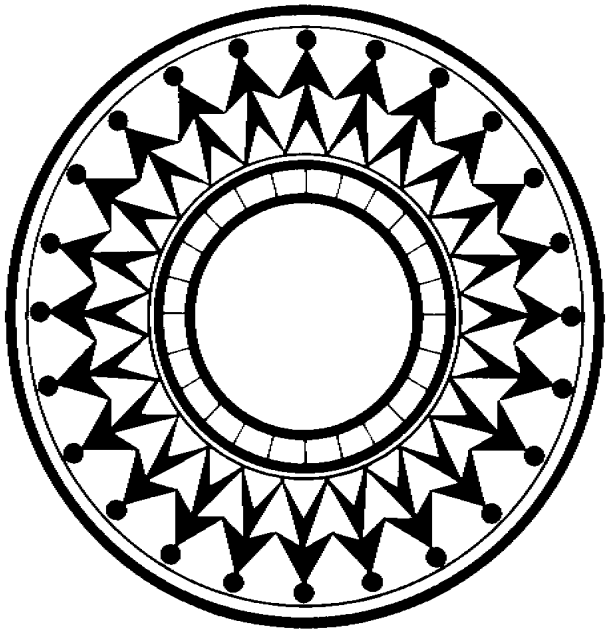
DECISION-MAKING IN CHILD PROTECTIVE SERVICES: A STUDY OF EFFECTIVENESS, PHASE I, 1997

NDACAN Dataset Number 83

USER'S GUIDE AND CODEBOOK



National Data Archive on Child Abuse and Neglect
Family Life Development Center
Cornell University
Ithaca, New York 14853-4401
607-255-7799
ndacan@cornell.edu
www.ndacan.cornell.edu

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Data Collected by

Diana J. English, Ph.D.
David B. Marshall, Ph.D.
Sherry C. Brummel, B.A.
Laura K. Coghlan, B.A.

Washington State Department of Social and Health Services
Office of Children's Administration Research
Management Services Division
Children's Administration
Olympia, WA 98504-5701

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National Data Archive on Child Abuse and Neglect
in collaboration with Diana J. English, Ph.D. and
David B. Marshall, Ph.D.

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PREFACE

The study, *Decision-Making in Child Protective Services: A Study of Effectiveness, Phase I, 1997,* has been given to the National Data Archive on Child Abuse and Neglect for public distribution by Diana J. English, Ph.D. Funding for the project was provided by the Office on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health and Human Services, contract #90-CA-1563.

ACKNOWLEDGEMENT OF ASSISTANCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below.

> The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from the *Decision-Making in Child Protective Services: A Study of Effectiveness, Phase I, 1997* study were originally collected by Diana J. English, Ph.D. Funding for this study was provided by the Office on Child Abuse and Neglect, Children's Bureau, U.S. Department of Health and Human Services, contract #90-CA-1563. The collector of the original data, the funder, the Archive, Cornell University and its agents or employees bear no responsibility for the analyses or interpretations presented here.

INFORMATION ABOUT THE USE OF ARCHIVAL RESOURCES

Users of these data are expected to send a copy of any completed manuscript, thesis abstract, or reprint to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, MVR Hall, Ithaca, New York 14853-4401. Such copies will be used to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

ABSTRACT

Investigators in the Office of Children's Administration Research in the Department of Social and Health Services of Washington State compared child protective services (CPS) referrals that were substantiated to those classified as inconclusive or unsubstantiated. The primary objectives of their study, the Child Protective Services Decision-Making Study, were to examine the decision-making criteria used by CPS workers and to assess the effectiveness of criteria associated with major CPS decisions. Factors influencing decisions and subsequent outcomes for families such as re-referral, recurrence, and placement were examined.

The analytic dataset was drawn from all CPS referrals accepted for investigation between July 1, 1994 and June 30, 1995. All cases in the set met the following criteria: summary referrals were completed by September 30, 1995; duplicate referrals were removed; length of service was less than 240 days; overall risk rating as well as some risk variables were present; cases did not have a review or transfer status; and cases had a single type of abuse. Of the 41,652 calls CPS accepted for investigation during the target year, 12,978 met criteria for inclusion in the dataset.

In addition to abuse history and demographic data, the file contains the results of a risk assessment performed using a 37-item Risk Factor Matrix. The Matrix includes assessments in the following domains: child characteristics; severity of abuse or neglect; chronicity; caretaker characteristics; caretaker relationship; social and economic factors; and perpetrator access.

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OVERVIEW

Introduction

In 1994, the National Center on Child Abuse and Neglect, now the Office on Child Abuse and Neglect, funded a three-year study to examine the characteristics of child protective services (CPS) decision-making in Washington State. The Washington State Child Protective Services Program is a state-based system with a central administration headquarters and six regional offices. There are a total of 43 local area offices within the six regions. Referrals accepted for investigation by the CPS program during a one-year period from July 1, 1994 to June 30, 1995 formed the basis for the study's analyses.

The study was conducted in two phases by researchers in the Office of Children's Administration Research. Phase 1 consisted of a quantitative analysis of CPS decision-making data. During this phase criteria used by CPS workers to make decisions about investigation, substantiation, and services in the first 90 days of a CPS case were analyzed, as were case outcomes.

Phase II of the study was a qualitative analysis of factors influencing CPS decision-making. A random sample of 200 CPS referrals was selected and the workers who investigated those cases were interviewed. Workers were asked about factors that influenced their decisions in child abuse and neglect cases in general and factors that influenced their decisions in the specific case selected for study. The final report for Phase II of this study can be obtained by contacting the National Clearinghouse on Child Abuse and Neglect Information (www.calib.com/nccanch or 800-FYI-3366). ***The data from Phase II of the study are not archived at NDACAN.***

Both phases of the study used data from Washington State's electronic case management information system (CAMIS). Data on every referral to the statewide CPS program are entered into CAMIS. A wide variety of information is available from the system including case and family characteristics, abuse incident characteristics, risk factors during the investigation process, and service or disposition characteristics. In addition, data on outcomes including re-referral, recurrence, and placement are also available from the CAMIS system.

Objectives of Phase I

The primary objectives of the Child Protective Services Decision-Making (CPSDM) Study were to examine the criteria used by CPS workers to make major CPS decisions and to assess the effectiveness of those criteria. Factors influencing both decisions and subsequent outcomes for families were examined.

Specific purposes of the study included an examination of:

- The criteria used in CPS decision-making at different points in the "life" of a CPS case from referral to case closure. Decision points include the decision to investigate (including assignment of response time, assessment of risk of imminent harm, assignment of risk at intake, and investigation standard), the assessment of risk after investigation, the decision to

substantiate, and the decision to open a case for service. The primary focus of the study was on the assessment of the likelihood of re-referral and recurrence and the decision to substantiate.

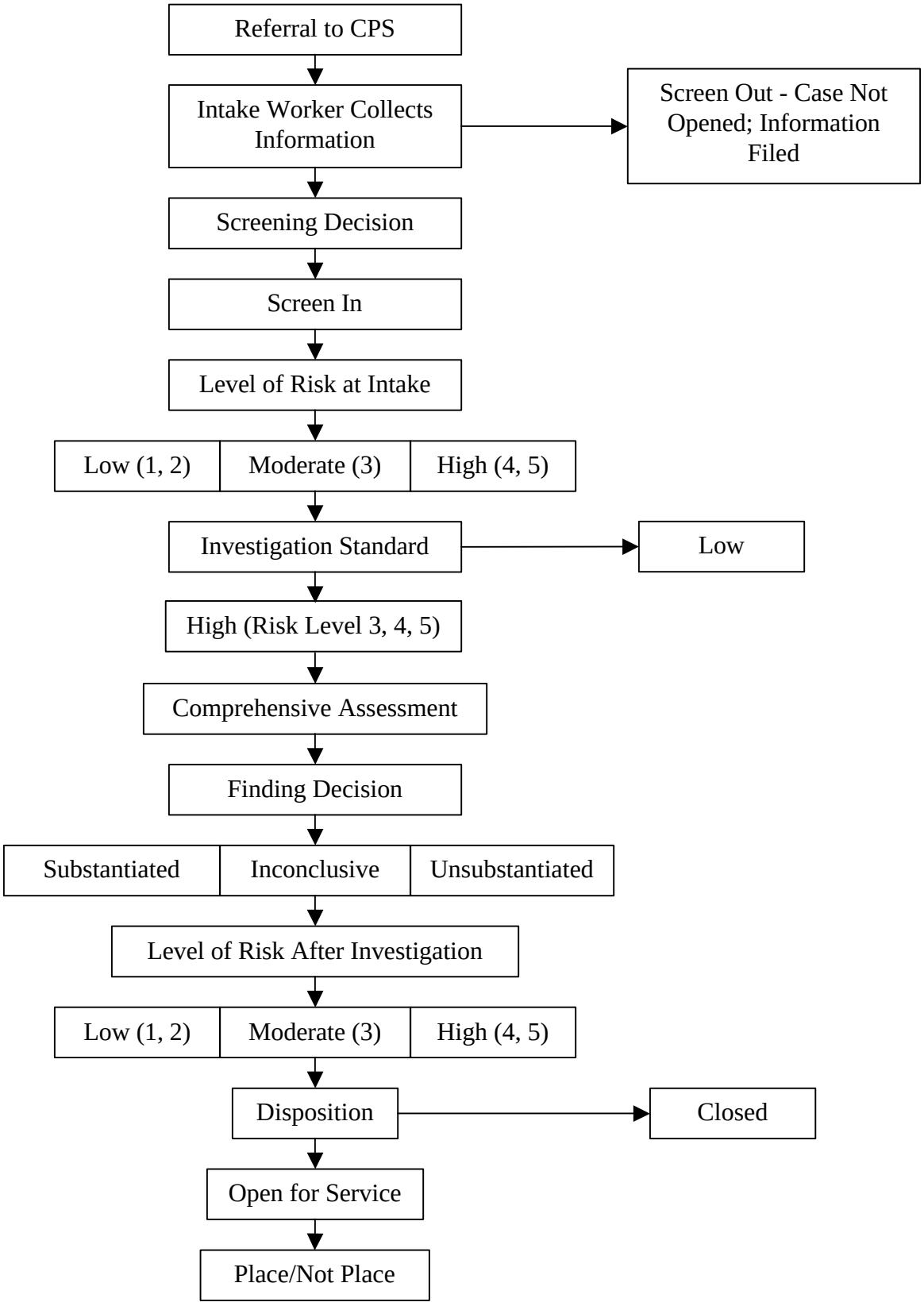
- Whether different factors are associated with different types of abuse at each decision point.
- Whether different factors affect both the decision to investigate and the assignment of overall risk after investigation in cases classified as moderate/high risk compared to cases classified as low risk.
- The effectiveness of CPS decision-making as measured by re-referral and recurrence.
- Whether different factors are associated with CPS decision-making in urban versus rural settings.
- Similarities and differences in CPS decisions for different ethnic groups.
- The weighting of different risk factors and their contribution to overall level of risk.
- An examination of whether risk factors are the same or different at re-referral.

CPS Decision-Making

In 1987 Washington State adopted a risk assessment model to guide decision-making in child protective services. The Washington Risk Assessment Model (WARM) consists of six components: screening or eligibility criteria; assignment of intake risk; investigation standard at intake; guidelines for comprehensive assessment of risk during investigation; post-investigation findings and summary assessment; and case planning guidelines. The WARM is based on an ecological model of child maltreatment; factors associated with the child, the caregiver, and the environment in which they live are believed to be associated with the likelihood of maltreatment. Risk factors are assessed across these domains. The aim of the risk assessment model is to shift the focus of CPS intervention from substantiation of past or ongoing maltreatment to the evaluation of the likelihood of future maltreatment, in the absence of intervention.

The figure entitled *CPS Decision Flow Chart – Risk Assessment Model* provides a visual overview of the decision making process. A description of the six components of the WARM follows the figure.

CPS Decision Flow Chart – Risk Assessment Model



The six elements of WARM are:

1. **Screening for sufficiency.** The following four screening criteria are applied to each referral: a) there must be sufficient information to locate the alleged victim; and b) the alleged perpetrator must be the child's parent or caregiver, or a person acting in *loco parentis*, or the parent must be negligent in protecting the child from abuse; and c) a specific allegation of child abuse or neglect that meets statutory or policy definitions in Washington State must be made; or d) information must indicate there is a risk of imminent harm to the child. If "a, b and c" or "a, b and d" are satisfied, the referral is accepted and assigned for investigation or the family may be referred to community-based services. If not, the referral is designated as information only or third-party, and there is no CPS investigation.

2. **Assignment of level of risk at intake (risk tag).** Every case accepted for investigation is assigned a level of risk at intake. Level of risk is assigned on a six-point scale with 0 equal to no risk, 1 low risk, 2 moderately low risk, 3 moderate risk, 4 moderately high risk, and 5 high risk.

   Level of risk at intake is assigned on the basis of information available at intake from the referent, information available from collateral contacts, and information available from any prior CPS history. Initial assessments of risk are based on the severity of the alleged maltreatment, chronicity of the current and past allegations, child vulnerability, perpetrator access, and other risk information available at intake.

3. **Standard of investigation.** Guidelines for differential investigation standards state risk level 0 does not require investigation. Since 1993 cases assigned a risk level 1 or 2 may receive a low standard of investigation and may be referred to community-based services or diverted to an alternate response system in the community. Low standard investigations require a review of prior CPS involvement and collateral contacts to determine if further investigation should occur. Face-to-face contact with the child and caregiver are not required and no findings of maltreatment are made. Risk levels 3, 4, and 5 require a high standard of investigation and a finding. A high standard of investigation includes review of prior CPS involvement, collateral contacts, face-to-face interviews with the child and caretaker, and any additional assessments required to determine whether abuse or neglect occurred and whether there is a potential risk to the alleged victim.

4. **Comprehensive assessment of risk.** The central component of the WARM is a 37-item risk assessment matrix. The matrix has seven risk domains related to the child, the severity of child abuse or neglect (CAN), the chronicity of CAN, caretaker characteristics, the parent-child relationship, socio-economic factors, and alleged perpetrator access (see appendix for a copy of the Risk Factor Matrix).

5. **Summary assessment.** This component of the model includes assignment of post-investigation risk level, a finding concerning maltreatment, and case planning. The

overall level of risk is based on two dimensions. The first is an assessment of the likelihood that a child will be abused or neglected in the future, and, if so, an assessment of the likely degree of the seriousness of the future CAN. In addition to assessing the post-investigation level of risk, CPS workers must make a finding. A CPS worker can assign one of three categories of findings: founded, unfounded or inconclusive. *Founded* means that based on the CPS investigation there is reasonable cause to believe either that the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been or is at risk of being abused or neglected. *Unfounded* means that based on the CPS investigation there is reasonable cause to believe that the allegations on the CPS referral are untrue or that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected and is not at risk of abuse or neglect. *Inconclusive* means there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected or is at risk of abuse or neglect.

6. **90-day rule.** A CPS worker has 90 days to complete a CPS investigation. To continue services after 90 days, there must be a voluntary service agreement with the client, or the court must intervene, or the case must be closed. If the CPS worker assesses risk in the family, but the family will not voluntarily participate in services and there is insufficient evidence to take the case to court, the case is closed regardless of the level of risk assessed.

Derivation of the Working Dataset

During the fiscal year July 1, 1994 to June 30, 1995, a total of 73,298 calls were made to CPS. Fifty-seven percent of the calls were accepted for investigation. The remaining referrals were classified as information only or third party referrals and no further action was taken. A total of 41,652 referrals were accepted for investigation during the one-year period. From this group those with summary assessments completed before September 30, 1995, were extracted. Duplicates were next removed; the referral with the highest risk tag was retained. A total of 20,053 cases remained after these steps.

Variables of interest were risk decisions, substantiation, and case outcomes. Accordingly only those cases in the dataset that included variables related to post-investigation of risk findings were retained. In CAMIS, data regarding risk and findings are documented on the summary assessment form that is completed post-investigation. Referrals classified as low risk at intake (risk tag 1 or 2) may receive a low standard of investigation and in such cases, summary assessments are not completed. There were also referrals in the dataset that should have had completed summary assessments but did not. These records were dropped.

After examining the characteristics of the total dataset, a number of exclusionary criteria were identified for the development of a "working" dataset. The steps taken to create that dataset are described in the table below. The working dataset was the primary dataset used for the majority of analyses conducted.

Table 1. Derivation of the Working Dataset

Unique (non-duplicate) referrals received between July 1, 1994, and June 30, 1995, that had summary assessments completed by September 30, 1995.	20,053
Step 1. Cases with a length of service greater than 240 days, those missing all or most risk variables, and those missing an overall risk rating removed.	17,857
Step 2. Cases with review or transfer status removed.	16,366
Step 3. Referrals involving more than one type of abuse and referrals with type of abuse missing removed.	12,978

As shown in Table I, cases with a length of time to paperwork completion greater than 240 days were deleted. The investigators did not feel they could reliably link post-investigation paperwork to intake or referral information after 240 days. In addition, cases with missing, insufficient, or not applicable labels for overall risk rating were deleted. Cases with all or most risk variables missing or not applicable were also deleted in Step 1. A total of 2,196 cases were removed during this step.

A primary objective of the study was to examine differences by type of abuse. To this end, cases with more than one abuse type were eliminated in Step 2. Review and transfer cases (N=1,491), many of which included multiple abuse allegations, were excluded from the main working dataset at this point. All other referrals involving more than one type of abuse and referrals with the type of abuse missing (N=3,388) were excluded in Step 3.

In summary, the working dataset includes only those referrals that had one CAN code identified at intake, had completed summary assessments, had some or all of their individual Risk Factor Matrix items rated, had an overall risk rating, and were not in review or transfer status at time of summary assessment. The working dataset included primarily young, Caucasian children who were reported to CPS for physical neglect, physical abuse, and sexual abuse.

In a subsequent analysis using neural network modeling, any cases with missing Risk Assessment Matrix variables or variables labeled insufficient information to assess were removed (N=10,967). The remaining cases, those with complete risk matrices (N=2,011), were used to build a predictive model incorporating level of risk.

Effects of Removing Data

After each removal, chi-square analyses were performed on a number of variables to compare the removed cases to those remaining. The majority of the cases removed because of missing overall risk ratings in Step 1 had significant amounts of missing data on individual risk items and were more likely to be from large metropolitan offices in the state. These cases had longer times to paperwork completion with initially higher mean risk tags but lower mean individual risk variable scores. They were more likely to have a Risk/Open disposition status, to be classified as sexual abuse, and to be classified as inconclusive. Excluded cases of this sort were also more likely to remain open for services after investigation. It is likely that these were slightly higher risk cases than those remaining after Step 1 removals. Cases dropped for having a length of

service greater than 240 days were also likely to be higher risk. The characteristics of cases removed for failure to complete summary assessments were analyzed with the Step 2 cases, which they most closely resembled.

The review and transfer cases removed in Step 2 were given higher overall risk ratings and included more African Americans and more cases of physical and medical neglect. These cases were more likely to come from large metropolitan offices, primarily from one region of the state. These referrals were more likely to have been made by professionals and had higher mean risk tags.

Multiple abuse allegation referrals were removed in Step 3 so that analyses comparing similarities and differences for single types of abuse could be conducted. There were an increased number of community as opposed to professional referents in this multiple allegation group. Removed multiple allegation referrals were more likely to receive a higher risk tag at intake and more likely to be identified as Risk/Open after investigation than were referrals remaining after Step 3. Again, these cases appear to be more serious ones.

General Characteristics of the Remaining Cases

Half of the children in the working dataset were under five (50.2%) and most (71%) were Caucasian. These children were equally likely to be reported for physical neglect (37%) and physical abuse (37%), with about 17% being reported for sexual abuse. Mean ages of the children differed by type of abuse. For sexual abuse and emotional abuse, the mean age was 4. The mean age of children reported for medical and physical neglect was less than 1 year. The age range of physically abused children was 4 to 14. Compared to other ethnicities, Hispanic children were proportionally more likely to be reported for sexual abuse, Asian Pacific Islanders were proportionally more likely to be reported for physical abuse, and Native American children were more likely to be reported for neglect. Girls were significantly more likely to be reported for sexual abuse than boys. No other gender differences by type of abuse were noted.

DESCRIPTION OF THE DATA FILE

NDACAN distributes these data as SAS transport or SPSS portable files. Other file formats and data subsets can be prepared by special request. Please contact NDACAN for more information.

File Characteristics

NDACAN distributes one data file for this project, CPSDM1, which has 12,978 cases and 90 variables. Each case corresponds to a CPS referral. The file contains the same cases as the working dataset referred to above and the variables include information regarding child abuse or neglect type, referrals, re-referrals, and CPS office location and size. The file also contains scores on 37 primary risk assessment matrix items.

Each case contains data relevant to one incident and the incident's summary assessment. If a referral involved multiple children, a referent child was selected for the purpose of data collection. The referent child was usually the child considered to be at highest risk. A referent child may have more than one record in the file if the child was the subject of more than one incident. However, there is no variable in the data file, such as a Child ID, that indicates which records refer to the same child. It is important to stress that the objective of the study was to assess the caseworkers' decisions about referrals, not to evaluate outcomes for individual children, so the lack of a child ID may not be critical.

NDACAN has created an identification variable, DID, which is the record's sequential case number in the file preceded by a *D* and leading zeroes. DID is **NOT** unique to a child or family; its sole purpose is to uniquely identify each record in the file.

Risk Factor Matrix Variable Names

A major assessment tool used in this study is the Risk Factor Matrix, a copy of which is included in the Appendix. *Please note that CPSDM1 does not contain secondary caregiver risk variables*. The matrix items correspond to the risk variables in the data files as follows:

Risk Factor	Variable Name
I. Child characteristics	
a. age	nrisk01
b. physical, mental or social development	nrisk02
c. behavioral issues	nrisk03
d. self-protection	nrisk04
e. fear of caretaker or home environment	nrisk05
II. Severity of CAN	
f. dangerous acts	nrisk06
g. extent of physical injury or harm	nrisk07
h. extent of emotional harm or damage exhibited by child	nrisk08

i.	adequacy of medical and dental care	nrisk09
j.	provision for basic needs	nrisk10
k.	adequacy of supervision	nrisk11
l.	physical hazards or dangerous objects in home or living environment	nrisk12
m.	sexual abuse and/or exploitation	nrisk13
n.	exploitation (non-sexual)	nrisk14

III Chronicity

o.	frequency of abuse or neglect	nrisk15

IV. Primary caretaker characteristics

p.	victimization of other children by primary caretaker	nrisk16
q.	mental, physical or emotional impairment of primary caretaker	nrisk18
r.	deviant arousal of primary caretaker	nrisk20
s.	substance abuse by primary caretaker	nrisk22
t.	history of domestic violence and assaultive behavior	nrisk24
u.	history of abuse or neglect as a child – primary caretaker	nrisk26
v.	parenting skills and knowledge of primary caretaker	nrisk28
w.	nurturance by primary caretaker	nrisk30
x.	recognition of problem by primary caretaker	nrisk32
y.	protection of child by non-abusive primary caretaker	nrisk34
z.	cooperation with agency – primary caretaker	nrisk36

V. Primary caretaker relationship

aa.	response to child's behavior or misconduct by primary caretaker	nrisk38
bb.	attachment and bonding with primary caretaker	nrisk40
cc.	child's role in family – primary caretaker	nrisk42
dd.	child is pressured to recant or deny by primary caretaker	nrisk44
ee.	personal boundary issues – primary caretaker	nrisk46
ff.	parental response to abuse	nrisk48

VI Social and economic factors

gg.	stress on primary caretaker	nrisk50
hh.	employment status of primary caretaker	nrisk52
ii.	social support for primary caretaker	nrisk54
jj.	economic resources of primary caretaker	nrisk56

VII Perpetrator access

kk.	perpetrator access (abuse) – primary caretaker	nrisk58

Please contact NDACAN directly if you have questions or encounter problems using this dataset.

BIBLIOGRAPHY

The references for this document are divided into two sections. The first section is a listing of documents produced from *Decision-Making in Child Protective Services: A Study of Effectiveness, 1997*. The second section is a list of publications that were consulted in the construction of this guide. Please note that this list is not meant to be exhaustive or representative of documents produced from or related to the dataset.

Documents Produced from the Dataset

English, D. J., Marshall, D. B., Brummel, S., Coghlan, L., Novicky, R. S., & Orme, M. (1997). Decision-making in child protective services: A study of effectiveness. Final Report, Phase I: Quantitative analysis, US DHHS, NCCAN Grant # 90 CA 1563.

English, D. J., Marshall, D. B., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington State. *Child Maltreatment*, *4*(4), 297-307.

English, D. J., Marshall, D. B., Coghlan, L., Brummel, S., & Orme, M. (in press). Causes and consequences of the substantiation decision in Washington State child protective services. *Children and Youth Services Review*.

Marshall, D. B., & English, D. (2000). Neural network modeling of risk assessment in child protective services. *Psychological Methods*, *5*(1), 102-124.

Marshall, D.B., & English, D. J. (1999). Survival analysis of risk factors for recidivism in child abuse and neglect. *Child Maltreatment*, *4*(4), 287-296.

Source Materials for this Guide

English, D. J., Marshall, D. B., Brummel, S., Coghlan, L., Novicky, R. S., & Orme, M. (1997). Decision-making in child protective services: A study of effectiveness. Final Report, US DHHS, NCCAN Grant # 90-CA-1563.

CODEBOOK: CPSDM1 VARIABLE INFORMATION

The Codebook contains three sections. The first and second sections contain lists of the variables in the CPSDM1 file, first sorted alphabetically and then by the order in which they appear in the data file. The third section provides a description of the variables. The variables are arranged in the position in which they appear in CPSDM1. For each variable, a variable name, variable label, and variable format are provided on the first line. Variable values and their corresponding labels are listed as appropriate.

Variables in CPSDM1 - Sorted Alphabetically

Name	Position	Label	Page
AGE	46	Age Of Victim	31
AGEC	48	Age Collapsed	31
AGERISKC	49	Age By Risk Group	31
AGETO18	47	Age With Over 17 Recoded Missing	31
CPOPTYPE	39	County Population Type	30
DID	90	Case No.	43
FREREFRL	27	Family Re-Referral	29
FRERFANT	31	Family Re-Referral Antecedent	29
MAJABUSE	41	Major Types Of Abuse	30
NCAN1	01	CAN Code #1	25
NCAN1C	40	CAN Code #1 Collapsed	30
NDSPSTN	15	Disposition Code	28
NFIND	88	Finding	42
NINTDEC	17	Intake Decision	28
NINVSTAN	19	Investigation Standard	28
NLEP	44	Limited English Proficiency	31
NPRI	11	Primary Caregiver	27
NREFERLS	26	No. Of Referrals Per Case	29
NREL	10	Relationship	27
NRESPTIM	18	Response Time Required	28
NRISK01	50	Child Age Risk Level	32
NRISK02	51	Physical, Mental, Or Social Problems	32
NRISK03	52	Behavioral Problems	32
NRISK04	53	Self-Protection	32
NRISK05	54	Fear Of Caretaker Or Home Environment	33
NRISK06	55	Dangerous Acts Allowed By Caretaker	33
NRISK07	56	Extent Of Physical Injury Or Harm	33
NRISK08	57	Extent Of Emotional Harm Or Damage	33
NRISK09	58	Adequacy Of Medical And Dental Care	34
NRISK10	59	Provision For Basic Needs	34
NRISK11	60	Adequacy Of Supervision	34
NRISK12	61	Hazards In Living Environment	35
NRISK13	62	Sexual Abuse Or Exploitation	35
NRISK14	63	Non-Sexual Exploitation	35
NRISK15	64	Frequency Of CAN	35
NRISK16	65	Victimization Of Other Children - PC	36
NRISK18	66	Impairments - PC	36
NRISK20	67	Deviant Arousal - PC	36
NRISK22	68	Substance Abuse - PC	37
NRISK24	69	Domestic Violence And Assault - PC	37
NRISK26	70	History Of CAN As Child - PC	37
NRISK28	71	Parenting Skills - PC	37

Name	Position	Label	Page
NRISK30	72	Nurturance - PC	38
NRISK32	73	Recognition Of Problem - PC	38
NRISK34	74	Protection By Non-Abusive Parent - PC	38
NRISK36	75	Cooperation With Agency - PC	39
NRISK38	76	Response To Child's Behavior - PC	39
NRISK40	77	Attachment And Bonding - PC	39
NRISK42	78	Child's Role In Family - PC	39
NRISK44	79	Child Pressured To Recant - PC	40
NRISK46	80	Personal Boundary Issues - PC	40
NRISK48	81	Response To Disclosure - PC	40
NRISK50	82	Stress On Caretaker - PC	41
NRISK52	83	Employment Status - PC	41
NRISK54	84	Social Support - PC	41
NRISK56	85	Economic Resources - PC	42
NRISK58	86	Access To Or Responsibility For - PC	42
NROLE1	08	Role #1	26
NROLE2	09	Role #2	26
NSEX	45	Sex	31
NSOURCE	16	Source Of Information	28
NSTAT	14	Assessment Status	27
NSUFFQ1	03	Sufficient Information To Locate	25
NSUFFQ2	04	Negligent Caretaker	26
NSUFFQ3	05	Specific Allegation Meets Legal Or WAC	26
NSUFFQ4	06	Factors That Place In Imminent Harm	26
NSUFFQ4C	07	Imminent Harm Collapsed	26
OFFCSIZE	37	Office Size	30
OVERALLC	87	Overall Risk Collapsed	42
PLACEMNT	89	Placement	42
POPSIZE	38	Population Type Served By Office	30
PREREFRL	28	Personal Re-Referral	29
PRERFANT	32	Person Re-Referral Antecedent	29
PRICNT	33	No. Of Priors	29
PRICNTC	34	No. Of Priors Collapsed	30
PRIMETHC	42	Primary Ethnicity Collapsed	31
PRIMETHM	43	Major Ethnic Group	31
PRIOREFS	35	Any Prior Or Re-Referral	30
REFERNTC	13	Referent Type Collapsed	27
REGION	36	Regional Location By Office	30
REINCTIM	30	Time Between Incidents In Days	29
REREFTIM	29	Time To Re-Referral In Days	29
RISKTAG	20	Risk Tag	28
RISKTAGC	21	Risk Tag Collapsed	28
SERVICE	22	Length Of Service In Days	29
SERVICEC	23	Length Of Service Collapsed	29
TIMEPLC	24	Time To Placement In Days	29

Name	Position	Label	Page
TIMEPLCC	25	Time To Placement Collapsed	29
TY	02	Type Of Referent	25
TYC	12	Type Of Referent Collapsed	27

Variables in CPSDM1 - Sorted by Position

Name	Position	Label	Page
NCAN1	01	CAN Code #1	25
TY	02	Type Of Referent	25
NSUFFQ1	03	Sufficient Information To Locate	25
NSUFFQ2	04	Negligent Caretaker	26
NSUFFQ3	05	Specific Allegation Meets Legal Or WAC	26
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Codebook Information for CPSDM1

The variables in this codebook are arranged in the order in which they appear in the CPSDM1 data file. The first line in the description of each variable gives the name in capital letters, the position in the file, and the variable label. The data type is listed in italics below the variable name. When appropriate, value labels follow.

NAME POSITION VARIABLE INFORMATION

NCAN1 **1** **CAN Code #1**
NUM

Value	Label
1	Sexual abuse
2	Physical abuse
3	Physical neglect
4	Medical neglect
5	Exploitation
6	Sexual exploitation
7	Mental injury
8	Emotional abuse
9	Prenatal injury
10	Abandonment
11	Death by neglect or abuse

TY **2** **Type Of Referent**
NUM

Value	Label
1	Corrections
4	Anonymous
9	Department of Social and Health Services
17	Medical professional
22	Law enforcement professional
23	Mental health practitioner
25	Friend or neighbor
26	Other relative
27	Parent or guardian
28	Foster care provider
31	Social service provider
33	Educator
34	Victim or self
44	Child care provider
49	Other
99	Subject

NSUFFQ1 **3** **Sufficient Information To Locate**
NUM

Value	Label
1	Yes
2	No

NAME POSITION VARIABLE INFORMATION

3 Unknown

NSUFFQ2 **4** **Negligent Caretaker**
NUM
Value Label
1 Yes
2 No
3 Unknown

NSUFFQ3 **5** **Specific Allegation Meets Legal Or WAC**
NUM
WAC is the State of Washington Administrative Code.
Value Label
1 Yes
2 No
3 Unknown

NSUFFQ4 **6** **Factors That Place In Imminent Harm**
NUM
Value Label
1 Yes
2 No
3 Unknown

NSUFFQ4C **7** **Imminent Harm Collapsed**
NUM
Value Label
0 No
1 Yes

NROLE1 **8** **Role #1**
NUM
Value Label
1 Collateral
2 Client
3 Other
4 Referrer
5 Subject
6 Unknown
7 Victim
8 Witness
9 Courtesy supervisor

NROLE2 **9** **Role #2**
NUM
Value Label
1 Collateral
2 Client
3 Other
4 Referrer
5 Subject
6 Unknown
7 Victim

NAME	POSITION	VARIABLE INFORMATION
		8 Witness
		9 Courtesy supervisor
NREL	**10**	**Relationship**
NUM		Value Label
		1 Birth or adoptive parent
		2 Step parent
		3 Foster parent
		4 Birth or adoptive child
		5 Step child
		6 Foster child
		7 Birth or adoptive sibling
		8 Step sibling
		9 Foster sibling
		10 Grandparent
		12 Child care provider
		13 Other child
		14 Other relative
		15 Parent's paramour
		16 Reference person
		17 Friend or neighbor
		18 Babysitter
NPRI	**11**	**Primary Caregiver**
NUM		Value Label
		1 Yes
TYC	**12**	**Type Of Referent Collapsed**
NUM		Value Label
		1 Law enforcement
		2 Medical
		3 Education
		4 Social service
		5 Child care
		6 Friend or neighbor
		7 Parent or guardian
		8 Other
		9 Anonymous or missing
REFERNTC	**13**	**Referent Type Collapsed**
NUM		Value Label
		1 Professional
		2 Community-at-large
		3 Anonymous
NSTAT	**14**	**Assessment Status**
NUM		Value Label

NAME POSITION VARIABLE INFORMATION

1 Initial
2 Review
3 Transfer
4 Closure

NDSPSTN 15 Disposition Code
NUM

Value	Label
1	Risk/open
2	Risk/closed
3	No risk/closed

NSOURCE 16 Source Of Information
NUM

Value	Label
1	Firsthand
2	Victim disclosure
3	Circumstantial
4	Secondhand

NINTDEC 17 Intake Decision
NUM

Value	Label
1	Alternate response system
2	Accepted

NRESPTIM 18 Response Time Required
NUM

Value	Label
1	Non-emergent
2	Emergent

NINVSTAN 19 Investigation Standard
NUM

Value	Label
1	Low
2	High

RISKTAG 20 Risk Tag
NUM

Value	Label
0	No risk
1	Low
2	Moderately low
3	Moderate
4	Moderately high
5	High
7	Not rated

RISKTAGC 21 Risk Tag Collapsed
NUM

Value	Label
1	Low (0-2)
2	Moderate (3)

NAME POSITION VARIABLE INFORMATION

3 High (4-5)

SERVICE 22 Length Of Service In Days
NUM

SERVICEC 23 Length Of Service Collapsed
NUM

Value	Label
1	30 days
2	60 days
3	90 days
4	Greater than 90 days

TIMEPLC 24 Time To Placement In Days
NUM

TIMEPLCC 25 Time To Placement Collapsed
NUM

Value	Label
0	0 days
1	1-10 days
2	11-60 days
3	Greater than 60 days

NREFERLS 26 No. Of Referrals Per Case
NUM
The number of referrals for a given summary assessment.

FREREFRL 27 Family Re-Referral
NUM
The number of re-referrals for a family.

PREREFRL 28 Personal Re-Referral
NUM
The number of re-referrals for a person.

REREFTIM 29 Time To Re-Referral In Days
NUM

REINCTIM 30 Time Between Incidents In Days
NUM

FRERFANT 31 Family Re-Referral Antecedent
NUM

Value	Label
0	Case is not the antecedent of a family re-referral
1	Case is the antecedent of a family re-referral

PRERFANT 32 Person Re-Referral Antecedent
NUM

Value	Label
0	Case is not the antecedent of a person re-referral
1	Case is the antecedent of a person re-referral

PRICNT 33 No. Of Priors
NUM

NAME POSITION VARIABLE INFORMATION

PRICNTC 34 No. Of Priors Collapsed
NUM

Value	Label
0	No priors
1	1 prior
2	2-4 priors
3	5 or more priors

PRIOREFS 35 Any Prior Or Re-Referral
NUM

Value	Label
0	No
1	Yes

REGION 36 Regional Location By Office
NUM
There are 6 possible regions.

OFFCSIZE 37 Office Size
NUM
Based on accepted CPS referrals for the months of January, April, and July, 1993.

Value	Label
1	Small – 42 or less
2	Medium – 50 to 80
3	Large – 110 to 160
4	Extra large – 195 or more

POPSIZE 38 Population Type Served By Office
NUM

Value	Label
1	Rural – under 25,000
2	Urban – 25,000 to 75,000
3	Metropolitan – over 75,000

CPOPTYPE 39 County Population Type
NUM

Value	Label
1	Rural – under 10,000
2	Semi-rural – 10,000 to 25,000
3	Semi-urban – 25,000 to 75,000
4	Metropolitan – over 75,000

NCAN1C 40 CAN Code #1 Collapsed
NUM

Value	Label
1	Sexual abuse
2	Physical abuse
3	Physical neglect
4	Medical neglect
5	Emotional abuse
6	Other

MAJABUSE 41 Major Types Of Abuse

NAME POSITION VARIABLE INFORMATION

NUM

Value	Label
1	Physical neglect
2	Physical abuse
3	Sexual abuse

PRIMETHC 42 Primary Ethnicity Collapsed

NUM

Value	Label
1	Native American
2	Asian/Pacific Islander
3	African American
4	Caucasian
5	Hispanic
6	Other race
7	Unreported

PRIMETHM 43 Major Ethnic Group

NUM

Value	Label
1	Native American
2	Asian/Pacific Islander
3	African American
4	Caucasian
5	Hispanic

NLEP 44 Limited English Proficiency

NUM

Value	Label
1	Yes
2	No
3	Unknown

NSEX 45 Sex

NUM

Value	Label
1	Female
2	Male

AGE 46 Age Of Victim

NUM

AGETO18 47 Age With Over 17 Recoded Missing

NUM

AGEC 48 Age Collapsed

NUM

Value	Label
1	0-2 years
2	3-5 years
3	6-10 years
4	Greater than 10

AGERISKC 49 Age By Risk Group

NAME POSITION VARIABLE INFORMATION

NUM

Value	Label
1	0-5 years
2	6-11 years
3	12-17 years

NRISK01 50 Child Age Risk Level

NUM

Value	Label
0	No risk
1	Low = age 12 through 17
2	Moderately low
3	Moderate = age 6 through 11
4	Moderately high
5	High = age 0 through 5
9	Insufficient
10	Not applicable

NRISK02 51 Physical, Mental, Or Social Problems

NUM

Value	Label
0	No risk = no physical, mental, social or developmental delay
1	Low = mild physical, mental, social or developmental delay
2	Moderately low
3	Moderate = significant physical, mental, social or developmental delay
4	Moderately high
5	High = profound physical, mental, social or developmental delay
9	Insufficient
10	Not applicable

NRISK03 52 Behavioral Problems

NUM

Value	Label
0	No risk = child displays normal, age-appropriate behavior
1	Low = child displays minor behavioral problems
2	Moderately low
3	Moderate = child is behaviorally disturbed
4	Moderately high
5	High = child is severely behaviorally disturbed
9	Insufficient
10	Not applicable

NRISK04 53 Self-Protection

NUM

Value	Label
0	No risk = child is willing and able to protect self
1	Low = child displays consistent ability to protect self
2	Moderately low
3	Moderate = child displays occasional ability to protect self
4	Moderately high
5	High = child is unable to protect self

NAME POSITION VARIABLE INFORMATION

9 Insufficient
10 Not applicable

NRISK05 **54** **Fear Of Caretaker Or Home Environment**
NUM

Value Label
0 No risk = child is comfortable with caretaker or home environment
1 Low = child evidences mild doubt or concern about caretaker or home environment
2 Moderately low
3 Moderate = child evidences anxiety or discomfort about caretaker or home environment
4 Moderately high
5 High = child is extremely fearful about caretaker or home environment
9 Insufficient
10 Not applicable

NRISK06 **55** **Dangerous Acts Allowed By Caretaker**
NUM

Value Label
0 No risk = parents exercise care and control to ensure child's safety and not cause injury to the child
1 Low = acts which place child at risk of minor pain or injury
2 Moderately low
3 Moderate = acts which place child at risk of significant pain or moderate injury
4 Moderately high
5 High = acts which place child at risk of impairment or loss of bodily functions
9 Insufficient
10 Not applicable

NRISK07 **56** **Extent Of Physical Injury Or Harm**
NUM

Value Label
0 No risk = no injury and no medical treatment required
1 Low = superficial injury, no medical attention required
2 Moderately low
3 Moderate = significant injury, unlikely to require medical intervention
4 Moderately high
5 High = major injury requiring medical treatment
9 Insufficient
10 Not applicable

NRISK08 **57** **Extent Of Emotional Harm Or Damage**
NUM

Value Label
0 No risk = child exhibits normal behavior and social functioning
1 Low = minor distress or impairment in functioning related to CAN
2 Moderately low

NAME	POSITION	VARIABLE INFORMATION
		3 Moderate = behavior problems related to CAN that impair social relationships or role functions, (e.g., aggressive behavior, physical violence, verbal abuse, destruction of property)
		4 Moderately high
		5 High = extensive emotional or behavioral impairment related to CAN
		9 Insufficient
		10 Not applicable
NRISK09	**58**	**Adequacy Of Medical And Dental Care**
NUM		Value Label
		0 No risk = routine and crisis care provided consistently
		1 Low = failure to provide routine medical, dental, or prenatal care
		2 Moderately low
		3 Moderate = failure to provide appropriate medical care for injury or illness that usually requires treatment
		4 Moderately high
		5 High = failure to provide treatment for a critical or life threatening condition
		9 Insufficient
		10 Not applicable
NRISK10	**59**	**Provision For Basic Needs**
NUM		Value Label
		0 No risk = food, clothing, shelter, and hygiene needs adequately met
		1 Low = failure to provide for basic needs places child at risk of minor distress or discomfort
		2 Moderately low
		3 Moderate = failure to provide for basic needs places child at risk of cumulative harm
		4 Moderately high
		5 High = failure to provide for basic needs places child at risk of significant pain, injury, or harm
		9 Insufficient
		10 Not applicable
NRISK11	**60**	**Adequacy Of Supervision**
NUM		Value Label
		0 No risk = supervision meets normal standards appropriate to child's age
		1 Low = lack of supervision places child at risk of minor discomfort or distress
		2 Moderately low
		3 Moderate = lack of supervision places child at risk of cumulative harm
		4 Moderately high
		5 High = lack of supervision places child at risk of imminent harm
		9 Insufficient
		10 Not applicable

NAME POSITION VARIABLE INFORMATION

NRISK12 **61** **Hazards In Living Environment**

NUM

Value	Label
0	No risk = living conditions are safe
1	Low = conditions in the home place the child at risk of minor illness or superficial injury
2	Moderately low
3	Moderate = conditions in the home place the child at risk of harm that is significant but unlikely to require treatment
4	Moderately high
5	High = hazards in the home environment place the child at risk of serious harm that would likely require treatment
9	Insufficient
10	Not applicable

NRISK13 **62** **Sexual Abuse Or Exploitation**

NUM

Value	Label
0	No risk = adult has non-sexualized relationship with child and consistently protects child from sexual abuse or sexual exploitation by others
1	Low = caretaker makes sexually suggestive remarks or flirtations with child without clear overtures or physical contact
2	Moderately low
3	Moderate = adult makes sexual overtures or engages child in grooming behaviors
4	Moderately high
5	High = adult engages child in sexual contact or sexually exploits child
9	Insufficient
10	Not applicable

NRISK14 **63** **Non-Sexual Exploitation**

NUM

Value	Label
0	No risk = adult has a non-exploitative relationship with the child and does not use the child in any manner for personal gain
1	Low = adult occasionally uses the child to obtain shelter or services that will benefit them both
2	Moderately low
3	Moderate = adult depends upon the child to sustain home environment and assist in illegal activities to obtain money
4	Moderately high
5	High = adult engages child in dangerous activities to support or benefit the adult
9	Insufficient
10	Not applicable

NRISK15 **64** **Frequency Of CAN**

NUM

Value	Label

NAME POSITION VARIABLE INFORMATION

0 No risk = child is treated appropriately and there have been no incidents of child abuse or neglect in the past
1 Low = isolated incident of abuse or neglect
2 Moderately low
3 Moderate = intermittent incidents of abuse or neglect
4 Moderately high
5 High = repeated or ongoing pattern of abuse or neglect
9 Insufficient
10 Not applicable

NRISK16 **65** **Victimization Of Other Children - PC**

NUM

Value Label

0 No risk = caretaker is positive and appropriate with children
1 Low = evidence of minor abuse or neglect toward other children
2 Moderately low
3 Moderate = evidence of moderate abuse or neglect toward other children
4 Moderately high
5 High = evidence of serious abuse or neglect toward other children
9 Insufficient
10 Not applicable

NRISK18 **66** **Impairments - PC**

NUM

Value Label

0 No risk = caretaker is physically, mentally, and emotionally capable of parenting a child
1 Low = a physical, mental, or emotional impairment mildly interferes with capacity to parent
2 Moderately low
3 Moderate = a physical, mental, or emotional impairment interferes significantly with the capacity to parent
4 Moderately high
5 High = due to a physical, mental, or emotional impairment, capacity to parent is severely inadequate
9 Insufficient
10 Not applicable

NRISK20 **67** **Deviant Arousal – PC**

NUM

All Risk Levels - Adult is sexually aroused by children and is motivated to have sexual contact with children

Value Label

0 No risk = adult is not sexually aroused by children
1 Low
2 Moderately low
3 Moderate
4 Moderately high

NAME POSITION VARIABLE INFORMATION

5 High
9 Insufficient
10 Not applicable

NRISK22 **68** **Substance Abuse - PC**
NUM

Value Label
0 No risk= parent does not abuse alcohol or drugs; parent does not sell drugs
1 Low = history of substance abuse problem, but no current problem
2 Moderately low
3 Moderate = reduced effectiveness due to substance abuse or addiction
4 Moderately high
5 High = substantial incapacity due to substance abuse or addiction
9 Insufficient
10 Not applicable

NRISK24 **69** **Domestic Violence And Assault - PC**
NUM

Value Label
0 No risk = caretaker resolves conflicts in non-aggressive manner
1 Low = isolated incident of assaultive behavior not resulting in injury
2 Moderately low
3 Moderate = sporadic incidents of assaultive behavior which results in, or could result in, minor injury
4 Moderately high
5 High = single incident or repeated incidents of assaultive behavior which results in, or could result in, major injury
9 Insufficient
10 Not applicable

NRISK26 **70** **History Of CAN As Child - PC**
NUM

Value Label
0 No risk = caretaker was raised in healthy, non-abusive environment
1 Low = occasional incidents of abuse or neglect as a child
2 Moderately low
3 Moderate = repeated incidents of abuse or neglect as a child
4 Moderately high
5 High = history of chronic neglect or abuse as a child
9 Insufficient
10 Not applicable

NRISK28 **71** **Parenting Skills - PC**
NUM

Value Label
0 No risk = caretaker provides positive environment which is child-friendly
1 Low = caretaker has some unrealistic expectations of child or gaps in

NAME POSITION VARIABLE INFORMATION

parenting skills
2 Moderately low
3 Moderate = significant gaps in knowledge or skills that interfere with effective parenting
4 Moderately high
5 High = gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child
9 Insufficient
10 Not applicable

NRISK30 **72** **Nurturance - PC**
NUM

Value Label
0 No risk = caretaker is openly accepting of child, interacts with child, and provides appropriate and adequate stimulation
1 Low = caretaker provides inconsistent expression of acceptance, and inconsistent stimulation and interaction
2 Moderately low
3 Moderate = caretaker withholds affection and acceptance, but is not openly rejecting or hostile to child
4 Moderately high
5 High = caretaker severely rejects child, providing no affection, attention, or stimulation
9 Insufficient
10 Not applicable

NRISK32 **73** **Recognition Of Problem - PC**
NUM

Value Label
0 No risk = caretaker openly acknowledges the problem and its severity and is willing to accept responsibility
1 Low = caretaker recognizes a problem exists and is willing to take some responsibility
2 Moderately low
3 Moderate = caretaker has a superficial understanding of the problem, but fails to accept responsibility for own behavior
4 Moderately high
5 High = caretaker has no understanding or complete denial of the problem, and refuses to accept any responsibility
9 Insufficient
10 Not applicable

NRISK34 **74** **Protection By Non-Abusive Parent - PC**
NUM

Value Label
0 No risk = caretaker is willing and able to protect child from persons and dangerous situations
1 Low = caretaker is willing, but occasionally unable, to protect child
2 Moderately low

NAME POSITION VARIABLE INFORMATION

3 Moderate = caretaker's protection of child is inconsistent or unreliable
4 Moderately high
5 High = caretaker refuses or is unable to protect child
9 Insufficient
10 Not applicable

NRISK36 **75** **Cooperation With Agency - PC**
NUM

Value Label
0 No risk = caretaker is receptive to social worker intervention
1 Low = caretaker accepts intervention and is intermittently cooperative
2 Moderately low
3 Moderate = caretaker accepts intervention, but is non-cooperative
4 Moderately high
5 High = caretaker is extremely hostile to agency contact or involvement with family
9 Insufficient
10 Not applicable

NRISK38 **76** **Response To Child's Behavior - PC**
NUM

Value Label
0 No risk = caretaker responds appropriately to child's behavior
1 Low = caretaker occasionally responds inappropriately to child's behavior
2 Moderately low
3 Moderate = caretaker responds to child's behavior with anger, frustration, or helplessness
4 Moderately high
5 High = caretaker consistently responds abusively to child's behavior
9 Insufficient
10 Not applicable

NRISK40 **77** **Attachment And Bonding - PC**
NUM

Value Label
0 No risk = secure parent-child attachment
1 Low = mild discrepancies or inconsistencies are evident in the parent-child relationship
2 Moderately low
3 Moderate = parent-child relationship evidences an anxious or disturbed attachment (or lack of attachment)
4 Moderately high
5 High = obvious lack of bonding between child and parent
9 Insufficient
10 Not applicable

NRISK42 **78** **Child's Role In Family - PC**
NUM

Value Label

NAME POSITION VARIABLE INFORMATION

0 No risk = roles and responsibilities in family are assigned appropriately
1 Low = child is given inappropriate role with no immediately apparent detrimental effects
2 Moderately low
3 Moderate = child's role in family has detrimental effect on normal development
4 Moderately high
5 High = child's role in family severely limits or prevents normal development
9 Insufficient
10 Not applicable

NRISK44 **79** **Child Pressured To Recant - PC**
NUM

Value Label
0 No risk = caretaker supports and insulates child from any pressure to recant or deny the abuse
1 Low = caretaker supports and insulates child from outside pressure to recant or deny but is unable to mask the negative effect on the family
2 Moderately low
3 Moderate = Caretaker indirectly puts pressure on the child to recant or deny and allows others to directly pressure the child
4 Moderately high
5 High = caretaker directly pressures child to recant or deny and solicits or encourages others to do so
9 Insufficient
10 Not applicable

NRISK46 **80** **Personal Boundary Issues - PC**
NUM

Value Label
0 No risk = personal boundaries are clear and respected
1 Low = personal boundaries are usually clear and respected; violations occur occasionally
2 Moderately low
3 Moderate = personal boundaries are usually clear, but non-physical violations occur regularly
4 Moderately high
5 High = even though personal boundaries are usually clear, violations occur regularly, including physical violations
9 Insufficient
10 Not applicable

NRISK48 **81** **Response To Disclosure - PC**
NUM

Value Label
0 No risk = caretaker believes disclosure, shows concern and support for the child, and wants to protect

NAME POSITION VARIABLE INFORMATION

1 Low = caretaker will consider the possibility that abuse occurred, shows support and concern for child, and expresses desire to protect
2 Moderately low
3 Moderate = caretaker does not believe disclosure, but shows concern for child and is willing to protect
4 Moderately high
5 High = caretaker does not believe disclosure, shows anger toward child, and supports offender
9 Insufficient
10 Not applicable

NRISK50 82 Stress On Caretaker - PC

NUM

Value Label

0 No risk = caretaker has no significant life stresses
1 Low = caretaker is experiencing mild stresses
2 Moderately low
3 Moderate = caretaker is experiencing significant stresses or life changes
4 Moderately high
5 High = caretaker is experiencing multiple or severe stresses or life changes
9 Insufficient
10 Not applicable

NRISK52 83 Employment Status - PC

NUM

Value Label

0 No risk = caretaker is employed at a level that is consistent with training and personal expectations or is unemployed by choice
1 Low = caretaker is under-employed or unemployed with immediate prospects for employment
2 Moderately low
3 Moderate = caretaker is unemployed but with marketable skills and potential for employment
4 Moderately high
5 High = caretaker is unemployed with no prospects for employment
9 Insufficient
10 Not applicable

NRISK54 84 Social Support - PC

NUM

Value Label

0 No risk = frequent supportive contact with friends or relatives and appropriate use of community resources
1 Low = occasional contact with supportive persons; some use of available community resources
2 Moderately low
3 Moderate = sporadic supportive contact; under-use of resources
4 Moderately high

NAME	POSITION	VARIABLE INFORMATION
		5 High = caretaker geographically or emotionally isolated and community resources not available or not used
		9 Insufficient
		10 Not applicable

NRISK56 **85** **Economic Resources - PC**

NUM

Value	Label
0	No risk = family has enough resources to meet basic needs
1	Low = family's resources usually adequate to meet basic needs
2	Moderately low
3	Moderate = family's resources inadequate to meet basic needs
4	Moderately high
5	High = family's resources grossly inadequate to meet basic needs
9	Insufficient
10	Not applicable

NRISK58 **86** **Access To Or Responsibility For - PC**

NUM

Value	Label
0	No risk = perpetrator's access to the child is limited, planned, and structured to ensure child's safety and well-being
1	Low = perpetrator access is supervised and usually controlled or limited
2	Moderately low
3	Moderate = limited supervised access or primary responsibility for care of child
4	Moderately high
5	High = unlimited access to the child or full responsibility for care of the child
9	Insufficient
10	Not applicable

OVERALLC **87** **Overall Risk Collapsed**

NUM

Value	Label
0	No risk
1	Low
2	Moderately low
3	Moderate
4	Moderately high
5	High

NFIND **88** **Finding**

NUM

Value	Label
1	Founded
2	Inconclusive
3	Unfounded

PLACEMNT **89** **Placement**

NUM

Value	Label

NAME	POSITION	VARIABLE INFORMATION
		0 No – no placement
		1 Yes – case incident involved placement outside of home
DID *CHAR*	**90**	**Case No.**

APPENDIX: RISK FACTOR MATRIX REFERENCE SHEET

This appendix contains a copy of the Risk Factor Matrix Reference sheet. This document lists the risk factor, family strengths and definitions of what constitutes low, moderate, and high risk for each item on the assessment. The factors are divided into 7 sections: Child Characteristics, Severity of Child Abuse/Neglect, Chronicity, Caretaker Characteristics, Caretaker Relationship, Social and Economic Factors, and Perpetrator Access.

RISK FACTOR MATRIX REFERENCE SHEET

Washington State Department of Social & Health Services

RISK FACTOR:	FAMILY STRENGTHS	LOW (1)	MODERATE (3)	HIGH (5)
I. CHILD CHARACTERISTICS				
a. **Age**		12-17	6-11	0-5
b. **Physical, Mental or Social Development**	No physical, mental, social or developmental delay	Mild physical, mental, social or developmental delay	Significant physical, mental, social or developmental delay	Profound physical, mental, social or developmental delay
c. **Behavioral Issues**	Child displays normal, age appropriate behavior	Child displays minor behavioral problems	Child is behaviorally disturbed	Child is severely behaviorally disturbed
d. **Self Protection**	Child is willing and able to protect self	Child displays consistent ability to protect self	Child displays occasional ability to protect self	Child is unable to protect self
e. **Fear of Caretaker or Home Environment**	Child is comfortable with caretaker and/or home environment	Child evidences mild doubt or concern about caretaker and/or home environment	Child evidences anxiety and/or discomfort about caretaker or home environment	Child is extremely fearful about caretaker or home environment
II. SEVERITY OF CA/N				
f. **Dangerous Acts**	Parents exercise care and control to ensure child's safety and not cause injury to child	Acts which place the child at risk of minor pain or injury	Acts which place child at risk of significant pain or moderate injury	Acts which place child at risk of impairment or loss of bodily function
g. **Extent of Physical Injury or Harm**	No injury and no medical treatment required	Superficial injury, no medical attention required	Significant injury, unlikely to require medical attention	Major injury requiring medical treatment
h. **Extent of Emotional Harm or Damage Exhibited by Child**	Child exhibits normal behavior and social functioning	Minor distress or impairment in functioning related to ca/n	Behavior problems related to ca/n that impair social relationships or role functioning	Extensive emotional or behavioral impairment related to ca/n
i. **Adequacy of Medical and Dental Care**	Routine and crisis care provided consistently	Failure to provide routine medical, dental or prenatal care	Failure to provide appropriate medical care for injury or illness that usually requires treatment	Failure to provide treatment for a critical or life-threatening condition
j. **Provision for Basic Needs**	Food, clothing, shelter and hygiene needs adequately met	Failure to provide for basic needs places child at risk of minor distress/comfort	Failure to provide for basic needs places child at risk of cumulative harm	Failure to provide for basic needs places child at risk of significant pain, injury or harm
k. **Adequacy of Supervision**	Supervision meets normal standards appropriate to child's age	Lack of supervision places child at risk of minor discomfort or distress	Lack of supervision places child at risk of cumulative harm	Lack of supervision places child at risk of imminent harm
l. **Physical Hazards or Dangerous Objects in the Home or Living Environment**	Living conditions are safe	Conditions in the home place the child at risk of minor illness or superficial injury	Conditions in the home place the child at risk of harm that is significant but unlikely to require treatment	Hazards in the home environment place the child at risk of serious harm that would likely require treatment.
m. **Sexual Abuse and/or Exploitation**	Adult has a non-sexualized relationship with child and consistently protects from sexual abuse or exploitation	Caretaker makes sexually suggestive remarks or flirtations with child without clear overtures or physical contact	Adult makes sexual overtures, or engages child in grooming behavior	Adult engages child in sexual contact or sexually exploits child
n. **Exploitation (Non-Sexual)**	Adult has a non-exploitative relationship with the child and does not use the child in any manner for personal gain	Adult occasionally uses the child to obtain shelter or services that will benefit them both	Adult depends upon the child to sustain home environment and assist in illegal activities to obtain money	Adult engages child in dangerous activities to support or benefit the adult
III. CHRONICITY				
o. **Frequency of Abuse/Neglect**	Child is treated appropriately and there have been no incidents of child abuse or neglect in the past	Isolated incident of abuse or neglect	Intermittent incidents of abuse or neglect	Repeated or ongoing pattern of abuse or neglect
IV. CARETAKER CHARACTERISTICS				
p. **Victimization of Other Children by Caretaker**	Caretaker is positive and appropriate with children	Evidence of minor abuse or neglect toward other children	Evidence of moderate abuse or neglect toward other children	Evidence of serious abuse or neglect toward other children
q. **Mental, Physical or Emotional Impairment of Caretaker**	Caretaker is physically, mentally and emotionally capable of parenting a child	A physical, mental or emotional impairment mildly interferes with capacity to parent	A physical, mental or emotional impairment interferes significantly with the capacity to parent	Due to a physical, mental or emotional impairment, capacity to parent severely inadequate
r. **Deviant Arousal**	Adult is not sexually aroused by children	Adult is sexually aroused by children and is motivated to have sexual contact with children (all risk levels)		
s. **Substance Abuse by Caretaker**	Parent does not abuse alcohol or drugs; parent does not sell drugs	History of substance abuse but no current problem	Reduced effectiveness due to substance or addiction	Substantial incapacity due to substance abuse or addiction

RISK FACTOR:	FAMILY STRENGTHS	LOW (1)	MODERATE (3)	HIGH (5)
IV. CARETAKER CHARACTERISTICS (continued)				
t. History of Domestic Violence and Assaultive Behavior	Caretakers resolve conflicts in non-aggressive manner	Isolated incident of assaultive behavior not resulting in injury	Sporadic incidents of assaultive behavior which results in, or could result in, minor injury	Single incident or repeated incidents of assaultive behavior which results in, or could result in, major injury
u. History of Abuse or Neglect as a Child	Caretaker was raised in a healthy, non-abusive environment	Occasional incidents of abuse or neglect as a child	Repeated incidents of abuse or neglect as a child	History of chronic and/or severe abuse or neglect as a child
v. Parenting Skills and Knowledge	Caretaker provides environment which is child-friendly	Caretaker has some unrealistic expectations of child and/or gaps in parenting skills	Significant gaps in knowledge or skills that interfere with effective parenting	Gross deficits in parenting knowledge and skills or inappropriate demands and expectations of child
w. Nurturance	Caretaker is openly accepting of child, interacts with child, and provides appropriate and adequate stimulation	Caretaker provides inconsistent expression of acceptance, and inconsistent stimulation and interaction	Caretaker withholds affection and acceptance, but is not openly rejecting or hostile to child	Caretaker severely rejects child, providing no affection, attention or stimulation
x. Recognition of Problem	Caretaker openly acknowledges the problem and it's severity and is willing to accept responsibility	Caretaker recognizes a problem exists, and is willing to take some responsibility	Caretaker has a superficial understanding of the problem, but fails to accept responsibility for own behavior	Caretaker has no understanding or complete denial of the problem, and refuses to accept any responsibility
y. Protection of Child by Non-Abusive Caretaker	Caretaker is willing and able to protect child from persons and dangerous situations	Caretaker is willing, but occasionally unable, to protect child	Caretaker's protection of the child is inconsistent or unreliable	Caretaker refuses or is unable to protect child
z. Cooperation with Agency	Caretaker is receptive to social worker intervention	Caretaker accepts intervention and is intermittently cooperative	Caretaker accepts intervention but is non-cooperative	Caretaker is extremely hostile to agency contact or involvement with family
V. CARETAKER RELATIONSHIP				
aa. Response to Child's Behavior or Misconduct	Caretaker responds appropriately to child's behavior	Caretaker responds inappropriately to child's behavior	Caretaker responds to child's behavior with anger, frustration, or helplessness	Caretaker consistently responds abusively to child's behavior
bb. Attachment and Bonding	Secure parent-child attachment	Mild discrepancies or inconsistencies are evident in the parent-child relationship	Parent-child relationship evidences an anxious or disturbed attachment (or lack of attachment)	Obvious lack of bonding between child and parent
cc. Child's Role in Family	Roles and responsibilities in family are assigned appropriately	Child is given inappropriate role with no immediately apparent detrimental effects	Child's role in family has detrimental effect on normal development	Child's role in family severely limits or prevents normal development
dd. Child is Pressured to Recant or Deny	Caretaker supports and insulates child from any pressure to recant or deny the abuse	Caretaker supports and insulates child from outside pressure to recant or deny abuse	Caretaker indirectly puts pressure on the child to recant or deny, and allows others to directly pressure the child	Caretaker directly pressures child to recant or deny, and solicits or encourages others to do so
ee. Personal Boundary Issues	Personal boundaries are clear and respected	Personal boundaries are usually clear and respected; violations occur occasionally	Personal boundaries are usually clear but non-physical violations occur regularly	Even though personal boundaries are usually clear, violations occur regularly, including physical violations
ff. Parental Response to Abuse	Caretaker believes disclosure, shows concern and support for the child, and wants to protect	Caretaker will consider the possibility that abuse occurred, shows support and concern for child and expresses desire to protect	Caretaker does not believe disclosure, but shows concern for child and is willing to protect	Caretaker does not believe disclosure, shows anger toward child and supports offender
VI. SOCIAL AND ECONOMIC FACTORS				
gg. Stress on Caretaker	Caretaker has no significant life stresses	Caretaker is experiencing mild stresses	Caretaker is experiencing significant stresses or life changes	Caretaker is experiencing multiple and/or severe stress or life changes
hh. Employment Status of Caretakers	Caretaker is employed at a level that is consistent with training and personal expectations or unemployed by choice	Caretaker is under-employed or unemployed with immediate prospects for employment	Caretaker is unemployed but with marketable skills and potential for employment	Caretaker is unemployed with no prospects for employment
ii. Social Support for Caretaker	Frequent supportive contact with friends or relatives and appropriate use of community resources	Occasional contact with supportive persons; some use of available community resources	Sporadic supportive contact; under-use of resources	Caretaker geographically or emotionally isolated and community resources not available or not used
jj. Economic Resources of Caretakers	Family has resources to meet basic needs	Family's resources usually adequate to meet basic needs	Family's resources inadequate to meet basic needs	Family's resources grossly inadequate to meet basic needs
VII. PERPETRATOR ACCESS				
kk. Perpetrator Access (Abuse)	Perpetrator's access to the child is limited, planned and structured to ensure child's safety and well-being	Perpetrator access is supervised and usually controlled or limited	Limited supervised access or primary responsibility for care of child	Unlimited access to the child or full responsibility for care of the child

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