect severity continuum may be defined as:

- Simple neglect (no hospitalization)
- Simple abuse (no hospitalization)
- Hospitalization required
- Death

This continuum makes the assumption that simple abuse is always more severe than simple neglect, which is not necessarily true. For example, some forms of neglect, such as malnutrition, can be considerably more harmful than simple bruises caused by physical abuse.

A closely related but more detailed approach using the "treatment required" model is used by the National Clearinghouse on Child Neglect and Abuse, operated by the American Humane Association in Denver. Its data-collection form contains 13 categories of neglect and abuse which are comprehensive and independent of the type of abuse or neglect. The 13 categories are:

- No medical treatment required--child seen by physician
- Appeared not to require medical treatment--child not seen by physician
- Appeared to require medical treatment--treatment not sought

- Received out-patient medical treatment
- Received hospitalization for medical treatment
- No psychiatric treatment required--child seen by physician
- Appeared not to require psychiatric treatment--child not seen by physician
- Appeared to require psychiatric treatment--treatment not sought
- Received out-patient psychiatric treatment
- Hospitalized for psychiatric treatment
- Dead-on-arrival
- Death, not immediate

Data on prevalence and incidence could be collected using the above categories or a simplified version of the Clearinghouse list, such as:

- No treatment or out-patient psychiatric or medical treatment required
- Psychiatric or medical hospitalization required
- Death or dead-on-arrival

This approach would be subject to considerable error because each state and locality will be found to have different policies. Some have no psychiatric facilities; others admit all abuse cases to the hospital regardless of condition; and still others use hospitals only for severe cases.[25] Thus, with many diverse policies and procedures at different sites, the results would not be meaningful.

BAI has developed a severity ranking classification of types of abuse and neglect using the Delphi technique.[25]

This classification system is based on categories of the physical effects of abuse and the omission acts of neglect. The severity categories are as follows:

- Death
- Brain damage, dismemberment
- Poisoning
- Internal injuries
- Skull fractures, sexual abuse
- Bone fractures; burns/scalding; exposure/freezing
- Sprains, dislocations; abrasions, lacerations; wounds, cuts, punctures; subdural hemmorages or hematomas
- Malnutrition; emotional neglect; medical neglect; abandonment
- Bruises, welts
- Educational neglect; moral neglect
- Shelter neglect; lack of supervision
- Clothing neglect

The fallacies and limitations of this or any other severity ranking system are considerable. This classification system largely reflects the popular assumption that abuse is apt to be more severe than neglect, although malnutrition in an infant, for example, is potentially far more damaging than bone fractures or dislocations. This system also is insensitive to other important variables which affect severity rankings including the degree of severity within each type, as well as the age and original physical and mental condition of the child.

For the purposes of estimating the incidence of child abuse and neglect, a severity ranking system is not necessary.

3.2.2 Operational Definitions of Abuse Categories

A principal issue under consideration concerns those specific characteristics which differentiate between abuse and non-abuse. These distinguishing attributes are particularly important since there are a number of variations within the category of abuse itself. Child abuse may be either a one-time unique occurrence or a recurring pattern. There are three possible categories of abuse which will be discussed separately: physical, sexual, and emotional abuse.

Physical abuse could be identified simply by the harmful effect on the child or by the circumstances surrounding the incident as well. If it is only the physical injury sustained which determines the assumption of abuse, then an accidental injury could be considered abuse while recurring and unprovoked beatings, which leave no marks, may be categorized as non-abuse. Furthermore, a perpetrator in the role of caretaker is always implied in all the categories of abuse. Otherwise, injuries perpetrated by non-caretakers or self-inflicted injuries might fall within the domain of abuse. An alternative is to distinguish abuse from non-abuse by the criterion of a nonaccidental injury inflicted by a caretaker. This concept concurs with the definition contained in the Child Abuse and Neglect Prevention and Treatment Act.

The second general category is that of sexual abuse. This type of abuse cannot always be verified by medical diagnosis, and the salient injury is often psychological rather than physical.[26] Sexual abuse can be defined to include any use of a child for the sexual gratification of the caretaker. Although specific acts qualifying as sexual abuse could be identified, as with physical abuse, any specific classification system would impose artificial boundaries on a domain of many possibilities. The most common and clear-cut example of sexual abuse could involve a child subjected to sexual assault or rape. The issue of consent would be irrelevant except for children above a specified age.

The third possible category is that of emotional or psychological abuse. Unlike the previous two realms of abuse, emotional harm may be classified as types of neglect as well. On evaluating individual cases, a distinction may be drawn between emotional abuse and neglect based on the concept of associating commission with abuse and omission with neglect.[27] However, the difficulty involved just in obtaining information on emotional neglect or abuse is substantial enough without attempting to differentiate between the two types of emotional harm. Moreover, the distinction of emotional abuse and emotional neglect does not contribute to measuring incidence rates. Therefore, the two categories will be collapsed together as emotional neglect for the purpose of this study.

The two fundamental elements of child abuse, then, are physical injuries and sexual molestation.

- Physical abuse consists of any nonaccidental form of injury or harm inflicted on a child under 18 years of age by a caretaker.
- Sexual abuse is defined as the use of a child under 18 years of age for the sexual or erotic gratification of a caretaker.

Physical abuse may be broken down into identifiable subcategories. A pretest would have to be conducted to assess the degree and type of knowledge the sample population would have concerning abuse cases. Depending on the methodology employed, the type of sample population, and the data results of the pretest to assess scope of knowledge, an appropriate classification of abuse types could be developed. For example, categories of medical effects (such as those presented previously in discussing severity categories) would be appropriate for an approach using a population sample of physicians but not necessarily for a survey of the general lay population.

Death, resulting from abuse is treated in the next section, 3.2.3, combined with death from neglect.

3.2.3 Operational Definitions of Neglect Categories

The definitions of the neglect categories not only have different legal interpretations in different parts of the country, but they are considerably influenced by different prevailing values, mores, and other factors.[28] The operational definitions developed by BAI are based on the

present state of knowledge regarding what constitutes an adequate level of living for a child. This approach closely resembles the one Polansky used in developing his Childhood Level of Living Scale.[29] However, the specific categories have been modified substantially for this study.

Death

This category is self-explanatory. As indicated in the Mortality Status Reports of the National Center for Health Statistics, abuse and neglect may account for a substantial number of childhood deaths. In 1962, an editorial in the Journal of the American Medical Association predicted that abuse "will be found to be a more frequent cause of death than such well-recognized and thoroughly studied diseases as leukemia, cystic fibrosis and muscular distrophy; and it may well rank with auto accidents and the toxic and infectious encephalitises as causes of acquired disturbances of the central nervous system."[30] The actual incidence of deaths attributable to child abuse and neglect, however, is unknown.

General Neglect

A category of general neglect will cover occasions when conditions in two or more of the defined categories are poor but not to the point of neglect. A combination of poor conditions in two or more categories constitute general neglect. Thus, in face-to-face interviews, the interviewer may observe general neglect even when not indicated in questionnaire responses to specific categories.

Nutritional Neglect

We define nutritional neglect as:

- Failure of the caretaker to provide sufficient quantities of specified types of food, or
- Failure of the caretaker to provide acceptable quality of diet (i.e., appropriate nutrients).

Thus, nutritional neglect is defined in terms of dietary adequacy. Dietary adequacy can be specified using existing standards.

Emotional Neglect

Emotional neglect is defined as:

- Failure of the caretaker to provide appropriately for the developmental needs of the child, or
- Failure to have age-appropriate expectations for the child, or
- Failure of the caretaker to provide consistency and continuity in the care of the child, or
- Failure of the caretaker to provide nurturing and affection necessary for the emotional health of the child.

Each of these definitional components must be measurable in terms of the harmful effects on the child. These might include failure to thrive or inappropriate disciplining of an infant leading to unnatural and guarded behavior.

Medical and Dental Neglect

Medical or dental neglect is defined as:

- Failure of the caretaker to recognize medical and dental problems and obtain appropriate treatment, or
- Failure of the caretaker to obtain preventive medical or dental care through routine examinations, immunizations, etc.

Medical care may be approximated by such indicators as the number of visits to physicians, the number of visits to dentists, the receipt of certain immunizations, etc.

Educational Neglect

Educational neglect may be defined broadly or narrowly. Broadly, educational neglect is defined as:

- Failure of caretaker to provide for an acceptable educational environment for the child

A narrower definition would merely consider attendance at school.

Clothing Neglect

Clothing neglect is defined as:

- Failure of caretaker to provide minimum quantity of clothing necessary for
  - Cleanliness of the clothing
  - Protection from cold, rain or snow, broken glass (shoes), etc.
  - Acceptance of community and peers (e.g., school clothing that is free from tears, rips, etc.)

Shelter Neglect

Shelter neglect is defined as:

- Failure of the caretaker to provide basic minimum standards of adequate shelter (i.e., space, heat, plumbing, electricity, structural adequacy)

There are considerable differences among communities in standards deemed acceptable for housing. The differences are particularly large between urban and rural communities. These differences notwithstanding, the adequacy of shelter is commonly expressed in national surveys in terms of four factors:

- The structural adequacy of the building (i.e., whether it is classified as dilapidated, deteriorating, or adequate)
- Whether it has plumbing and toilet facilities
- The extent to which it is overcrowded (commonly expressed in terms of number of people per room)
- Whether there is adequate heat and electricity

Lack of Supervision

Lack of supervision is defined as:

- Failure of the caretakers to provide adequate supervision and a minimally safe environment for the child

This may occur when the caretaker leaves the child unattended or inadequately attended in the home, inadequately supervises his activities, is not aware of the child's whereabouts, permits the child to play in an unsafe area (e.g., broken glass, accessible to poisonous substances, etc.), allows preventable accidents, or abandons the child.

In addition, lack of supervision may be applied to conditions in which the caretaker fails to establish guidelines of behavior for a healthy environment:

- Failure of the caretaker to provide clear expectations to the child about ethical and moral issues regarding:
  - Use of drugs
  - Use of tobacco
  - Use of alcohol
  - Sexual activity
  - Stealing
- Failure of the caretaker to protect the child from undesirable adult activity:
  - Criminal activity
  - Unacceptable sexual activity
  - Excessive alcohol use

- Illicit drug use
- Exploitation of the child

Conclusion

The preceding operational definitions are considered satisfactory for the purpose of estimating the incidence of child abuse and neglect. They are applicable to the needs of the selected methodologies and can be instrumental in developing similar operational definitions for evaluating and implementing prevention and treatment programs.

FOOTNOTES

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2. Elizabeth Meier, "Child Neglect," in N.E. Cohen, ed., Social Work and Social Problems (New York: National Association of Social Workers, 1964): 153-99.

3. Hearings before the Subcommittee on Children and Youth of the Senate Committee on Labor and Public Welfare on the Child Abuse Prevention Act, 1973, 93rd Cong., 1st Sess. (Washington, D.C.: U.S. Government Printing Office, 1973), p. 14.

4. David G. Gil, "A Holistic Perspective on Child Abuse and its Prevention," Sociology of Social Welfare 2, no. 2 (Winter 1974-75).

5. Eli Newberger, "The Myth of the Battered Child Syndrome: A Compassionate Medical View of the Protection of Children," National Symposium on Child Abuse, (Denver, Colorado: American Humane Association, Children's Division, 1971), p. 25.

6. Vincent De Francis, "Protecting the Abused Child--A Coordinated Approach," National Symposium on Child Abuse, (Denver, Colorado: American Humane Association, Children's Division, 1971), p. 6.

7. Ibid, p. 7. These types are broadly defined in the article.

8. Norman A. Polansky, Carolyn Hally, and Nancy F. Polansky, Child Neglect: State of Knowledge, SRS Project Grant No. 09-P-56015/5 (July 1974), p. 6.

9. Jeanne M. Giovannoni and Andrew Billingsley, "Child Neglect Among the Poor: A Study of Parental Adequacy in Three Ethnic Groups," Child Welfare 49 (1970) pp. 196-204.

10. Alfred Kadushin, Child Welfare Services (New York: Macmillan, 2nd ed., 1974), p. 283.

11. C. Henry Kempe, "Workshop Report: Identification of Child Abuse," National Conference on Child Abuse, DHEW pub. (ADM) 74-117 (Washington, D.C.: U.S. Government Printing Office, 1974).

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13. Polansky, Hally, and Polansky, Child Neglect, p. 10.

14. David G. Gil, Violence Against Children (Cambridge: Harvard University Press, 1973), p. 15.

15. Evaluation of Cost-Effectiveness of Service Provided to Abused and Neglected Children and their Families under Titles IV-A and IV-B. Contract no. SRS-74-31 (Bethesda, Md.: Burt Associates, Incorporated, Sept. 30, 1974).

16. De Francis, "Protecting the Abused Child--A Coordinated Approach," p. 8.

17. Newberger, "Myth of the Battered Child Syndrome," p. 24.

18. Belgrad, "Problem of the Battered Child," Maryland Law Forum 2 (1972): 39.

19. U.S. Senate, A Bill To Establish a National Center on Child Abuse and Neglect, To Provide Financial Assistance for a Demonstration Program for the Prevention, Identification, and Treatment of Child Abuse and Neglect, and for Other Purposes, S. 1191, 93rd Cong., 1st Sess., Report No. 93-308, July 10, 1973.

20. For discussion of issues pertaining to state laws, see Vincent De Francis, Child Abuse Legislation in the 1970's, (Denver, Colorado: American Humane Association, 1974).

21. For discussion of these, see Cornelius P. McKelvey, Neglected, Abandoned, Abused and Battered Children, Vol. 4: Abuse: (Bethesda, Md.: Institute for Human Resources Research, 1973).

22. Sanford Katz, Ruth-Arlene Howe, and Melba McGrath "Child Neglect Laws in America" (in process); also "Freeing Children for Adoption," Family Law Quarterly (May 1975).

23. Juvenile Justice Standards Project, Final Draft, Model Child Abuse and Neglect Reporting Law, (New York: American Bar Association, Institute of Judicial Administration, Inc., Jan. 2, 1975).

24. A Descriptive Study of Nine Health-Based Programs in Child Abuse and Neglect, (Evanston, Ill.: American Academy of Pediatrics, 1974).

25. Evaluation of Cost-Effectiveness.

26. Vincent De Francis, Protecting the Child Victim of Sex Crimes Committed by Adults, (Denver, Colo.: American Humane Association, Children's Division, 1969), p. 157.

27. Giovannoni and Billingsley, "Child Neglect Among the Poor," p. 196-204.

28. For a further discussion of this problem, see Kadushin, Child Welfare Services, pp. 271-278.

29. Norman A. Polansky, Robert D. Borgman, and Christine De Saix, Roots of Futility, (San Francisco: Jossey-Bass Inc., 1972).

30. Quoted in Belgrad, "Problem of the Battered Child," p. 43.

4.0 METHODOLOGICAL APPROACHES

A critical step in formulating a method of estimating the incidence of child abuse and neglect is the development of a comprehensive list of technical approaches and the evaluation of each in relation to specific criteria. Several factors affecting data collection and analysis were utilized as initial guidelines in generating possible approach methodologies:

- Accuracy of estimate
- Validity of data
- Availability of sufficient information
- Source reliability
- Inclusive representation of population

4.1 Thirteen Possible Methodological Approaches

After a study of the literature of what other surveys have accomplished and their strengths and limitations, 13 possible approaches for estimating the nationwide incidence of child abuse and neglect were formulated using the above factors. Each approach is described in enough detail that it can be assessed on its own merits and compared with other approaches.

The 13 approaches and the page on which each can be found are listed below:

4.2 Criteria Used for Initial Evaluation of Approaches

After 13 general approaches for estimating the national incidence of child abuse and neglect had been identified, each methodology was then evaluated in relation to certain specific criteria. These specific criteria delineate those conditions and requirements necessary for the effective implementation of the identified plan.

The criteria used are as follows:

1. Reporting or data collection techniques must have a high probability of success of implementation within 12-18 months.
2. The approach must provide estimates (or ranges) of sufficient accuracy for program and policy development.
3. The approach must provide statistics on abuse and neglect by type and severity, demographic characteristics of the family involved; rural, urban, and suburban estimates; and other sub-categories (such as Indian, migrant, military, dependent, or institutionalized children) useful for analysis of programs and policies.
4. The cost of the approach must remain within the bounds of 1.5 to 2 million dollars.
5. Trend analysis methods must be an integral part of the approach.
6. Sources of data must be identified.
7. The likelihood of official permission at all levels must be assured.

Table 4-1 assesses each of the 13 approaches by the above criteria.

These approaches are further evaluated with regard to policy issues and cost-effectiveness in Chapter V.

TABLE 4-1

CRITERIA MATCH

Criteria	Approaches																
	Ia	Ib	Ic	II	III	IV	V	VIa	VIb	VIc	VII	VIII	IX	X	XI	XII	XIII
1. Success Within 12-18 Months	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
2. Estimate of Sufficient Accuracy	+	+	+	o	o	o	+	++	++	++	o	++	++	++	+	++	++
3. Information Detail	+	+	o	+	++	o	+	+	+	+	o	+	++	++	++	++	++
4. Within Cost Range	++	++	++	++	++	++	++	o	o	o	++	++	o	o	++	o	++
5. Trend Analysis	++	++	+	+	++	+	++	++	++	++	++	++	++	++	++	++	++
6. Identifiable Sources	++	++	+	++	++	++	++	++	++	++	o	++	++	++	++	++	++
7. Official Permission	++	++	++	++	+	++	++	o	++	++	++	++	++	++	++	++	++
8. Validation By Recheck	+	+	+	++	++	+	++	++	++	++	+	+	++	++	++	++	++

Key o = poor
+ = fair
++ = good

Approach I - CITIZEN SURVEY

Method: A random citizen survey would be conducted to identify abusive and neglectful caretakers on the basis of their responses to a questionnaire. Incidence estimates might then be derived by generalizing the findings to the general population.

Questionnaires have previously been used for early detection of child abuse[1] and child neglect[2] so that prompt intervention could be initiated. The Childhood Level of Living Scale,[3] developed by Polansky, De Saix, and Sharlin, attempts to measure the adequacy of various aspects of the child's living conditions by focusing on specific items. However, the Childhood Level of Living Scale is not aimed directly at the caretaker but rather must be administered to social workers, teachers, physicians and other persons familiar with the level of care being provided to the child. The questionnaires used by Pollack and by Holter and Friedman are directed at the caretakers, but the instruments and evaluation methods are less structured and detailed.[4]

The questionnaire for Approach I would be designed for the collection of specific information from caretakers of institutionalized and non-institutionalized children. The questionnaire could include questions relating to the child's living conditions during the preceding twelve months, such as:

Approach I (continued)

- Diet
- Clothing
- Medical care
- Cleanliness
- Shelter
- Physical safety
- School attendance
- Methods of discipline
- Injuries and accidents
- Child's whereabouts and activities

A method for evaluating the responses in an objective, uniform manner would be developed. Abuse and neglect could be categorized by type and severity in this approach. Information relating to abuse would be obtained by the question responses to methods of discipline and to injuries and accidents. This information would be supplemented by probing to provide evidence of abuse.

In addition, demographic and socio-economic characteristics of the family could be obtained. Several questionnaires would be designed in recognition of the different needs and life styles of institutionalized and non-institutionalized children and of the various age groups.

In this survey, three alternative sampling approaches could be utilized for data collection:

a. Telephone Survey: The WATS line offers an effective method for reaching a large sample population at a

Approach I (continued)

reasonable cost. A telephone interview could be conducted effectively for approximately 20 minutes with a good response rate.[5] A random dial technique could be used on a national basis or with stratified geographic areas. The latter approach might involve classifying geographic regions into homogenous strata by considering determining characteristics such as geographic location, population, density, urbanization, and median socio-economic level. An alternative method might entail grouping homogenous clusters by child mortality rates, or other variables which may be considered indicators of abuse or neglect. By utilizing an indicator of abuse or neglect as the determining principle for classification, greater focus could be oriented towards "high risk populations." A third possibility is a state-by-state random dial survey which would provide estimates for each state.

b. Personal Interview: Social workers or trained paraprofessionals would interview the sample population in a face-to-face situation. The greater expense and time involved in personal contact interviews would necessitate a smaller sample population than would a telephone survey. However, this alternative permits an in-depth interview which could elicit more extensive and detailed information, as well as an opportunity to observe the home environment, personal appearance,

Approach I (continued)

and behavior of the respondent. The homogenous clusters or stratification approach would be used, with similar significant variables determining the classification process. Localities should be chosen at random from which sample participants could then be randomly drawn. This method can be used to gain national, regional, or state estimates.

c. Mail Form: The final option is a self-administered questionnaire which is mailed to a random sample population on a state, regional, or national basis. Because of the low cost and effort involved in this survey method, a large sample can be drawn. A homogenous clusters approach could be followed, to involve more localities and eligible households in the sample. Since the returned form can remain entirely anonymous, greater candor might be expected. However, the total time allotted for a self-administered questionnaire should not exceed thirty minutes. In addition, this sampling method requires an intensive follow-up effort to generate a respectable response rate. Even with intensive follow-up, the response rate would be lower than with either of the preceding methods. A low response rate can create problems in interpreting the results.

Approach I (continued)

Sampling: The citizen survey would involve selection of a large random sample of households from stratified homogenous clusters, identifying those with eligible children and, finally, taking a random sample of this eligible population. Due to the widely different criteria for institutionalizing children, different placement rates, and disparate methods of licensing institutions, sampling of the institutionalized population may or may not be conducted on a random basis. An alternative may be to select representative institutions and to then interview caretakers in each of them. Although definitive figures on abuse and neglect rates in institutions may be difficult to arrive at, this method could provide an estimate of the number of institutionalized children who are victimized each year.

A citizen survey provides a direct method of obtaining information regarding abuse and neglect without resorting to secondary sources. However, as Polansky, Borgman, and De Saix note, caretakers in a direct interview situation may not respond candidly, but rather give answers reflecting what they consider to be proper child rearing habits.[6] A well-developed questionnaire might minimize this problem by asking specific questions requiring more than affirmative or negative responses, and by questions aimed at cross-checking responses. Whether a direct in-person interview is within the cost range depends on the sample size.

Approach I (continued)

Limitations of the Citizen Survey Approach

a. General Limitations

1. Subject will resist answering sensitive questions
2. Difficult to validate information on sensitive questions
3. Migrant and other subgroups of children will be excluded

b. Telephone Survey

1. Bias from households without telephones will need corrections
2. Limited interview time (15-20 minutes)
3. Eliminates observational cues of home environment and respondent behavior that one would get from house interview

c. In-Person Interview

1. Fear, especially in urban areas, of opening doors to strangers may affect the response rate
2. Greater cost, time, and manpower

d. Mailed Self-Administered Form

1. Significant differences appear to exist between those who do and do not respond to mailed questionnaires 7
2. Literacy is required
3. Greater motivation on the part of respondent required
4. Limited questionnaire length
5. Low response rate likely [8]

The criteria match for Approach I is shown in Table 4-1 on page 66.

Approach II - TEACHER SURVEY

Method: A national survey of school teachers would be conducted as a means of determining the incidence of abuse and neglect in school-aged children. School personnel are often considered to be sources of information in identifying child abuse and neglect. The reliability of reports from school personnel is somewhat a controversial issue, with some researchers claiming they are too cautious while others assert that teachers tend to exaggerate.[9] Drews sent questionnaires to school superintendents to be distributed among school personnel.[10] Thirty-four percent of the 363 school programs polled responded, but the validity and reliability of the data were questionable. On the other hand, Murdock has stated, "Since its inception, the school (reporting) program has been the greatest single source of uncovering these (abuse) problems in Syracuse."[11] Similarly, good results have been obtained from reporting at the elementary school level in Montgomery County, Maryland.[12] However, the Montgomery County study showed junior and senior high school teachers' knowledge of their students to be inadequate in providing useful information.

Under Approach II, teachers would be asked to provide information which could be used for estimating the incidence of child abuse and neglect. Each teacher would be questioned about the health and physical appearance of the students in his class that year. In addition, information on demographic characteristics of each child's

Approach II (continued)

family would be obtained from either the teachers or from school records. The sampling approach might involve grouping public, private, and parochial schools into homogenous clusters based on similar significant variables. Representative schools from around the country would then be selected and questionnaires mailed or administered to all the teachers.

A unique advantage of this methodology is that it would provide access to many communities ordinarily difficult to reach, such as Indians, Eskimos, and migrant children. Moreover, greater candor may be expected of teachers than of parents or caretakers. The major drawbacks of the approach, however, are the questionable reliability of teacher response and the conclusiveness that could be deduced from answers to questions about a given child. In addition, the teacher is being asked to overstep the boundaries of his or her knowledge and answer questions for which he or she may lack the knowledge, training, and experience.

Limitations of the Teacher Survey Approach

1. Children under school age excluded
2. Drop-outs excluded
3. Many institutionalized children excluded
4. Schools not always aware of or denies child abuse and neglect
5. Highly subjective and susceptible to bias

Approach II (continued)

In view of these limitations, this approach is considered an impractical and unsatisfactory method for estimating the national incidence of child abuse and neglect.

The criteria match for Approach II is shown in Table 4-1 on page 66.

Approach III - SURVEY OF CHILDREN

Method: A survey of children with adequate verbal skills would be conducted to provide direct information on abuse and neglect. Incidence estimates from a sample of children might then be used to estimate national incidence.

This method would sample children over the age of 5 years through in-person interviews. The interviewers would be experienced in working with children and trained in interviewing. Social workers might be best trained for the interviewing required in this approach.

Each child could be interviewed by a social worker on such topics as:

- Diet
- Clothing
- Injuries and accidents
- Individual activities
- Relationship with parents
- School attendance
- Family activities

In addition, the interviewer would observe the child's appearance and behavior, and include these impressions with the questionnaire for final evaluation. Data on demographic characteristics could also be collected on the child's family from the primary caretaker.

For this survey, several alternative sampling techniques could be utilized:

Approach III (continued)

a. A random sample of school-age children would be chosen from homogenous clusters of private, public and parochial schools. The children would then be interviewed at school.

b. The eligible population would be drawn from a random sample of households within designated homogenous clusters. These children would then be interviewed at home.

Eligible institutionalized children would be selected from a random sample of facilities which are populated by children of adequate verbal and cognitive ability.

Polansky, Borgman, and De Saix, in reviewing the feasibility of this type of survey, have noted that "self reports are valuable but subject to distortion."[13] Some children may exaggerate the negative aspects of their home life while others will deny any negligence or maltreatment at the hands of their caretakers.

Limitations of the Survey of Children Approach

1. Includes only school-age children
2. Excludes non-verbal children
3. Excludes institutionalized children
4. Fear may inhibit child's responses
5. Exaggeration may be accepted at face value
6. Parental consent necessary

Approach III (continued)

This approach is not considered suitable because of the large number of children who would not be included in the survey design. The criteria match for Approach III is shown in Table 4-1 on page 66.

Approach IV - NOMINATION SURVEY

Method: In this survey, information would be collected on incidents of abuse and neglect from respondents claiming personal knowledge of the family involved in each case. Gil's (1966) NORC survey on child abuse could serve as a model for this methodological approach.[14] This method, which we call a nomination approach, would make use of neighbors as a source of information. When the State of Florida instituted a widely publicized hot-line in 1971, the greatest number of reports came from neighbors of abusive and neglectful caretakers.[15] This suggests that the general public may know of many instances of abuse and neglect that are unknown to protective service agencies.

For this survey, a random sample of the adult population, 21 years and older, could be drawn on a national basis or from homogenous clusters. Interviews would be conducted by telephone or in person to facilitate probing for details when necessary. When it is established that the respondent personally knows at least one caretaker committing acts of abuse and neglect, further information concerning demographic characteristics of the family and the incident itself would be requested.

Correction factors would need to be developed to apply to the collected data to insure validity. For example, Light reanalyzed Gil's NORC survey data making different assumptions about the number of families known by each respondent.[16]

CONTINUED

1 OF 2

Approach IV (continued)

The percentage of respondents with personal knowledge of abuse and neglect cases could then be extrapolated to the total adult population in the United States, thus yielding national incidence estimates.

Limitations of the Nomination Survey Approach

1. Requires measurements or assumptions regarding number of cases known
2. Excludes those incidents known only to the family
3. Excludes institutionalized children
4. Low probability of including geographically or socially isolated families
5. Source reliability is problemmatic
6. Validation of cases will not be feasible
7. Insufficient knowledge of details may be common
8. Subject to personal interpretation of what constitutes abuse or neglect

The criteria match for Approach IV will be found in Table 4-1 on page 66.

Approach V - PHYSICIAN AND HOSPITAL SURVEY

Method: A national survey would be conducted of physicians (general practitioners and pediatricians) and hospitals to determine the prevalence of child abuse and severe neglect. There are several precedents for this type of approach to estimating the incidence of child abuse and neglect. Kempe et al conducted a nationwide survey of hospitals by mail.[18] In the 71 hospitals that responded, there were 302 cases of abuse, only a small percentage of total cases. In Massachusetts, a state survey of physicians and hospitals on the subject of child abuse achieved a response rate of approximately 32 percent.[19]

For a survey designed under Approach V, the physicians and hospitals could be drawn from homogenous clusters distinguished on the basis of the populations being serviced. The survey would be designed to encourage physicians to provide information on both reported and unreported cases which they had treated in the past year. The questionnaire would include an extensive classification of the types of abuse and neglect as well as their definitions to insure uniformity in interpretation and response.

One of the three alternative forms of sampling discussed under Approach I could be employed: telephone survey, in-person interviews, self-administered mail questionnaires. Although the self-administered mail form entails an intensive follow-up campaign to insure a satisfactory response rate; it may provide the necessary time for physicians to

Approach V (continued)

retrieve the medical history files on abuse and neglect cases which occurred within the preceding twelve months.

The resulting data could be extrapolated to the total number of practicing physicians and hospitals treating children. This national population would be regrouped into homogenous clusters and the appropriate proportions of abuse and neglect cases assigned to the different clusters based on the breakdown in the random sample.

An alternative or subordinate method could utilize the National Electronic Injury Surveillance System (NEISS) of the Consumer Product Safety Commission. NEISS has extensive up-to-date information on injuries treated in hospital emergency rooms. It is possible that these data could be obtained on a regular basis to establish a baseline of child abuse severe enough to require immediate medical attention.

Limitations of the Physician and Hospital Survey Approach

1. Children and conditions not seen by a physician excluded
2. Many types of neglect and abuse not included
3. Difficulty in identifying cause of accident; biases results towards underestimation of abuse
4. Studies have indicated a poor response rate by physicians in surveys related to child abuse and neglect 20

The criteria match for Approach V is shown in Table 4-1 on page 66.

Approach V (continued)

Although validity and reliability could be high, with much emphasis on unreported cases, the scope of the survey would be narrow as a result of omitting segments of the child population as well as types of abuse and neglect. This latter limitation is particularly confining since only extreme neglect and serious abuse are treated by physicians. Therefore, this methodology has serious limitations in meeting the needs of the project.

Approach VI - NATIONAL HEALTH SCREENING

Method: A health screening survey would be conducted to identify abuse and neglect directly by examining a representative sample of children. National incidence estimates might then be generalized from this sample.

The Health Examination Survey, as part of the National Health Survey conducted by the National Center for Health Statistics, provides a successful model for a health screening survey.[21] As a research method for evaluating the health status of American children, the Health Examination Survey collects extensive data on various aspects of children's physical and emotional health, behaviors, and living conditions.

A more recent screening program, Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) established under Medicaid for Needy Children, provides another possible approach to screening.[22] Moreover, the EPSDT instrument includes questions which could elicit further information on suspected abuse or neglect cases.

The national random sample, or preferably, the homogenous clusters approach, would serve as the sampling technique in identifying eligible children. Institutionalized children would be handled through a separate survey of sample facilities.

The selected children and their caretakers would be contacted early, and ample time provided to arrange for interviews and health examinations. The interviews directed at

Approach VI (continued)

the caretakers would be for collecting data on demographic factors, medical histories, and general care of children. Older children with adequate verbal skills may also be interviewed concerning their medical history and care as a check on the caretakers' responses.

There are three alternative levels of examinations which could be given:

a. In-Depth Screening: Teams of physicians, psychologists, and other trained personnel could administer a battery of tests to the children. These might include a physical examination, urine and blood tests, EEG and ECG, dental examination, vision and hearing tests, height and weight measurements, and psychological tests such as the Thematic Apperception Test, the Goodenough Harris Human Figure Drawing Test, and the Developmental Screening Inventory. The total time for each examination would be approximately three hours.[23]

b. Modified Screening: Nurses or paraprofessionals could conduct a cursory examination of hearing, vision, and dental conditions to identify neglect through these basic indicators. Height and weight measurements could be obtained, providing a crude gauge of malnutrition and development. Young children could also undergo a simple unclothed physical examination. The total examination would not exceed one hour.

Approach VI (continued)

c. Visual Screening: This final option would primarily be an opportunity for observational screening by a nurse or paraprofessional. This would entail no special tests and older children could be conveniently observed during the interview period. For school-aged children data on height, weight, and visual and auditory acuity might be accessible from school files.

The location of the health screening also provides a choice of alternative sites:

a. Clinic or Hospital: Either space could be leased in a health clinic or hospital, or a temporary clinic could be set up. The in-depth procedure requires the facilities and equipment provided by this option. Transportation would have to be provided to and from this location.

b. In the Home: The modified screenings by a nurse and the visual screenings could be adequately conducted in the home. This approach would cut costs, and provide an opportunity to observe child-caretaker interactions in the home environment. Institutionalized children would be examined in their residential facilities.

c. In the School: For school-aged children, it might be most convenient to conduct the screening at school. Nursing stations would provide adequate equipment and transportation would not be a problem. Preschoolers could be screened at the schools or at home.

Approach VI (continued)

Limitations of the National Health Screening Approach

1. Most signs of abuse and neglect are short-lived and difficult to identify positively.

2. Light's model indicates that only about 15 to 32 percent of the children identified as abused by a screening method would actually be abused. 24

3. Such in-depth examination requires far greater cost with no current evidence of greater accuracy in identifying abuse and neglect.

4. Caretakers may object, particularly to an in-depth examination.

The criteria match for Approach VI is shown in Table 4-1 on page 66.

Approach VII - PROFILE DEVELOPMENT

Method: Most of the existing estimates of incidence of child abuse and neglect have relied on state and local agency files of reported cases, as discussed in Section 2.4, "Previous Research." The limitations which result from utilizing agency data are numerous. An estimate based on reported cases naturally excludes all unreported cases. Furthermore, states vary as to age groups protected and to the types of abuse and neglect included under their reporting laws. In addition, reporting rates are often influenced by such variables as workload, funding, and personnel.

Nevertheless, state and local agency files can be a source for estimating incidence if used in a way to minimize the effect of these drawbacks. This approach relies on agency files for collecting profiles of abusive and neglectful caretakers. Further profiles might be developed from sources such as Parents Anonymous or police records. These profiles might then be compared to profiles extracted from U.S. census data to provide total state figures for each profile. For instance, one profile type might be the following combination:

- Alcoholic mother
- Unemployed father
- Youngest child or three or more children

Approach VII (continued)

Two statistics would be gathered. First, the number of reported abusers with that profile and second, the total families in the state with that profile. The ratio provides a state rate.

This state rate of the number of abusive caretakers exhibiting the traits of this profile could then be extended to the total national population having this same combination of traits to arrive at an estimate of the national incidence (over-all profiles) of abuse and neglect.

For example, a particular profile might have the following calculations:

- Number of reported cases exhibiting traits = 500
- State population exhibiting traits = one million
- State rate = 500/1 million
- National population exhibiting traits = 60 million
- National incidence = 500/1 M x 60 M = 30,000

A major difficulty with this approach, however, would be the lack of state and national information on profile characteristics such as alcoholism, promiscuity, education, etc. Without these data, the profiles cannot be designed and the approach is unfeasible.

Limitations of the Profile Development Approach

1. Excludes institutionalized children
2. The estimate will be in error by an unknown margin
3. Census data cannot provide sufficient information to create adequate family profiles

Approach VII (continued)

4. Bias of agency files may bias types of profiles drawn up

5. Information may not be consistently recorded in agency files

6. Problematical whether correlation actually exists between profile traits and abuse and neglect

The criteria match for Approach VII is shown in Table 4-1 on page 66.

Some of the first seven approaches described can be integrated into combined techniques. In this way, the limitations of one approach may be compensated for by the strengths of another. Furthermore, some of the previous approaches can be improved by modifying a particular weak aspect and/or including an entirely new technique. Some of the possible combination approaches are now presented.

Approach VIII - CITIZEN SURVEY, AGENCY RECORDS, AND REGRESSION ANALYSIS

Method: Another method which could effectively utilize state and local agency files without relying on reported cases for national incidence estimates involves a correction factor based on a citizen survey. The citizen survey would be conducted as described in Approach I for a selected set of communities. Then a statistical regression would be undertaken to determine the relationship between validated protective service agency information in these communities, and the results of the citizen survey. This relationship would serve as a model for a national estimate of the incidence of child abuse and neglect based on a national survey of agencies. As an example, the case files in a selected local agency contain data on:

- Characteristics of the family
- Children in the family
- Reasons for validation
- Severity and types of neglect and abuse

The citizen survey in that community would gather incidence information on abuse and neglect.

Thus, selected communities would serve as sample points with information on the reported cases from social services acting as the independent variables. The equation,

$$I = a + bf(x_1) + cg(x_2) + dh(x_3) \ldots$$

could also provide predictive estimates, where I is a population estimate of a type of neglect, abuse and severity

Approach VIII (continued)

level. The functions of x_i will be linear or nonlinear forms of community characteristics, reported cases, and so forth. The rationale is that there should be relationships between the incidence of abuse and neglect as obtained through citizen surveying and abuse and neglect cases known to agencies. Regression analysis should elicit this relationship and provide a predictive model. An independent regression would be required for institutionalized children.

The unique advantage of this approach is that it makes use of the vast amount of data in agency files at minimum expense. The National Clearinghouse on Child Neglect and Abuse of the American Humane Association and funded by the Children's Bureau, Office of Child Development, Department of Health, Education and Welfare, has a National Standard Form which is used by some county and state agencies to keep records on child neglect and abuse cases. The Clearinghouse data provide a source of reported cases which could be used for estimating national incidence rates. These data, however, include only reported cases and do not encompass all protective service agency files.

Limitations of the Citizen Survey, Agency Records and Regression Analysis Approach

1. Difficult to predict whether statistical relationship is significant.

2. Regression analysis on abuse and neglect of institutionalized children may be inadequate due to the lack of standardization of the data systems in the institutions.

Approach VIII (continued)

3. Inadequacies of agency files and variety of state systems will create major analysis problems.

4. Great variance in reported rates raises questions as to bias. 25

The criteria match for Approach VIII is shown in Table 4-1 on page 66. A method for using agency records with multiple regression models is briefly described in Appendix A of this report.

Approach IX - CITIZEN SURVEY AND NATIONAL HEALTH SCREENING

Method: The citizen survey (Approach I), and national health screening (Approach VI), could be synthesized into one encompassing approach. Coordinating these two methods would simply involve a more extensive interview period in the screening procedure to allow for the longer and more detailed citizen questionnaire. The survey and screening could be conducted at the same time, or if a telephone interview is preferred, they could be scheduled in sequence. The basic format would involve an interview with the sample caretaker and a health screening of the sample child in his care.

The time involved for an interview and screening would have to be considered. For example, each in-depth screening and personal interview could take as long as five hours. Unless this were divided into a two-part operation, the excessive time period would make the approach unfeasible.

By utilizing the two approaches, greater detail and information on types and severity of abuse and neglect could be gathered and each method would serve as a check on the validity and reliability of the other. This approach would permit the gathering of information on both conditions and effects of abuse and neglect.

Approach IX (continued)

Limitations of the Citizen Survey and National Health Screening Approach

1. Subject may be resistant to sensitive questions.
2. Caretakers may object to screening.
3. Most signs of abuse are shortlived and difficult to identify positively.

The criteria match for Approach IX is shown in Table 4-1 on page 66.

Approach X - CITIZEN SURVEY, NATIONAL HEALTH SCREENING AND AGENCY RECORDS

Method: In this approach, the national health screening (Approach VI), would be combined with regression analysis of protective service agency case records and the data results of a citizen survey (Approach VIII).

The regression analysis would serve as a predictive model for trend analysis. Little extra cost would be incurred in using the available extensive agency files, and the potential benefits may be of considerable value. The operational procedure is similar to that of Approach IX, with the additional statistical manipulation of regression analysis.

Limitations of the Combination Citizen Survey, National Health Screening, and Agency Records Approach

1. Caretakers may object to screening
2. Abuse and neglect are hard to identify positively
3. Respondent sensitivity to sensitive questions

The criteria match for Approach X is shown in Table 4-1 on page 66.

Approach XI - NATIONAL HEALTH SCREENING AND TEACHER SURVEY

Method: National health screening can be combined with a teacher survey as a double-pronged approach to estimating the national incidence of child abuse and neglect.

Although the teacher survey can serve only as a data source for school-age children, teachers have much contact with children outside of the family and may be able to provide information that would compensate for the short-term effectiveness of screening. The results of each phase would be compared to provide a fuller perspective on every child - a procedure which would reduce the likelihood of false positives and false negatives in observing abuse and neglect in health screening.

Limitations of the Combination National Health Screening and Citizen Survey

1. Schools may not cooperate
2. Subject sensitivity may incur resistance
3. Caretakers may object to screening
4. Most signs of abuse are short-lived and are difficult to identify positively
5. No check on preschoolers, drop-outs, or institutionalized children
6. Teachers may be unaware of, or deny neglect and abuse

The criteria match for Approach XI is shown in Table 4-1 on page 66.

Approach XII - CITIZEN SURVEY, TEACHER SURVEY, NATIONAL HEALTH SCREENING, AND AGENCY RECORDS

Method: This option combines the citizen survey (Approach I), the teacher survey (Approach II), national health screening (Approach VI), and agency records with regression analysis (Approach IX). The integration of these four approaches provides multilayered data facilitating correlation, recheck, and statistical validation. Although the individual limitations of each approach would still be manifested, the coordination could provide mutually beneficial and compensatory results.

The screening and citizen survey could be readily combined while the teacher questionnaire would be conducted simultaneously or in a follow-up phase. The wealth of collected data could be analyzed in several ways including determining the percentages of "known" vs "known only to family" cases. The cost of this approach is considerably higher than alternative approaches.

Limitations of the Combination of Citizen Survey, Teacher Survey, National Health Screening and Agency Records

1. Schools may not cooperate.
2. Subject sensitivity may incur resistance.
3. Teachers may be ignorant of or deny the existence of abuse or neglect.
4. Caretakers may object to screening procedures.
5. Abuse is difficult to identify.

The criteria match for Approach XII is shown in Table 4-1 on page 66.

Approach XIII - NEGLECT CITIZEN SURVEY AND ABUSE NOMINATION SURVEY, AND RANDOMIZED RESPONSE

Method: This approach consists of two methodologies for measuring abuse and for measuring neglect. The primary method of the neglect survey methodology is an expanded version of the citizen survey of Approach I. Similarly, the main abuse methodology is the nomination technique of Approach IV with an essential correction factor.

The various methodological facets of Approach XIII are:

a. Neglect Methodology

- Interview survey of respondents with children, directed at detecting child neglect by the respondents themselves (citizen survey)
- Additional information and personal assessment provided by interviewers (who will be experienced social workers) at the end of each completed questionnaire form

b. Abuse Methodology

- Survey of a sample population to determine the number of respondents having personal knowledge of neighbors involved in child abuse (nomination technique)
- Survey directed at eliciting information from respondents on their own involvement in child abuse by utilizing a technique known as randomized response which assures confidentiality of response

These two-dimensional methodologies for exploring child abuse and neglect will be elaborated on in greater detail in the following sections.

a. The Neglect Methodology: places special emphasis on an in-person citizen survey as the primary method of

Approach XIII (continued)

estimating the incidence of child neglect. A nationwide random sample of adult caretakers would be interviewed by social workers trained in child welfare on various aspects of childrearing. The questions would specifically apply to the respondents' care of a randomly selected child whether his own child or one under his care in an institution. The responses would be evaluated to assess the possible existence and extent of child neglect in the following areas:

- Malnutrition
- Emotional neglect
- Medical neglect
- Shelter neglect
- Educational neglect
- Clothing neglect
- Lack of supervision

Standards of neglect based on operational definitions and model assessments would be established to evaluate the responses.

Both institutionalized and noninstitutionalized children would be included in this survey. However, two separate but similar questionnaire forms would be used in recognition of the particular needs and lifestyles of each group of children.

The second part of the neglect methodology centers around the interviewer's own judgments of the physical and

Approach XIII (continued)

social environment in which each sample child is being reared. Since the interviewing will be done by experienced social workers, it is felt that they are in a good position to make judgments of neglect or non-neglect based on their training and experience. A brief questionnaire at the conclusion of each interview form could be filled in by the interviewer. The additional information thus obtained could provide the basis for an independent assessment of each caretaker's position on the neglect - non-neglect continuum.

b. The Abuse Methodology: focuses on estimating the incidence of child abuse. Since it is estimated that the national incidence of abuse is low, it is particularly difficult to measure accurately. Light, for example, estimated that only .01 percent of all American families physically abuse a child. Therefore, two independent methods for obtaining an estimate will be used: the nomination approach and the randomized response technique.

For the nomination method, a pretest must be conducted to ascertain how many known abusers can be correctly identified by their neighbors. This would involve drawing a sample of known abusers from social agency files and, if possible, from Parents Anonymous membership lists. By using the addresses of these known abusers, their adult neighbors could be sampled by telephone on whether they

Approach XIII (continued)

have personal knowledge of child abuse in the neighborhood during the past twelve months. Once it is established that the respondent does have this personal knowledge, further information concerning the children and type of abuse would be requested. This information would be used in assessing whether a neighbor had identified a known abuser. The data collected would yield an estimate of lack of knowledge which would serve as a correction factor for the general survey. In many research studies, individuals who are known to social agencies for exhibiting a particular characteristic may be used to pretest the effectiveness of a survey instrument.[27] However, in this study, known abusers serve a unique purpose in providing a correction factor for the general survey that follows.

The next step would involve sampling a large population of adults, 21 years and over, by telephone. The respondents would be asked whether they knew any neighbors who had committed acts of abuse or severe neglect over the last twelve months, as in Gil's NORC survey questionnaire.[28] These results would be modified by the correction factor arrived at in the known abuser sampling survey.

Thus, the original subsample of "neighbors of known abusers" serves to adjust the sample estimate. It provides information on the average number of respondents who are unaware of abusive neighbors and delineates a base margin

Approach XIII (continued)

of error. Several pretests would have to be conducted focusing on such issues as determining depth of knowledge, defining a neighborhood, and the validity characteristics of the correction model.

The advantage of this approach is that many of the problems can be worked out statistically or through pretests. Furthermore, since the abuse instrument is directed at neighbors, the sensitivity of the topic is greatly diminished.

Institutionalized children can be included in the scope of this nomination approach, but this will require a pretest to insure validated usefulness.

It may also be feasible to employ an experimental interviewing technique known as randomized response[29] in this approach. Randomized response can provide an estimate based on the respondent's own acknowledgement of engaging in child abuse. The essential advantage of this technique may be that it reduces response biases which occur when posing sensitive questions by insuring the privacy of the individual respondent. Recent studies on such sensitive topics as illicit drug usage and abortions, have indicated that randomized response technique may provide a better incidence estimate than comparable methods.[30,31]

The methodology involves having the respondent select one of two or more questions to answer by means of some chance device (dice, deck of cards, etc.). One of the

Approach XIII (continued)

questions focuses on the sensitive target area of the survey and the other is of a nonsensitive nature with a known probability. Since the probability of the chance device is also known, it is possible to measure the proportion of the survey population with a sensitive characteristic.

As an example, one set of alternative questions might be:

1. I was born between January and June.

2. I have abused my child in the last 12 months.

The respondent could be asked to flip a coin and give a yes/no answer to the question already assigned to the coin side which turns up. The interviewer would not be informed of which coin side turned up nor which question was being answered. Since the probability results of question 1 and the coin flip are already known, however, the number of affirmative responses to question 2 can be computed. However, the advantage gained by the randomized response technique is dependent on the degree to which the respondent feels his anonymity is protected. Its limitations include low estimate reliability and limited information detail.

The randomized response questions could be made part of the neglect survey and represent no added costs. Together, the two approaches provide information on both

Approach XIII (continued)

abuse and neglect. Each approach consists of two different methods for obtaining estimates of the incidence of child abuse and neglect. The rationale for providing two estimates for each phenomena is based on the elusive nature of the data to be collected. Although the nomination technique and the neglect survey of citizens are the high-cost methods, they are also the most reliable.

Limitations of the Combined Neglect Citizen Survey and Abuse Nomination Survey, and Randomized Response Approach

a. Neglect Methodology

Citizen Survey

1. Subject may incur resistance to sensitive questions
2. Fear, especially in urban areas, of opening doors to strangers
3. Inhibited responses due to lack of anonymity

Interviewer Assessment

1. Validation by recheck difficult
2. Difficult to evaluate interview assessment
3. Lack of uniform standards and criteria

b. Abuse Methodology

Nomination Technique

1. Difficult to validate information in nomination technique except by using another independent technique
2. Source reliability is problemmatic
3. Insufficient knowledge of details may be common
4. Excludes institutionalized children
5. Subject to "neighbor's" personal/cultural interpretation of what represents an abuse case

Approach XIII (continued)

Randomized Response Technique

1. Very limited detail

2. Possible low reliability

3. Dependent on respondent's perception of the the degree to which his anonymity is protected

The criteria match for Approach XIII is shown in Table 4-1 on page 66.

The preceding 13 approaches comprise the range of potentially efficacious methods for estimating the national incidence of child abuse and neglect. Each approach has been described briefly and its limitations enumerated to assist in the analysis phase of this study. Although some of these approaches better meet the criteria than others, it is only after all the approaches have been evaluated in view of the policy question in Section 5 that a final selection of the most suitable methodology can be made.

FOOTNOTES

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2. Norman A. Polansky, Christine DeSaix, and Shlomo A. Sharlin, Child Neglect: Understanding and Reaching the Parent (New York: Child Welfare League of America, 1973).

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4. Pollack, "Early Case Finding."

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8. Ibid.

9. See, for example: Kay Drews, "The Child and His School" in C. Henry Kempe and Ray E. Helfer, eds., Helping the Battered Child and His Family (Philadelphia: J. B. Lippincott Co., 1972); Alice Glazier, ed. Child Abuse: A Community Challenge (New York: Henry Stewart, 1971); H. Leuchter, "Are Schools To Be or Not To Be Community Mental Health Centers?" American Journal of Psychiatry 125 (October 1968): 575-6; Hearings before the Subcommittee on Children and Youth of the Senate Committee on Labor and Public Welfare on the Child Abuse and Prevention Act, 1973, 93rd Cong., 1st Sess. (Washington, D.C.: U.S. Government Printing Office, 1973) pp. 558-75.

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11. C. G. Murdock, "The Abused Child and the School System," in Kempe and Helfer, Helping the Battered Child, p. 115.

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25. Saad Z. Nagi, "Child Abuse and Neglect Programs: A National Overview," Children Today 4 (May-June 1975): 13-17.

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27. See, for example, "Identifying Problem Drinkers in a Household Health Survey," Vital and Health Statistics, Public Health Service (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1966).

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5.0 POLICY QUESTIONS

The number of policy questions that could be generated in relation to the problems of child abuse and neglect is almost infinite. From the review of the literature, 12 policy questions and programs growing out of an affirmative response by the Federal Government have been selected to cover a broad range of possible options which experts in the field have suggested would lead to a decrease in incidence of child abuse and neglect.

By relating the methodological approaches for measuring the incidence of child abuse and neglect described in Chapter 4.0 with policy questions which may concern the Federal Government, estimation methods for decisions on the best methodological approach can be designed in terms of the special needs of NCCAN.

To accomplish this, each of the 12 policy questions will be stated, followed by a description of programs that might possibly be funded by the Federal Government if the question were approved. Then each representative policy question and its ensuing program are considered in relation to the following factors.

- The level of accuracy required of the incidence data to be sufficient for the needs of policy and program analysis

- The subcategories of the incidence data that would be needed for policy and program analysis, such as type of abuse or neglect, severity, etc.

- The extent to which the statistical approach could be generalized to aggregation of populations. The statistical approach to be selected requires the property of addition over subsets in order to yield total abuse and neglect statistics for larger areas

- The data elements that would be needed but not provided by the incidence statistics for various policy and program analyses

- The cost-effectiveness of each methodological approach compared to the number of data elements provided

Chapter 5.0 is divided into four sections:

5.1 - A discussion of policy questions and description of programs

5.2 - Data elements required for each policy question

5.3 - Effectiveness of methodological approaches in providing required data elements

5.4 - Cost-effectiveness of methodological approaches in relation to policy questions

5.1 A Discussion of Policy Questions and Description of Programs

The 12 illustrative policy questions are listed by subject matter below. The page on which each can be found is also given.

Policy Question 1 - DEMONSTRATION PROJECTS ON MEDICAL SERVICE DELIVERY

Should the Federal Government appropriate funds to set up additional demonstration projects to determine the most effective systems for the delivery of medical services?

Description: The medical neglect of children is perhaps one of the most endemic forms of neglect in the country. Structural changes in the way medical services are delivered could be expected to reduce the number of children who are deprived of adequate medical care. More utilization of both preventive and treatment services could also be expected to have an impact on child abuse: health problems that create stresses within the family that might lead to abuse could be corrected at an early age, and those children who have already been abused might be saved from permanent injury or damage through prompt treatment.

Research indicates that lower socio-economic groups underutilize both medical and dental services. The 1966-67 National Health Survey revealed that race, income and education were the best predictors of utilization for both preventive and treatment services for children.[1] Two major explanations have been offered to explain this differential use.[2] The first explanation emphasizes the psychological and attitudinal dimensions influencing health behavior; health behavior is seen as a function of personal characteristics such as motivation, health beliefs and medical orientation. The second major explanation emphasizes economic and

Policy Question 1 (continued)

sociostructural influences, stressing the potential user's structural position and, hence, his access to medical services rather than subjective factors. Most of the empirical studies of health utilization have examined intrapersonal and cultural variables, thus, accepting the first explanation that the reason for the underutilization must lie within the underutilizer. Riessman[3] suggests that the more valid explanation for underutilization of medical services rests with the economic and sociostructural approaches. She discusses demonstration projects (the New York Hospital-Cornell Project, a prepaid group practice plan, neighborhood health centers and family planning programs) that have all resulted in radical alterations within a short period of time in the utilization of medical services by the poor when structural changes are made in the way the services are delivered. Following the introduction of national health insurance in Great Britain, a marked increase in utilization of both physician and hospital services was found in the lower classes, with the poorest groups eventually exceeding the middle class.

Policy Question 2 - PUBLIC SCHOOLS AND CHILD ABUSE AND NEGLECT

Should the Federal Government set up task forces to determine how the public school systems could become more involved and more responsive to the needs of abused and neglected children?

Description: Reported statistics on incidence of abuse and neglect reveal that a large percentage of the children involved are of school age.[5] The public school system, then, appears to be in a unique position of being the only public institution to have access to almost the entire population of children falling within this age range. For some older children who are abused, the school may be the only recourse.[6] Although all 50 states have enacted child abuse reporting legislation, some laws do not grant immunity from liability. A study by Nordstrom found that there was not a clear understanding of what the law required or how it protected a reporting party, that many school personnel fear being sued by a parent for reporting and that there was seldom a school policy that clearly delineated responsibility or procedures for reporting.

These findings support previous research on the somewhat unclear roles that schools have traditionally assumed in the area of child abuse and neglect.[8]

Nordstrom's study provides a model that could be incorporated into public school systems across the country.[9] A task force was set up that included persons within the public

Policy Question 2 (continued)

school system as well as persons from other systems such as a juvenile court, the child protective service of a county welfare department and a child abuse team from a medical center. After several months of exploring and discussing the problems both among members of the task force and among school personnel, a compilation of recommended policies and procedures was assembled. It was determined that each school district should have a Child Abuse and Neglect Team, composed of a social worker and a nurse, through which all incidents of abuse or neglect would be channeled. In-service presentations were implemented to inform the faculties and staffs of all the schools within the district of the new procedures. School principals and counselors assisted in making dispositions of reported cases.

The Child Abuse and Neglect Team within the school district facilitated the efficient and effective handling of many reported cases. Most of the cases were dealt with by the A/N Team without referral for services to the county department of social services, thus, relieving the local department of social services of the investigative responsibility and allowing that department to utilize its time more effectively in the delivery of intensive services to severe cases. The local department of social services received copies of all referrals made to the A/N Team and were, consequently, able to do cross-referencing and pick up patterns within families that might otherwise have gone undetected.

Policy Question 2 (continued)

The involvement of the public schools appears critical in child abuse and neglect. In a nationwide survey of child protective services, De Francis found that 38 percent of the states reported that it would be helpful to have more cooperation from schools.[10] The specific program adopted is not the important issue, but rather that the schools become aware of their responsibility and develop methods of identifying and reporting the abuse and neglect of school children.

Policy Question 3 - A FEDERALLY FUNDED CHILDREN'S ALLOWANCE

Should the Federal Government appropriate funds for a Children's Allowance to insure that all children have within their families adequate financial resources to meet their needs.

Description: A large percentage of the cases of abuse and neglect that come to the attention of public agencies are within families with incomes near or below the poverty line.[11] For example, Gil found in the sample cohort families in his study that 60 percent had received aid from public assistance agencies during or prior to the study year. Although poverty in and of itself cannot be thought to cause abusive action towards children, many authorities believe that the stresses of poverty may lead to situations in which abuse may occur. Neglect of children seems more directly linked with poverty than abuse; if resources are not available for adequate clothing, nutrition, and medical care, then these resources simply are not provided. Various programs have been set up to cope with the problem of inadequate resources, such as MA, AFDC, and Food Stamps.

One problem in providing resources for limited groups of people, such as the poor, is reaching the target population. Many families who are eligible for such programs do not take advantage of them. A second problem with existing attempts to deal with poverty is the inadequate provision for those who do apply. Current expenditures for programs such as AFDC are clearly inadequate to meet the needs of those

Policy Question 3 (continued)

receiving the benefits. And a third problem is the stigma attached to programs that employ a means test to determine eligibility.

A Children's Allowance would establish a minimum amount of money to be allotted per child for every family in the country. The Bureau of Labor Statistics estimates a national average cost of $871 per child under the age of six per year.[12] A conservative estimate taking into account the needs of older children as well as inflation, might be that every child needs at least $2000 per year in order to be adequately clothed, fed, etc. The program would be universal in that every family would receive from the government the set amount of money for each of their children. Recoupment plans could be devised so that the money is recovered in those families who can provide this standard of income without assistance from the government. A Children's Allowance would therefore insure that every child had within his or her family adequate resources for the meeting of his or her physical needs; it would insure that all families would be reached; and it would be stigma-free. Such a program could have tremendous impact on neglect resulting from inadequate resources. The impact on abuse might also be great.

Policy Question 4 - PUBLIC EDUCATION ON CHILD ABUSE AND NEGLECT

Should the Federal Government educate the public as to what constitutes child abuse and neglect?

Description: The goal of this program would be the prevention of child abuse and neglect through an increased public awareness of what abuse and neglect actually are. A public educational endeavor could have two main effects. First, it might reduce the incidence of abuse and neglect by making potential abusers and neglectors more aware of their own behavior, more aware of what is acceptable and unacceptable, and consequently more likely to change their behavior to make it more congruent with acceptable standards. Second, the incidence of abuse and neglect might be reduced by an increase in the number of suspected cases reported and thereby investigated and given services by existing child welfare agencies.

A public education program might include public service announcements on radio and television, notices published in newspapers and community newsletters, circulars mailed through the postal services, and speakers at schools, churches, civic group meetings, and so forth. Delaney feels that most news media would unite to aid in the spread of information, and that many knowledgeable specialists would devote a great deal of time to such a program.[13]

The major features of the education program would include several components. There would be presented clear

Policy Question 4 (continued)

minimum standards of adequacy of child care on each of the identified areas of abuse and neglect. There would also be an appeal to the public to help agencies identify children not presently meeting the established standards. Information would be presented as to the local agency to be contacted if cases of abuse or neglect are known or suspected.

Critical in this endeavor would be the tone and wording of such a program. The announcements would clearly have to convey messages of concern rather punitiveness towards the abusing or neglecting parents or persons. The agencies receiving the reports would also have to make their investigation in the same spirit.

Policy Question 5 - CRISIS TELEPHONE COUNSELING

Should the Federal Government set up emergency, crisis telephone counseling services for parents or caretakers of children?

Description: Anonymous telephone counseling services have been used with success in situations of potential suicides, with rape victims, and with various other problems, both crisis and noncrisis in nature, in which people have sought a means of support or help without having to identify themselves. A 24-hour-a-day telephone hot-line for parents who are experiencing stress or frustration might provide a means for alleviating some feelings of frustration and consequently defuse a situation that might have led to abuse or neglect. An anonymous counselor immediately available who could express concern and understanding might make the difference in whether a child or children were abused or neglected.

This hot-line service would be staffed by persons knowledgeable about child development in general and about child abuse and neglect in particular. A major goal of the program would be the prevention of child abuse and neglect through the dissemination of information regarding child rearing, such as developmentally appropriate behaviors for children of specific ages, alternative ways of dealing with particular behaviors of the child or children that may provoke anger, and accurate information as to the needs of children at various ages. A second major goal might

Policy Question 5 (continued)

be direct intervention in situations where abuse and neglect are likely. It is rare in counseling or therapy settings for situations leading to abuse and neglect to manifest themselves in the therapist's presence, when the therapist could intervene in the behavioral sequence before the abuse and neglect actually occurs. An anonymous therapy situation, such as the proposed hot-line service, might allow a timely intervention to be made. This would be dependent, of course, on the potential abuser or neglecter having knowledge of the service, having enough insight into his or her own behavior to know when a crisis is approaching, and having the motivation to make the telephone call.

A hot-line telephone counseling service in a community could have an overall effect of improving the quality of care of all children. Many parents or caretakers could increase their knowledge of child rearing by calling to obtain information about developmental issues, nutritional needs, and general health problems, of their children.

Policy Question 6 - EMERGENCY CHILD CARE SERVICES

Should the Federal Government provide for emergency child care services to be available on a 24-hour-a-day basis for parents or caretakers who are under stress?

Description: Thought to be associated with child abuse and neglect are factors such as stress, anxiety, uncontrollable anger and hostility, alcoholism, isolation, and lack of persons and places to turn to for support. Assuming that abuse and severe neglect are more apt to occur at those times when stresses are greatest, often in the evening hours, a 24-hour-a-day child care service would allow parents and caretakers to relieve themselves temporarily of the added stress that a child or children might impose. Kempe and Helfer[14] and Alexander[15] speak of the urgent need for facilities where parents can have children cared for while the parents could have some chance for relief. Such a child care service would protect both the caretakers and the children from what might become an abusing or neglecting situation.

Emergency child care facilities would be available in each community and would be easily accessible to residents in that community. The facilities could be staffed by both professionals and nonprofessionals or volunteers who would be available should the adult bringing the children in to the center wish to talk about the situation

Policy Question 6 (continued)

leading to the desire to temporarily have the child out of the home. The program might be such that the child could be left without any questions asked or explanations needed. Where appropriate, staff from the centers could make referrals to appropriate agencies and community services for the provision of additional supports, resources, or services.

The emergency child care facilities might be located in a church, in an existing day care center, in someone's home, or in any other convenient and accessible facility. The service might be free or a sliding fee scale might be used for those persons able to pay.

Policy Question 7 - PARENT TRAINING PROGRAMS

Should the Federal Government set up training programs for parents?

Description: One theory for the cause of child neglect and abuse is that it results from inadequate preparation for parenthood and insufficient knowledge regarding child-rearing. The assumption traditionally has been made that parents are capable of caring for the children born to them and that the state has no right to interfere except in those cases where it is clear that adequate care is not being provided for the children. The current estimates of abuse and neglect (which are thought to be underestimates) are sufficient to challenge that assumption.

A policy of training for parenthood might take one of several forms, or a combination of forms. Courses in parenting and childrearing might be offered in middle and high schools across the country, such as the OCD-sponsored Education for Parenthood Program. Another option might be to require either a course in childrearing or passing an examination in childrearing before a marriage license could be granted. A third option might be to require all pregnant women to enroll in such a course or to demonstrate a certain knowledgeability through passing an examination prior to delivery.

Making such a policy mandatory obviously raises questions regarding the rights of the potential parents. These

Policy Question 7 (continued)

rights must be balanced with the rights of the unborn child. One solution might be to make the programs completely voluntary but to build in incentives so that people will want to attend. For upper and middle class persons such incentives might be income tax deductions for attendance in the classes. Low income persons might be paid to attend.

Programs to train for parenthood and licenses granted after predetermined levels of knowledge are acquired or demonstrated might do much to reduce the incidence of abuse and neglect. In addition to having an impact on this particular social problem, nearly all children would be benefitted from having more knowledgeable, informed parents or caretakers.

Policy Question 8 - IMPACT OF TITLE XX

Should the Federal Government evaluate what happens in the delivery of child welfare services, particularly in the area of child abuse and neglect, under Title XX of the Social Security Act?

Description: Title XX, which becomes effective October 30, 1975, will greatly alter Federal/state relationships in the planning and implementation of child welfare services. An explicit goal specified in Title XX is:

> Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests . . .[16]

Each state plan must reflect at least one service related to the above goal. Within this general guideline, the individual states have wide latitude in the planning and implementation of services related to child abuse and neglect.

Child welfare funds were previously administered under Title IV-B. Title XX consolidates Title IV-B with other social service programs such as Titles IV-A, XVI, and XIX. The underlying philosophy of the new Social Security amendment is that social services planning is best done at a state and local rather than at national level.

Child welfare services under Title IV-B were fragmented in many states. De Francis,[17] in examining the nationwide status of child protective services under public child welfare auspices, found marked differences in the patterns

Policy Question 8 (continued)

of service from state to state. Most disturbing was the fact that no state and no community had developed a child protective services program adequate in size to meet the service needs of all reported cases of child neglect or abuse. What was found was a nonspecific child welfare service in the context of a financial assistance setting. De Francis wrote "...while the spirit and intent to serve neglected, abused, and exploited children is present in many of the reported programs--in terms of identifiable and specific child protective services--it is often no more than a token program."[18]

Although De Francis found child protective services to exist under public auspices in 47 states and territories, in terms of statewide coverage " . . . service falls far short of the declared state policy."[19] Full geographic coverage was available in fewer than 10 percent of the states.

In the past few years, the social service area has experienced much uncertainty and confusion. Title XX is a compromise of Federal/state control and implementation of social service programs. Still to be tested is the extent to which the states will be able to plan and implement child welfare services independent of the strict Federal guidelines. Child welfare services, particularly those related to abuse and neglect, must be evaluated to

Policy Question 8 (continued)

insure that they are not weakened under the new law. The Federal Government may have to assume again the responsibility for child welfare services planning should the states prove unable to plan adequately for child abuse and neglect.[20] Researchers in child abuse and neglect indicate that Federal rather than state and local planning is a better option for dealing with child abuse and neglect.

Policy Question 9 - CENTERS FOR STUDY OF PREVENTION AND TREATMENT OF ABUSE AND NEGLECT

Should the Federal Government establish Centers for the study of prevention and treatment of abused and neglected children in large metropolitan areas?

Description: Helfer,[21] recognizing how little is actually known about both prevention and treatment of abuse and neglect, has suggested that centers for the study of abused and neglected children be established in large metropolitan areas. The overall objective of such centers would be to decrease the incidence of child abuse and neglect within the specific geographic area in which the program was located.

Such centers would include a variety of disciplines, such as administration, medicine, law, social work, psychology, and nursing. Helfer suggests that the center have a university base and be located in a health care facility.[22] Close communication would be maintained with all existing agencies and services currently coming into contact with abused or neglected children. Helfer states that " . . . new and practical ways must be found which are capable of helping the tens of thousands of children who are abused or neglected each year. The development of centers for the study of child abuse and neglect in large metropolitan areas is proposed as one inroad into this constantly increasing problem." The centers seem ". . . to be both a feasible and practical approach."[23]

Policy Question 10 - COORDINATION OF VOLUNTEER SERVICES FOR CHILDREN

Should the Federal Government fund the coordination of volunteer services for children?

Description: Many children who are neglected or abused, or living in families where there is a potential for neglect and abuse are without resources necessary to meet minimum standards of care. The inadequacies include food, clothing, toys, and books. In addition, opportunities for recreational and educational experiences outside of school may be totally lacking. There also may be a lack of transportation to take advantage of opportunities for additional stimulation or even for necessities such as getting to clinic appointments.

In most communities, attempts are made to meet some of the above mentioned needs. Church groups, schools, philanthropic organizations, social groups, and public agencies attempt to provide some of these needs or services on an emergency basis. Unfortunately, however, these services are seldom coordinated, and often one group works on a particular problem without any knowledge of what another group is doing. Sometimes the endeavors overlap; at other times the endeavors may be contradictory. Other needs may be unidentified or untouched.

The coordination of volunteer services would allow for the maximum benefit to be derived from existing services and resources in a community. For example, a church group

Policy Question 10 (continued)

may collect used clothing and then independently select families to which the clothing is offered, while at the same time pupil personnel workers in a public school are also collecting used clothing for perhaps the same families. A coordinator in a volunteer services center could coordinate these efforts so that more families could receive used clothing rather than just the families known to these particular church groups or the particular pupil personnel workers. Used clothing might be set up in "stores" in various neighborhoods, so that families in need could come in and select those items they feel are important. Food, toys, books, furniture, and household items could also be more efficiently handled through a centralized coordination center in a community.

In addition to coordinating the distribution of food and clothing, a paid, full-time coordinator could maximize the gains from individuals and groups wishing to donate their time and energy for worthwhile causes. A civic group, for example, might have eight members who are willing to give one day a month for a worthwhile endeavor. If a coordinator knew that transportation to a particular child health clinic was a problem, he might approach this civic group and ask if the members would be interested in providing transportation for mothers and their children to attend the clinic.

Policy Question 10 (continued)

The coordination of volunteer services directly approaches the problem of child neglect by making available in an organized manner resources that had been previously lacking. In addition, this coordination indirectly approaches the problem of abuse by alleviating some of the environmental stresses that are associated with abuse, such as inadequate resources.

Policy Question 11 - A NATIONAL HEALTH SCREENING PROGRAM

Should the Federal Government set up a national health screening program for the detection of abused and/or neglected children?

Description: The goals of a national health screening program would be two-fold. The first goal would be to detect abuse and neglect as early as possible in order to prevent its continued presence or reoccurrence through educational and therapeutic efforts aimed at abusing or neglecting persons. A second goal would be prevention of child abuse and neglect through early identification, and consequent intervention, in those child rearing behaviors and attitudes that might lead to abuse and neglect. This intervention might be in the form of providing information on child development, providing information as to services available in a given community, or making referrals to appropriate agencies for services such as employment securement, education and job training, financial assistance, etc. A national health screening program would, thus, tackle the problem of abuse and neglect by early detection and by prevention.

A national health screening program might be set up in several different ways. The program might make use of public health visitors who would make regular visits to every home in which there were children under a specified age. Health stations might be set up in local communities

Policy Question 11 (continued)

with parents required to bring their children in at given intervals for physical examinations. Screening programs might be incorporated into the existing structures of schools and county health departments. The program might make use of highly trained professionals, or it might be staffed largely by trained but nonprofessional volunteers or employees.

A critical issue in screening programs like the one described here is that treatment and follow-up be provided. A program that would detect and diagnose but then fail to take the critical step of providing services for the correction of the problem raises serious ethical considerations.

The real value of a national health screening approach might be the early detection of conditions or diseases in children that otherwise might go undetected. The level of general health and well-being of all children would be increased.

Policy Question 12 - PREVENTION AND TREATMENT

Should the thrust of the Federal Government in the area of child abuse and neglect be towards prevention rather than the current thrust towards treatment?

Description: Child abuse and neglect programs can be conceptualized as falling predominantly within the realm of either prevention, diagnosis and detection, or treatment. Clearly, all three areas are important and should receive some attention. Sound policy, however, might suggest that heavy emphasis on prevention might greatly reduce the demand and need for diagnosis, detection, and treatment. A second way of conceptualizing child abuse and neglect is in terms of either a clinical phenomenon or as a structural phenomenon resulting from environmental factors. A structural explanation for abuse and neglect is more compatible with a preventive approach geared towards making changes on a broad scale in our society. A clinical explanation is more compatible with policies concerned with diagnosis and treatment of individual perpetrators.

The physical and emotional damage that results from abuse and neglect seems to indicate that prevention is a more sound policy than either diagnosis or treatment. Specific policies and programs aimed at prevention could take various forms. Gil,[24] for example, suggests, as one logical approach in the reduction and eventual prevention of child abuse and neglect, the changing of childrearing

Policy Question 12 (continued)

philosophy and practice, specifically the use of physical force in disciplining children. A second major approach that Gil suggests is eliminating poverty and racism, and a third is the free availability of contraception and abortion. Other preventive approaches might include intensive training and preparation for parenthood, restructuring of medical services delivery systems to ensure greater utilization for both treatment and prevention, restructuring of all the social service systems so that services are more accessible for all, and the development of more effective support systems in our society to be used in times of stress.

Demonstration projects stressing prevention could be set up in various geographic areas. This would allow for the testing and evaluation of a variety of combinations of preventive strategies.

5.2 Data Elements Required For Each Policy Question

A survey intended to provide data for policy planning must provide the data elements essential for the particular policy. Therefore, each of the 12 policy questions were considered in relation to the data elements needed for planning of the particular policy or program. The data elements identified are admittedly broad and general, and are not being presented as conclusive. The listed data elements were, however, thought to be essential elements needed in order to make possible the consideration of each policy question.

Table 5-1 presents the data elements appropriate for each policy question.

5.3 Effectiveness of Methodological Approaches in Providing Required Data Elements

Each policy question was considered in relation to each of the methodological approaches described in Chapter 4.0. The data elements needed for each policy question (See Table 5-1) were viewed in relation to the data elements provided by each approach. Judgments were made regarding accuracy needed, accuracy provided, and the importance of each of the elements needed and provided.

The formula used for arriving at effectiveness percentages of each policy question and methodological approach was as follows:

TABLE 5-1

DATA ELEMENTS REQUIRED FOR EACH OF THE POLICY QUESTIONS

Data Elements Required	Policy Question											
	1	2	3	4	5	6	7	8	9	10	11	12
1. Incidence of Abuse & Neglect	X	X	X	X	X	X	X	X	X	X	X	X
2. Types & Severity of Abuse & Neglect	X	X	X	X	X	X	X	X	X	X	X	X
3. Ongoing Sampling to Determine Trends & Evaluate Effectiveness of Programs	X	X	X	X	X	X	X	X	X	X	X	X
4. Current Utilization of Medical Services	X											X
5. Demographic Characteristics of Abused & Neglected Children	X	X	X	X	X	X		X	X	X	X	X
6. Family Characteristics of Abused & Neglected Children	X		X	X	X	X	X	X	X	X	X	X
7. Frequency Distribution by Age of Abused & Neglected Children	X	X		X	X	X	X	X	X	X	X	X
8. Most Viable Role for Schools to Play		X										
9. Correlation Between Abuse & Neglect & Income			X									X
10. How a Federal Children's Allowance would be Spent			X									
11. Number of People who would be Reached by the Program or Would Use the Program				X	X	X			X	X		
12. Current Knowledge of Child Rearing by Caretakers of Abused & Neglected Children					X		X					X
13. Incidence of Abuse & Neglect Compared to Reported Cases								X				
14. Critical Unmet Needs of Abused & Neglected Children										X		
15. Community Response										X		
16. Skill/Training Necessary for Detection of Abuse & Neglect											X	
17. Accurate Procedures for Identification											X	
18. Preventive Strategies that are Most Effective												X

$$E = \text{Effectiveness} = \frac{\sum_{i=1}^{N-r} \hat{A}_i I_i}{\sum_{i=1}^{N} A_i I_i}$$

Where i is the count of data elements from 1 to n

r is the number of data elements provided by the technique $r \leq n$

A_i is the accuracy weight for each i required by the plan

$\hat{A}_i$ is the accuracy weight for each i provided by the plan

I_i is the importance weight for each i as required by the policy question

An Example: The following example illustrates how the formula was used in considering the use of methodological Approach I - Citizen Survey with Policy Question 4 - Public Education on Children. The data elements required to justify a public education program on children are shown under Policy Question 4 in Table 5-1. The elements are listed separately in column 1 of Table 5-2. Columns 2 and 3 assign values to the importance and accuracy required of the data elements in the consideration of Policy Question 4. Columns 4 and 5 show whether the data element is provided by Approach I - Citizen Survey and the amount of accuracy provided.

TABLE 5-2

DATA ELEMENTS REQUIRED BY POLICY QUESTION 4 AS PROVIDED BY APPROACH I

Requirements of Question 4			Provided by Approach I	
Data Element	Importance	Accuracy Required	Data Element	Accuracy
①	②	③	④	⑤
1. Incidence of Abuse and Neglect	2	2	Yes	1
2. Types and Severity of Abuse and Neglect	1	2	Yes	1
3. Ongoing Sampling to Determine Trends and Evaluate Effectiveness	2	2	Yes	1
5. Demographic Characteristics of Abused and Neglected Children	2	3	Yes	2
6. Family Characteristics of Abused and Neglected Children	1	2	Yes	2
7. Frequency Distribution by Age of Neglected and Abused Children	1	1	Yes	1
11. Number of People Who Would be Reached by the Program or Use the Program	2	2	No	0

1 = low
2 = moderate
3 = high

When the effectiveness formula above is applied using the figures in Table 5-3 effectiveness equals

$$= \frac{2\cdot1 + 1\cdot1 + 2\cdot1 + 2\cdot2 + 1\cdot2 + 1\cdot1 + 2\cdot0}{2\cdot2 + 1\cdot2 + 2\cdot2 + 2\cdot3 + 1\cdot2 + 1\cdot1 + 2\cdot2}$$

$$= 12/23$$

$$= 52\%$$

The citizen survey approach is thus judged to be a reasonably effective methodology for providing useful data for estimating the needs of a program on public education on children. Cost, however, is not considered in the above formula, but will be discussed in section 5.4.

Table 5-3 presents the effectiveness percentages of each methodological approach in relation to each policy question as worked out in the formula. The accuracy and importance weights assigned to each data element are not presented due to space limitations. The effectiveness percentages of each methodological approach - policy question relationship were averaged across policy questions in order to obtain an overall effectiveness percentage for each methodological approach. These overall effectiveness percentages are presented in the last column of Table 5-3.

As can be seen from a visual examination of Table 5-3 those approaches seen as the most effective in providing the required data elements for policy questions were the national

TABLE 5-3

EFFECTIVENESS PERCENTAGES OF EACH METHODOLOGICAL APPROACH

Methodological Approaches	Policy Question												Overall Effectiveness Percentages
	1	2	3	4	5	6	7	8	9	10	11	12	
I. Citizen Survey	51	37	49	52	35	36	30	70	44	54	25	49	44
II. Teacher Survey	14	15	17	17	14	14	10	20	16	12	12	14	15
III. Survey of Children	15	15	17	17	13	14	10	20	8	13	12	13	14
IV. Nomination Survey	33	44	17	39	31	43	30	70	48	31	31	34	38
V. Physicians/hospitals Survey	45	46	29	52	38	48	35	75	60	33	39	37	45
VI. National Health Screening	65	63	54	70	52	59	50	95	76	55	49	67	63
VII. Profile Development	26	22	40	30	24	24	20	45	28	21	20	28	27
VIII. Citizen Survey, Agency Records & Regression Analysis	53	54	69	61	45	52	45	85	68	48	43	51	56
IX. Citizen Survey & National Health Regression Analysis	98	65	69	78	55	62	50	100	80	63	51	56	70
X. Citizen Survey, National Health Screening & Agency Records	95	85	77	100	72	83	65	100	88	73	63	91	75
XI. National Health Screening & Teacher Survey	63	49	60	65	45	48	40	80	64	50	41	55	55
XII. Citizen Survey, Teacher Survey, National Health Screening & Agency Records	51	61	43	65	48	57	50	90	64	47	47	51	56
XIII. Neglect Citizen Survey, Abuse Nomination Survey & Randomized Response	72	71	77	83	59	69	55	100	88	70	53	72	72

health screening (Approach VI), combination methods that included health screening as a part of the approach (Approaches IX, X, and XII), and those combination methods that included survey as a part of the approach (Approaches VIII, IX, X, XI, XII, and XIII).

The results of this effectiveness analysis suggest that more data elements considered relevant for policy and program development can be obtained through methodological approaches that involve direct contact with the respondents. Specifically, these approaches are either a citizen survey approach combination or an in-person health examination approach combination which would include an interview with each selected child's parent or caretaker. Both of these approaches afford the opportunity for the collection of vast amounts of demographic information in addition to relevant information regarding the given child's level of care.

5.4 Cost-Effectiveness of Methodologies in Relation to Policy Questions

The final step in evaluating the methodological approaches in relation to the policy questions involves estimating the cost of implementation of each of the approaches and then deriving cost-effectiveness indexes in relation to over-all effectiveness percentages in relation to policy. This analysis constitutes the final evaluation of the identified methodological approaches, and yields the analytical data needed for the final selection of approaches that will be developed in more depth.

The costs per interview, per examination, or per case study as appropriate to the approach methodology are the basis for cost analysis. Table 5-4, Column 2, gives a breakdown of unit costs for ecah approach.

It is estimated that each home interview will cost $45 and each telephone interview $10. These are average current survey costs and are further developed in Chapter 6.0. Costs for medical examinations and case studies are based on information from similar surveys. In some approaches, a choice can be made between a telephone or in-person interview.

These cost estimates were viewed in relation to the overall effectiveness percentages of the methodological approaches in relation to policy as in the last column of Table 5-3. The cost-effectiveness index is calculated by the following formula:

$$E_i = \frac{P_i}{\frac{C_{max} - C_i}{C_{max}}}$$

Where P_i is the Overall Policy Effectiveness Ratio

C_{max} is the cost for the most expensive approach

C_i is the cost of approach i

TABLE 5-4

ESTIMATED COST-EFFECTIVENESS OF EACH METHODOLOGICAL APPROACH

Methodological Approach	Estimated Cost per Interview	Overall Effectiveness Percentages[a]	Cost-Effectiveness Ratio
1	2	3	4
I. Citizen Survey	$ 45	44	.53
II. Teacher Survey	45	15	.18[b]
III. Survey of Children	45	14	.17[b]
IV. Nomination Survey	10	38	.40
V. Physician and Hospital Survey	60	45	.58
VI. National Health Screening	200	63	.02
VII. Profile Development	15	27	.29[b]
VIII. Citizen Survey, Agency Records & Regression Analysis	60	56	.72
IX. Citizen Survey & National Health Screening	245	70	.08
X. Citizen Survey, National Health Screening & Agency Records	260	75	.19
XI. National Health Screening & Teacher Survey	90	55	.82
XII. Citizen Survey, Teacher Survey, National Health Screening & Agency Records	270	56	0
XIII. Neglect Citizen Survey & Abuse Nomination Survey & Randomized Response	55	72	.90

[a]Percentages from Table 5-3.

[b]The approaches were considered unacceptable, as they are poor in providing data of sufficient accuracy.

For example:

$$E_i = \frac{.44}{\frac{\$270 - \$45}{\$270}} = .53$$

Where E_i = Cost-effectiveness ratio of methodological Approach Number I

C_{max} = $270 (Cost of Approach Number I)

C_i = $45 (cost of Approach Number I)

The cost-effectiveness of Approach Number 1, The Citizen Survey, is thus shown to be 53 percent.

The cost-effectiveness indexes for each methodological approach are presented in Table 5-4, column 4. As shown in the table, those approaches that involved health screening methodologies (Approaches VI, IX, X, XI, and XII) were estimated to be very costly compared to the other approaches. Those approaches seen as the most cost-effective (after screening out the health examination approaches due to cost) were the survey of physicians and hospitals (Approach V) and the approaches that included citizen survey: the citizen survey (Approach I), the nomination survey (Approach IV), the citizen survey combined with agency records (Approach VIII), and the combination of citizen survey and the randomized response survey (Approach XIII). Approach XIII yielded the highest cost-effectiveness index and was also high in the technical evaluation in Chapter 4.0. Therefore, this approach is being developed in the following Chapter 6.0.

FOOTNOTES

1. National Center for Health Statistics, Vital and Health Statistics, Volume of Physician Visits: U.S. July 1966-June 1967 (Washington, D.C.: U.S. Government Printing Office, November, 1968).

2. Catherine Kohler Riessman, "The Use of Health Services by the Poor," Social Policy 5 (May/June 1974): 41-4.

3. Ibid.

4. Martin Rein, "Social Class and the Health Service," New Society 20 (1969): 807-10.

5. Kay Drews, "The Child and His School," in C. Henry Kempe and Ray E. Helfer, eds. Helping the Battered Child and His Family (Philadelphia: J. B. Lippincott Company, 1972): 117.

6. Ibid., p. 115.

7. Jerry L. Nordstrom, "Child Abuse: A School District's Response to its Responsibility," Child Welfare 53 (April 1974): 257-60

8. Drews, "The Child and His School," pp. 115-23.

9. Nordstrom, "Child Abuse: A School District's Response," pp. 257-60.

10. Vincent De Francis, "The Status of Child Protective Services: A National Dilemma," in Kempe and Helfer, eds., Helping the Battered Child, p. 138.

11. David G. Gil, Violence Against Children (Cambridge: Harvard University Press, 1973).

12. Marvin R. Burt, The System for Neglected and Abused Children in the District of Columbia: A Policy Analysis, (Bethesda, Maryland: Burt Associates, Incorporated, October 1974): 45.

13. James J. Delaney, "The Battered Child and the Law," in Kempe and Helfer, eds., Helping the Battered Child, p. 206.

14. Henry E. Kempe and Ray E. Helfer, "Innovative Therapeutic Approaches," in Kempe and Helfer, eds., Helping the Battered Child, pp. 47-48.

15. Helen Alexander, "The Social Worker and the Family," in Kempe and Helfer eds., Helping the Battered Child, p. 29.

16. "Title XX--Grants to States for Services," Public Law 93-647, 93rd Congress, H.R. 17045 (January 4, 1975): 1.

17. De Francis, "The Status of Child Protective Services," p. 134.

18. Ibid., p. 135.

19. Ibid.

20. See, for example, De Francis, "The Status of Child Protective Services;" and Andrew Billingsley and Jeanne M. Giovannoni, Children of the Storm (New York: Harcourt Brace Jovanich, Inc., 1972).

21. Ray E. Helfer, "The Center for the Study of Abused and Neglected Children," in Kempe and Helfer, eds., Helping the Battered Child, pp. 285-297.

22. Ibid., p. 292.

23. Ibid., p. 295

24. Gil, Violence Against Children, pp. 1-17.

APPENDIX A

USE OF AGENCY RECORDS

USE OF AGENCY RECORDS

A method that is outlined as a tentative option, page 92 of Volume 1, is to build regression models relating the characteristics of reported cases in a locality and the incidence of abuse or neglect in the locality determined by survey. If this is done in many localities, it would be possible to determine general models for prediction purposes. State and national incidence estimates could then be obtained by making use of agency records data as the independent variables.

Implementing the approach would require a series of steps.

1. n localities (counties) would be selected for data gathering. They would be selected either at a random, random with strata, or chosen because they are representative of types of communities.
2. A citizen survey would be conducted in each locality to obtain total incidence data on abuse and neglect in the community. The most likely questionnaire design would be a nomination-type survey for abuse. Thus, the correction factor would be needed as discussed in the nomination survey section of the report. The neglect survey, as designed, will be suitable for neglect.

3. The survey incidence data would be converted to locality population estimates via a model of the following type:

$$\text{Population estimate} = (\text{population}) \frac{\text{Incidence}}{\text{Correction factor}}$$

4. Data on reported cases would be collected from the protective services in each of the localities. This data would include statistics on:

- Reported cases
- Validated cases
- Types of neglect and abuse
- Family characteristics and stresses
- Community variables on alcoholism, unemployment, education levels, income levels, etc.
- Protective service expenditures and type services
- Hot line
- Number of social workers, etc.

5. Regression analysis would be conducted to relate population estimates based on survey (dependent variables) to data gathered from social services (independent variables). The purpose of this step is to determine if locality (county) population estimates of neglect and abuse can be predicted from data on reported cases, social service services, and community characteristics. The regression analysis would be conducted with step-wise regression on several functions of the variables such as x^p, e^x, log x. This assures that non-linear relationships will be identified. The step-wise regression is useful for obtaining sets of significant variables.

If predictive tools can be found from this approach, they would take the following form:

$I = a + bf(x_1) + cg(x_2) + dh(x_3) + \ldots$

where I is a population estimate of a type of neglect, abuse, and severity level. The functions of x_i will be linear or nonlinear forms of community characteristics, reported cases, etc.

6. The prediction equations developed next would be tested in additional communities. In each test community, a citizen survey would be conducted. Data would be gathered on reported cases, community characteristics, and services offered. These statistics would be inserted in the predictive equations (independent variables) and population estimates computed. These would be compared with the citizen survey results to determine how well one can predict incidence from the independent variables.

7. If the prediction equations are adequate tools, the next step would be to predict population estimates in all counties based on county characteristics and county protective service characteristics. These data would be collected for each county and used in the prediction equations. The aggregation of predicted population estimates of neglect and abuse by county can then be aggregated by state and national estimates.

The rationale for the above approach is that there should be relationships between population incidence of neglect and abuse and reported case information and community characteristics.

One should be able to estimate these relationships using regression. This statistical approach to predicting state and national incidence would be of reasonable cost compared to national citizen surveys and would have the added advantage of localized estimates.

The unknown feature of this approach is the statistical significance of the independent and the dependent variables. In general, sociological linear and nonlinear relationships do not exhibit strong relationships because of the many variables having effects in the data, but not measured separately in the model. In this case, there are many factors that are not measured including

- Differences in state reporting laws
- Differences in treatments
- Differences in procedures
- Etc.

It appears that the first thing that should be done is to conduct a pilot test in one city. A nomination and neglect survey can be made in the city and data from agency records collected. Regression analysis would be performed by selecting the variables that provide the most significant relationships. The significance and magnitude of R^2 can be used as a test of the feasibility of the technique.

It might be useful also to conduct a telephone survey of all state social service agencies to determine variability in reporting procedures and to select from the universe a sample representative of differences in reporting procedures.

A telephone survey of nine social service agencies was conducted by BAI in November 1975. This survey indicates that differences in reporting procedures do exist. These agencies served as jurisdictions in or around the following areas:

- Clark County, Indiana
- Hopkinsville, Kentucky
- Greensboro, North Carolina
- Uniontown, Pennsylvania
- Nashville, Tennessee
- Houston, Texas
- Manassas, Virginia
- Elkins, West Virginia
- Sheridan, Wyoming

The Telephone Interview Schedule used in the survey is presented at the conclusion of this Appendix.

With one exception, all respondents were staff of a Protective Services Unit; the exception was simply part of the Social Services Unit of a State Department of Human Resources.

Eight of these respondents reported that their unit handled all child abuse and child neglect cases. The occasional exceptions to this rule occurred when calls

during nonworking hours were handled by some other unit or happened to be spotted by staff within some other division during the course of their work with families. In either case, the abuse or neglect case might remain with the caseworker who was initially involved with the family rather than being reassigned to a Protective Services worker. One Protective Service Unit handled only newly reported cases of abuse and neglect. All reported cases to the proper State authority.

It was these reporting procedures that were of greatest interest, of course. Table A-1 presents the data elicited from the telephone survey. It includes the "yes" and "no" answers to the questions asked as well as responses qualifying the answers.

As can be seen, eight of the nine agencies do enter all cases of child abuse and child neglect seen at intake into their log and report these to their State. In two cases, all types of cases are classified by type. That is, validated cases, invalidated cases, investigated cases, follow-up cases, and so on, can be separated one from another in the official count. In four agencies, cases referred elsewhere without intake can be separated out from other cases seen at intake. Three agencies, on the other hand, do not report these types of referrals to the State, although one of these agencies does record these referrals for their own use.

TABLE A-1

REPORTING PROCEDURES OF NINE SOCIAL SERVICE AGENCIES FOR CHILD ABUSE AND CHILD NEGLECT

Inclusion in Official Count	Yes	No
All cases seen at intake	8	1
Includes cases dropped	8	1
Includes cases referred elsewhere without intake	6	3*
Includes referrals but classified as such	4	
Includes only validated cases	1	
Separates all cases by type**	2	

*In one case, a count of referrals is kept at the local level, but this is not forwarded to the State.

**Includes classification by validated vs invalidated case, investigated case, referred case, etc., for both child abuse and child neglect.

One agency indicated that only validated cases were reported to the State; this policy, however, should change soon as the State begins to respond to the format of the American Humane Association's Clearinghouse.

Informal conversations with these respondents suggest that child abuse is more likely to be reported than child neglect.

These data further suggest that more study may be needed of the variability in reporting procedures in order that some estimate can be made of validated versus invalidated cases of child abuse and child neglect.

TELEPHONE INTERVIEWS: SOCIAL SERVICE AGENCIES

Hello. My name is _____ and I am from Burt Associates in Bethesda, Maryland. We are gathering information for the National Center on Child Abuse and Neglect, U.S. Children's Bureau.

The National Center on Child Abuse and Neglect is now exploring ways of obtaining estimates of the incidence of child abuse and child neglect in our country. The records of social service agencies, such as yours, may be of great assistance in arriving at any estimates of incidence. However, the National Center has anticipated a number of possible problems with the use of agency records and has asked us to ask several agencies about these problems.

A major issue revolves around the methods of reporting child abuse and child neglect cases. Specifically, are all cases reported to intake recorded as a reported case, including those for whom an intake form is filled out, those where the case is dropped or those referred to another agency?

We would be most appreciative if you could tell us about some of your agency's procedures in relation to these issues by answering a few simple questions. Your answers will be kept confidential in the sense that they will not be connected with the name of your agency, but merely reported as a type of reporting procedure.

Would you answer these few questions now?

(If the respondent says "No," ask if you can call later.)
(If the respondent says "Yes," proceed with questions.)

NOTE TO INTERVIEWER: Write all qualifying statements in margin.

REPORTING PROCEDURES FORM

1a. Does your unit handle all child abuse cases reported to your agency?

_____Yes
_____No

If no, which unit or units handle abuse cases not handled by your unit?

1._____
2._____
3._____

1b. Does your unit handle all child neglect cases reported to your agency?

_____Yes
_____No

If no, which unit or units handle neglect cases not handled by your unit?

1._____
2._____
3._____

2. Are all cases reported to intake entered into your log, and counted in your official reported number of child abuse cases?

_____Yes
_____No

child neglect cases?

_____Yes
_____No

Does this include incidents where a child abuse case is dropped?

_____Yes
_____No

Does this include incidents where a child neglect case is dropped?

_____Yes
_____No

If no, what types of cases are not entered and counted?

1._____
2._____
3._____

3. Does your official number of child abuse cases include those cases that were referred elsewhere without intake?

_____Yes
_____No

Does your official number of child neglect cases include those cases that were referred elsewhere without intake?

_____Yes
_____No

COMPLETE AFTER INTERVIEW

The respondent unit is a Protective Services Unit

_____Yes
_____No
_____Other (specify)_____

END