



National Survey of Child
and Adolescent Well-Being

NSCAW II BASELINE REPORT

Maltreatment

OPRE Report #2011-27c
August 1, 2011

NSCAW II BASELINE REPORT: MALTREATMENT

FINAL REPORT

OPRE Report 2011-27c

August 2011

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Submitted to:

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U.S. Department of Health and Human Services

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Introduction

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. The study is sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with child welfare agencies; captures information about the investigation of abuse or neglect that brought the child into the study; collects information about the child's family; provides information about child welfare interventions and other services; and describes key characteristics of child development. Of particular interest to the study are children's health, mental health, and developmental risks, especially for those children who experienced the most severe abuse and exposure to violence.

The study includes 5,873 children ranging in age from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009. Additional information about the NSCAW II history, sample design and methods, instrumentation, as well as a summary of differences between the NSCAW I and NSCAW II cohorts can be found in the first report, Introduction of this NSCAW II Baseline series.

Guide to the Report

The purpose of this third NSCAW II Baseline Report is to describe the characteristics of the index maltreatment report for children at the first wave of data collection (baseline) and past year aggression or violence in the home. Included are descriptions of the most serious types of maltreatment reported by caseworkers, the level of caseworker perceived harm and risk to the child, and the outcome of the investigation. The second section of this report provides information on parents' and children's description of violence and aggression toward the child. The report is organized into four sections that include the following constructs:

- Child characteristics at NSCAW II baseline
- Maltreatment characteristics of index report to child protective services and nature of alleged abuse (types of maltreatment, caseworker risk assessment, substantiation status, caseworker perceptions of harm and risk)
- Children's report of witnessing and experiencing violence

- Parents' and adolescents' report of past year aggression and neglect from primary caregiver

The topics covered in other baseline reports in this series include:

- Overview of the History and Progression of the NSCAW study (detailed discussion of the sample design, methods, and instrumentation implemented for NSCAW II, and a summary of the characteristics of children and caregivers who participated in the baseline data collection effort).
- Child Well-Being (physical health and special health care needs, cognitive functioning and academic achievement, social, emotional, and behavioral health, developmental assessments of young children, and risky behavior in adolescents).
- Children's Services (insurance status, health and mental health services, and special education)
- Caregiver Characteristics and Services (caregiver physical and mental health, substance use, intimate partner violence, involvement with the law, and services received by in-home parents)
- Caseworker Characteristics, Child Welfare Services, and Disruptions in Child's Living Environment (investigative caseworker characteristics, child and family service needs, satisfaction with caseworkers and the child welfare system, children in out-of-home placement)
- Overview of local agencies that participated in the study, the policy environment of the agencies, and their work with other agencies and services providers

The data analyzed in this report have been released through the National Data Archive for Child Abuse and Neglect (NDACAN) in NSCAW II data version 1-1.

Summary of Report Findings

This report summarized the NSCAW II baseline characteristics of the index maltreatment report to child protective services, family risk factors, and past-year aggression and violence that children experienced in their home.

Overall, neglect was the most prevalent (51.8%) and often considered by caseworkers the most serious type of abuse for an individual child (32.5%). Neglect was followed by physical abuse, with a prevalence of 27.3%; physical abuse was considered the most serious type of abuse among 21.9% of reports. The index maltreatment report differed by gender, age, race/ethnicity, and the child's living situation. For example, females were more likely to be reported for sexual abuse and for having domestic violence in the household than males. The youngest children (0 to 2 years old) were less likely to be included in a report for physical or sexual abuse, but were more likely to have a report involving physical neglect (failure to provide), substance exposure (e.g., born with drugs in system), or domestic violence than older children. The youngest

children's cases were more likely to be substantiated, and caseworkers perceived that they had been exposed to more harm and were at more risk than older children. Children who were placed out-of-home were more likely to have a case that was substantiated, and the maltreatment was perceived by caseworkers to be more severe and the child to be at more risk than the cases of children who remained at home with their parent.

Families reported for maltreatment at NSCAW II baseline experienced several stressors. More than half of families were under high stress; almost half of caregivers did not have another supportive adult in the household, and about a quarter were having trouble paying for basic necessities. There was also evidence of some family aggression or neglect. Almost a quarter of children 11 to 17 years old reported severe physical assault from a caregiver in the past year and 15.1% reported very severe physical assault. More than a quarter of parents reported neglecting their child in the previous year.

For more information on caseworker responses to the index maltreatment report as well as Child Welfare System services referred and provided, see *NSCAW II Baseline Report: Caseworker Characteristics, Child Welfare Services, and Disruptions in Children's Living Environment*.

Child Characteristics at NSCAW II Baseline

Exhibit 1 gives an overview of some of the key characteristics of children in the NSCAW II cohort. Approximately one half of the sample was male (50.8%). One fifth (20.6%) of the children were 0 to 2 years old, 22.6% were 3 to 5 years old, 27.4% were 6 to 10 years old, and 29.5% were 11 to 17 years old. Four out of 10 children (41.5%) were White (41.5%), 28.3% were Hispanic, 22.4% were Black, and 7.7% described their race/ethnicity as "Other."

At the time of the baseline interviews, the majority of children were living at home with parents (87.3%), while 8.5% were living with a kin primary caregiver. A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative; 6.1% were in an informal kin care arrangement and 2.4% were in formal kin care. In formal kin care living arrangements, the caregiver receives some financial support from the child welfare system (CWS). A smaller proportion of children were living in foster care (3.4%) and in group homes (0.5%).

Maltreatment Characteristics and Nature of Alleged Abuse

Each state has its own definitions of child abuse and neglect adapted from federal minimum standards. Within the standards set by the Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the CAPTA Reauthorization Act of 2010 (PL 111-320), each state is responsible for defining child abuse and neglect. Most states recognize four main types of maltreatment: neglect, physical abuse, sexual abuse, and psychological (emotional) maltreatment. Any forms of child maltreatment may be found separately or they can occur in combination.

NSCAW II used the Limited Maltreatment Classification System (L-MCS; Barnett, Manly, & Cicchetti, 1993) to capture information about the index maltreatment report. The caseworker who was interviewed at baseline used information from the case record to report first

on all types of maltreatment the child experienced or other events that precipitated the investigation.

After reporting on all types of maltreatment and other reasons for investigation recorded during the investigation, caseworkers were asked their opinion about the most serious type of maltreatment the child experienced.¹ Caseworkers were provided with a card listing types of maltreatment and other reasons for investigation, including the main categories of maltreatment most states use (Physical Maltreatment; Sexual Maltreatment; Emotional Maltreatment; Physical Neglect (Failure to Provide); Neglect (Lack of Supervision; and Abandonment). The list did not include a definition of each category. NSCAW II included several new categories compared to NSCAW I. These categories were added to obtain more information from caseworkers about specific types of maltreatment and other reasons for investigation. The new NSCAW II categories were: Prematurity or Low Birth Weight², Substance Exposure (e.g., born with drugs in system), Domestic Violence, Substance-abusing Parent, Voluntary Relinquishment, Children in Need of Services, and Investigation Only Way to Get Services.

All Types of Maltreatment. Based on caseworkers' reports of all types of child maltreatment, children were reported for an average of 1.4 types of maltreatment. For all types of maltreatment reported (Exhibit 2), 27.3% of cases had a report that included physical abuse, 36.8% failure to supervise the child, 15.0% failure to provide for the child, 8.5% sexual abuse, 8.3% emotional abuse, 16.3% substance-abusing parent, 10.8% domestic violence, 3.0% substance exposure, and 13.1% other types of abuse. Direct comparisons between the NSCAW II and the 2008 National Child Abuse and Neglect Data System (NCANDS) data should be made with caution. The NCANDS data report on only six categories of maltreatment based on state-reported data, while NSCAW II provided 17 categories to caseworkers. Moreover, each state reports according to its own definitions of maltreatment, while NSCAW uses a standardized instrument. In 2008, NCANDS reported that 63.5% of children investigated for maltreatment had a report that included neglect, 24.5% physical abuse, 9.2% sexual abuse, 8.0% emotional abuse, 3.1% medical neglect, and 10.1% "Other."³ Even with the limitations described above, NSCAW II and NCANDS data have similar estimates for the percentage of reports that include physical,

¹ Caseworkers were asked:

- "Please look at Card 9 and tell me the type or types of abuse or neglect reported on Report Date."
- "Of the types of abuse or neglect that were reported, please look at Card 9 and tell me the type that you felt was the most serious."

All categories on the card are listed in the appendix.

² Prematurity or low birth weight was added to obtain additional information related to the allegation of maltreatment, representing a potential sign associated with maltreatment categories like Substance Exposure. As a standalone descriptor, prematurity or low birth weight is not a maltreatment category.

³ Note that the NCANDS "neglect" category likely encompasses several of the categories reported in NSCAW II, including failure to provide, lack of supervision, and abandonment.

sexual, and emotional abuse [M. Dineen, Coordinator of Technical Services, NDACAN, (personal communication, August 10, 2010)].⁴

Most Serious Type of Maltreatment. Exhibit 3 describes caseworkers' baseline interview reports on the most serious type of maltreatment children experienced. After reporting on all types of maltreatment recorded during the investigation, caseworkers were asked their opinion about the most serious type of maltreatment the child experienced. For the most serious type of maltreatment reported, 23.3% of cases were for failure to supervise the child, 21.9% were for physical abuse, 10.6% were for a substance-abusing parent, 9.2% were for failure to provide for the child, 7.6% were for domestic violence, 7.4% were for sexual abuse, and 5.6% were for emotional abuse.

Using all the types of child maltreatment identified during the investigation, Exhibit 4 presents the most common categories of abuse and neglect by child characteristics. For this exhibit, less common types of abuse (abandonment, moral/legal maltreatment, educational maltreatment, exploitation, other, prematurity or low birth weight, voluntary relinquishment, children in need of services, and investigation only way to get services) were combined into a maltreated-*other* (types of abuse) category.

Differences were reported in type of child maltreatment by gender, age, race/ethnicity, and setting. Females (11.0%) were more likely to have been included in a report for sexual abuse than males (6.1%). Females (13.0%) were also more likely to have been in a report for domestic violence than males (8.7%). Children 0 to 2 years old were less likely to have been involved in a report for physical abuse and sexual abuse than older children. In contrast, children 0 to 2 years old were more likely to be in a report for substance exposure (9.3%) than older children (less than 3%). Children 0 to 2 years old (19.0%) were more likely to be in a report for physical neglect than children 11 to 17 years old (11.8%). Children 5 years old and younger were more likely to have been included in a report for domestic violence than older children. Black children (3.3%) were less likely to have been in a report for emotional abuse than White children (8.4%) and Hispanic children (9.8%). White children (11.8%) were more likely to have been included in a report for sexual abuse than Black children (6.0%), Hispanic children (6.3%), and children of "Other" race/ethnicity (5.6%). Hispanic children (43.9%) were more likely to have been in a report for neglect than White children (35.0%) and children of "Other" race/ethnicity (25.6%). Children who had been placed out-of-home (formal and informal kin care, foster care) were more likely than children remaining with parents to have been involved in an investigation for substance exposure and/or substance-abusing parent.

Caseworker Risk Assessment. Caseworkers at the baseline interview reported the kinds of risks that were present in the children' homes at the time of the investigation (Exhibit 5). Sixty percent of families had a prior CWS report of maltreatment, 57.3% had a prior investigation, and 29.7% had a prior incident of substantiated child maltreatment. Please note that these prior reports were assessed at the family level and do not necessarily refer to the NSCAW II index maltreatment report (the report that brought the child and family into the sampling frame);

⁴ The Child Maltreatment 2008 report (U.S. Department of Health and Human Services, 2010) provides information on the type of maltreatment only for substantiated or indicated cases as well as alternative response victims. Estimates listed here were produced specifically for use in this Brief Report and reflect all investigated cases.

therefore, the prior report may be unrelated to the NSCAW II sampled child. Other risks that caseworkers identified as present in a substantial percentage of families included high stress (e.g., unemployment, drug use, poverty, or neighborhood violence; 50.5% of families); not having another supportive caregiver present in the home (45.1%); a child 5 years old and older with poor ability to self-protect (32.2%); a history of domestic violence against the primary caregiver (27.7%); trouble paying for basic necessities (23.8%); a history of abuse or neglect of the primary caregiver (20.6%); and poor parenting skills (19.5%).

Substantiation Status. Less than a quarter (22.1%) of the index maltreatment reports were substantiated. Another 7.6% of the cases were *indicated*, a classification used in some jurisdictions in cases for which some evidence exists for maltreatment but not enough for substantiation. More than two thirds (70.4%) of cases were not substantiated. The percentage of children with a substantiated case is almost the same as the estimate based on 2008 data from NCANDS (22.3%). Exhibit 6 presents substantiation status by child characteristics.⁵ Children 0 to 2 years old (31.7%) were more likely to have a substantiated maltreatment report than older children. Children 3 to 5 years old (21.3%) and children 11 years old and older (22.1%) were more likely to have a substantiated maltreatment report than children 6 to 10 years old (21.3%). Children who remained living in-home with parents (18.4%) were less likely to have a substantiated maltreatment report than children living out of home. Among the latter, children living in informal kin care (33.6%) were less likely to have a substantiated report than children living in formal kin care (47.5%), foster care (70.3%), and children living in a group home or residential program (68.3%) (U.S. Department of Health and Human Services, 2010).

Caseworker Perception of Harm and Risk. Caseworkers described their perception of the level of harm (*none, mild, moderate, or severe*) that they believed to have occurred during the index maltreatment incident.⁶ For 49.0% of cases, the caseworker perceived that *no* harm had occurred; the level of harm was judged to be *mild* for 29.7% of cases, *moderate* for 16.5%, and *severe* for 4.8% (Exhibit 7). Caseworkers perceived that children 0 to 2 years old were more likely to have experienced *moderate* or *severe* harm than older children. Caseworkers perceived that children placed out of home were more likely to have experienced *moderate* or *severe* harm than children who remained living at home with parents. Among children placed in out-of-home care, caseworkers perceived that children in informal kin care were less likely to have experienced *moderate* or *severe* harm than children living in formal kin care, foster care, and children living in a group home or residential program.

Caseworkers also described their perception of the level of risk for the child (*none, mild, moderate, or severe*). For 36.5% of cases, the caseworker perceived *no* risk to the child; the level of risk was judged to be *mild* for 33.3% of cases, *moderate* for 21.4%, and *severe* for 8.8%

⁵ Excluded from this exhibit are cases where caseworkers chose to report a risk classification (less than 2% of cases were classified as *high risk*, 2.8% were classified as *medium risk*, and 5.6% were classified as *low risk*) instead of substantiation status.

⁶ Caseworkers received the following prompt: For the next set of questions, please do not be concerned with whether or not the report was substantiated when offering your responses. Regardless of the outcome of the investigation, how would you describe the level of harm to CHILD? Regardless of the outcome of the investigation, how would you describe the level of severity of risk?

(Exhibit 8). Caseworkers perceived that children 0 to 2 and 3 to 5 years old were more likely to be at *moderate* or *severe* risk than older children. Caseworkers perceived that children of “Other” race/ethnicity were more likely to be at *mild* risk than *no* risk compared to Black, White, and Hispanic children. Caseworkers perceived that children placed out of home were more likely to be at *moderate* or *severe* risk than children who remained living in-home with parents. Among children placed in out-of-home care, caseworkers perceived that children placed in foster care were more likely to be at *moderate* or *severe* risk than children living in formal and informal kin care.

Witnessing and Experiencing Violence

The Violence Exposure Scale–Revised (VEX-R; Fox & Leavitt, 1995) was used to measure children’s experiences of maltreatment and exposure to violence among children 8 years and older. This measure assessed witnessing and experiencing violence from someone living in the household. The VEX-R is a cartoon-based scale of exposure to violence; it requires respondents to report how often they have either witnessed or been victims of violent acts at home. Exhibit 9 shows reported exposure to violence *ever* and in the previous month. Two dimensions of violence were reported: witnessing of violence (the child saw an adult shove, slap, beat up, point a gun, stab, or shoot another person), and being a victim of violence (an adult threw something, shoved, slapped, or beat up the child). The most common type of incident reported by children ever and during the last month was being yelled at (42.2% ever, 29.8% in the last month) and seeing an adult yell at another person (40.3% ever, 27.0% in the last month). More than a quarter of children reported seeing an adult spank a child (27.5% ever, 17.2% in the last month) and that an adult had recently spanked them (27.4% ever, 8.1% in the last month). More than one in 10 children (12.1%) reported ever having witnessed an adult shoving another person, 11.9% reported ever having witnessed an adult slapping another person, and 11.5% reported ever having witnessed an adult throwing something at another person. In terms of direct victimization, 13.0% of children reported ever having experienced been slapped by an adult, 11.0% reported ever been shoved by an adult, and 10.5% reported ever having an adult throw something at them. Estimates for witnessing and/or experiencing these acts in the previous month were around 5% or less for each individual act.

In-Home Parents’ Aggression and Neglect

Caregivers reported their aggression toward and neglect of their children using the Conflict Tactics Scale–Parent–Child Version (CTS-PC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Permanent caregivers were administered the CTS-PC. These permanent caregivers did include some kinship caregivers and a few foster caregivers; however, since these responses did not reflect the majority of out-of-home caregivers, data from kin and foster caregivers are not reported in this portion of the report. This report presents CTS-PC results only for in-home parents.

In-home parents were asked what tactics (primarily related to discipline) they used in their conflicts with their children. Included in the questions were both nonviolent disciplinary tactics and tactics that are mildly or seriously aggressive, from spanking to hitting, slapping, and

injurious actions (see Technical Appendix). The CTS-PC also asked about severe physical abuse, neglect and sexual abuse.⁷

The percentage of in-home parents who reported having used each tactic in the previous year is presented by selected characteristics in Exhibit 10. In the previous year, nearly all in-home parents (91.5%) reported having used some form of nonviolent discipline (e.g., explaining why something was wrong). The use of psychological aggression was reported by 75.1% of in-home parents (e.g., shouting, yelling, or screaming at the child). The use of minor physical assault or corporal punishment was reported by 52.5% of in-home parents (shaking; hitting on the bottom with a hard object; spanking on bottom with a bare hand; slapping on the hand, arm, or leg; pinching). Lower percentages of in-home parents reported any kind of severe assault (5.4%; hitting with fist or kicking hard, hitting on another part of the body with a hard object, throwing or knocking the child down, slapping on the face, head, or ears). Very severe assault was reported by 1.6% of in-home parents (e.g., grabbing around the neck and choking, beating up by hitting repeatedly as hard as possible, burning or scalding on purpose, threatening with a knife or gun). A small percentage (4.2%) reported that the child was touched in a sexual way or was forced to have sex by an adult or older child, including a member of the family or anyone outside the family. About a quarter (25.6%) of in-home parents reported some form of neglect in the previous year (e.g., that they were so “caught up” in their own problems that they were not able to show or tell their child that they loved him or her, that they were unable to provide needed food).

In-home parents reported discipline tactics that differed significantly by children’s gender, age, and race/ethnicity. In-home parents of females were significantly more likely to report neglect (28.3%) than in-home parents of males (23.0%). In-home parents were less likely to report using nonviolent discipline methods with children 0 to 2 years old (70.8%) than with older children (over 95%). In general, in-home parents of children 0 to 2 years old were less likely to report using any type of aggression compared to in-home parents of older children. In-home parents of children 3 to 5 years old (68.7%) and children 6 to 10 years old (61.1%) were more likely to report minor physical assault (corporal punishment) than in-home parents of children 11 to 17 years old (41.5%). In-home parents of children 11 to 17 years old (40.4%) were more likely to report neglect than in-home parents of children 3 to 5 years old (16.8%) and 6 to 10 years old (23.5%). In-home parents of children 11 to 17 years old (7.9%) were also more likely to report sexual abuse than in-home parents of children 3 to 5 years old (2.9%). In-home parents of Black children (87.1%) were less likely to report using nonviolent discipline methods than in-home parents of White children (93.8%) and children of “Other” race/ethnicity (97.3%), and were more likely to report severe physical assault (9.8%) than in-home parents of White children (3.2%) and children of “Other” race/ethnicity (3.8%). In-home parents of children of “Other” race/ethnicity (97.3%) were more likely to report using nonviolent discipline methods than in-home parents of White children (93.8%) and Hispanic children (90.1%).

⁷ Caregivers were repeatedly warned in the informed consent process that abusive or neglectful behaviors would be reported to CWS because of mandated reporting laws; these reminders may have made caregivers reluctant to disclose aggressive tactics.

Adolescents' Report of Caregivers' Aggression and Neglect

Adolescents (11 to 17 years old) living in both in-home and out-of-home settings provided their own reports on the tactics their caregiver used in the previous year to resolve conflicts (Exhibit 11). A majority of adolescents (90.2%) reported that their caregiver used some form of nonviolent discipline method. Receipt of psychological aggression was reported by 68.7% of adolescents, 44.2% reported minor physical assault or corporal punishment, 23.6% reported a type of severe physical assault, and 15.1% reported very severe physical assault.

Caregiver disciplinary tactics from an adolescent's self-report differed by age and race/ethnicity. Adolescents 11 to 12 years old were more likely to report minor assault or corporal punishment (56.2%) than adolescents 15 to 17 years old (33.1%). Hispanic adolescents were significantly more likely to report psychological aggression (78.3%) than Black adolescents (60.9%) and White adolescents (67.0%).

EXHIBITS

Exhibit 1. Child Characteristics

	<i>N</i>	Total <i>N = 5,873</i>	
		<i>%</i>	<i>SE</i>
Total	5,873	100.0	0.0
Gender			
Male	3,017	50.8	1.4
Female	2,856	49.2	1.4
Age (years)			
0–2	2,937	20.6	1.0
3–5	829	22.6	1.2
6–10	1,053	27.4	0.9
11–17	1,054	29.5	1.3
Race/ethnicity			
Black	1,827	22.4	2.6
White	2,004	41.5	3.9
Hispanic	1,614	28.3	3.5
Other	407	7.7	1.0
Setting			
In-home	3,636	87.3	1.1
Formal kin care	495	2.4	0.4
Informal kin care	540	6.1	0.7
Foster care	1,105	3.4	0.3
Group home or residential program	68	0.5	0.1
Other out of home	29	0.3	0.1
Insurance status^a			
Private	549	15.3	1.5
Public	4,834	72.0	1.8
Other	130	3.1	0.7
Uninsured	324	9.6	0.9

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

^a“Private” includes children who had any private insurance plan at the time of interview either obtained through an employer or purchased directly. “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP). “Other” includes children who did not have private insurance or Medicaid (or other public coverage) at the time of interview, but who have any other type of insurance, including coverage through a military health plan. “Uninsured” includes children not covered at the time of interview under private, public, or other insurance. “Uninsured” also includes children only covered through the Indian Health Service.

Exhibit 2. All Types of Maltreatment and Other Reasons for Investigation by Caseworker Report

Type of maltreatment and other reasons for investigation ^a	<i>N</i>	% Yes	<i>SE</i>
Total	8,213		
Physical	1,195	27.3	1.7
Sexual	354	8.5	0.9
Emotional	333	8.3	1.4
Failure to provide	817	15.0	1.2
Lack of supervision (neglect)	1,748	36.8	1.8
Abandonment	143	1.5	0.4
Moral/legal	6	0.0	0.0
Educational	73	1.1	0.2
Exploitation	13	0.4	0.2
Other	801	13.1	1.1
Prematurity	68	0.3	0.1
Substance exposure	607	3.0	0.5
Domestic violence	700	10.8	1.3
Substance-abusing parent	1,146	16.3	1.3
Voluntary relinquishment	31	0.2	0.1
Children in need of services	117	1.4	0.3
Investigation only way to get services	61	0.8	0.3

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

^a Caseworkers reported all types of maltreatments related to a case, with a mean number of types of maltreatment per child of 1.4.

Exhibit 3. Most Serious Type of Child Maltreatment and Other Reasons for Investigation by Caseworker Report

Most serious type of child maltreatment or reason for investigation	<i>N</i>	<i>%</i>	<i>SE</i>
Total	5,054	100.0	0.0
Physical abuse	846	21.9	1.4
Sexual abuse	300	7.4	0.9
Failure to provide	446	9.2	1.0
Lack of supervision (neglect)	980	23.3	1.5
Emotional abuse	149	5.6	1.2
Abandonment	85	0.7	0.2
Moral/legal maltreatment	3	0.0	0.0
Educational maltreatment	39	0.7	0.2
Exploitation	4	0.2	0.2
Other	560	9.3	0.9
Prematurity or low birth weight	12	0.0	0.0
Substance exposure	495	2.5	0.5
Substance-abusing parent	605	10.6	1.1
Domestic violence	466	7.6	1.0
Voluntary relinquishment	13	0.1	0.0
Children in need of services	29	0.6	0.2
Investigation only way to get services	22	0.5	0.3

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 4. Selected Types of Maltreatment and Other Reasons for Investigation by Caseworker Report

	<i>N</i>	Physical		Sexual		Emotional		Physical neglect		Neglect		Substance exposure		Domestic violence		Substance-abusing parent		Other ^a	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	5,091	27.3	1.7	8.5	0.9	8.3	1.4	15.0	1.2	36.8	1.8	3.0	0.5	10.8	1.3	16.3	1.3	18.0	1.0
Gender				**										*					
Male	2,613	27.7	1.9	6.1	1.0	7.1	1.6	15.4	1.5	37.8	2.5	2.7	0.7	8.7	1.2	16.7	1.7	18.2	1.4
Female	2,478	26.9	2.4	11.0	1.4	9.6	1.6	14.6	1.7	35.7	1.9	3.3	0.7	13.0	1.8	15.8	1.8	17.9	1.4
Age (years)		***		***				*				***		**					
0–2	2,548	15.9 ^b	2.4	1.6 ^b	0.5	7.3	2.4	19.0 ^b	2.6	37.9	3.7	9.3 ^b	1.7	14.0 ^b	2.5	20.1	2.1	19.5	1.9
3–5	733	25.5	3.3	8.7	2.0	6.6	2.0	13.8	2.6	41.6	3.7	2.0	0.9	13.5	2.4	19.9	2.7	16.2	2.0
6–10	909	31.3	3.3	9.1	1.6	8.1	1.9	16.6	2.2	35.5	2.5	1.0	0.5	9.5	1.9	14.8	2.4	15.8	1.6
11–17	901	33.0	3.0	12.6	1.8	10.8	2.3	11.8	1.7	33.4	2.5	1.3	0.4	7.7	1.4	12.1	2.4	20.5	1.9
Race/ethnicity				**		**				*									
Black	1,569	24.8	2.3	6.0	1.2	3.3 ^c	0.9	17.5	2.9	35.3	3.2	3.4	0.9	12.0	2.1	16.0	2.3	20.4	2.3
White	1,790	26.4	2.2	11.8 ^d	1.3	8.4	1.9	14.1	1.5	35.0	2.5	2.6	0.6	8.0	1.5	17.6	1.9	19.3	1.9
Hispanic	1,381	26.7	3.0	6.3	1.4	9.8	2.4	15.0	2.3	43.9 ^e	3.3	3.8	1.1	14.1	2.2	16.3	2.6	14.8	1.8
Other	348	41.3	7.8	5.6	1.9	17.1	7.0	13.0	3.8	25.6	3.9	1.0	0.4	11.0	2.8	9.7	2.4	16.2	3.0
Setting												***		***		*		***	
In-home	3,200	28.1	1.8	8.3	1.0	8.3	1.5	14.0	1.2	36.4	1.9	2.7 ^f	0.6	11.4	1.4	14.9	1.5	16.3 ^f	1.2
Formal kin care	403	16.7	4.2	7.5	3.1	13.6	5.2	26.5	9.2	53.2	8.1	9.3 ^g	3.2	6.8	1.6	38.5 ^g	8.2	33.0	9.8
Informal kin care	474	19.4	3.6	9.8	3.1	6.6	2.3	17.0	5.1	31.7	3.5	2.7 ^h	0.7	4.4 ^h	1.7	22.7 ^h	3.1	28.3	3.4
Foster care	933	27.9	3.9	11.0	2.2	10.2	2.0	27.2	4.0	43.6	4.6	7.5 ⁱ	1.4	10.5	2.1	25.7	4.6	31.5	5.2
Group home or res. program	58	31.9	10.0	6.6	4.4	9.5	6.3	32.1	11.6	56.1	9.3	2.2	1.5	21.5	12.5	16.3	6.6	24.0	7.2

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

Caseworkers reported all types of maltreatments related to a case; the total percentage as a consequence adds up to more than a 100%, with a mean number of types of maltreatment per child of 1.4. The exhibit displays the eight types of maltreatment with highest prevalence by caseworker report.

^a Less common types of abuse (abandonment, moral/legal maltreatment, educational maltreatment, exploitation, other, prematurity or low birth weight, voluntary relinquishment, children in need of services, and investigation only way to get services) were combined into a maltreated-*other* (types of abuse) category.

^b Children 0 to 2 years old were significantly less likely to have been reported for physical abuse than children 3 to 5 years old ($p < .05$), children 6 to 10 years old ($p < .001$), and children 11 to 17 years old ($p < .001$), and less likely to have been reported for sexual abuse than children 3 to 5 years old ($p < .001$), children 6 to 10 years old ($p < .001$), and children 11–17 years old ($p < .001$). Children 0 to 2 years old were more likely to have been reported for physical neglect than children 11 to 17 years old ($p < .05$) and more likely to be reported for substance exposure than children 3 to 5 years old ($p < .001$), children 6 to 10 years old ($p < .001$), and children 11 to 17 years old ($p < .001$). Children 0 to 2 years old ($p < .01$) and 3 to 5 years old ($p < .05$) were significantly more likely to have been reported for domestic violence than children 11 to 17 years old.

^c Black children were significantly less likely to have been reported for emotional abuse than White children ($p < .01$), and Hispanic children ($p < .05$).

^d White children were significantly more likely to have been reported for sexual abuse than Black children ($p < .001$), Hispanic children ($p < .01$), and children of “Other” race/ethnicity ($p < .05$)

^e Hispanic children were significantly more likely to have been reported for neglect than White children ($p < .05$) and children of “Other” race/ethnicity ($p < .01$).

^f Children living in-home with parents were significantly less likely to have been reported for substance exposure and for other maltreatment types than children living in formal kin care ($p < .05$), and children living in foster care ($p < .05$).

^g Children living in formal kin care were significantly more likely to have been reported for substance exposure than children living in informal kin care ($p < .05$) and more likely to have been reported for substance-abusing parent than children living in-home with parents ($p < .05$)

^h Children living in informal kin care were significantly less likely to have been reported for substance exposure than children living in foster care ($p < .01$), and were less likely to have been reported for domestic violence than children living in-home with parents ($p < .01$) and children living in foster care ($p < .05$). Children living in informal kin care were significantly more likely to have been reported for substance-abusing parent than children living in-home with parents ($p < .05$)

ⁱ Children living in foster care were significantly more likely to have been reported for substance exposure than children living in a group home or residential program ($p < .001$).

Exhibit 5. Risk Assessment by Caseworker Report

Risk factors	<i>N</i>	%	<i>SE</i>
Prior reports of child maltreatment	4,945	60.0	1.8
Prior investigation of child maltreatment	4,917	57.3	1.8
Prior incident of substantiated child maltreatment	4,757	29.7	1.4
Prior child welfare service history	4,660	30.4	1.8
Child had poor ability to self-protect (children 5 and older)	1,951	32.2	1.9
Child had major special needs or behavioral problems	4,965	19.3	1.2
Child was involved in any delinquent or chronic CHINS behavior (Child In Need of Supervision or Services)	5,029	4.5	0.5
Active alcohol abuse by primary caregiver	4,711	4.6	0.6
Active alcohol abuse by secondary caregiver	3,460	9.6	1.1
Active drug abuse by primary caregiver	4,819	10.5	0.8
Active drug abuse by secondary caregiver	3,403	10.9	1.0
Primary caregiver had serious mental health problem	4,729	14.4	1.5
Primary caregiver had recent history of arrests	4,621	13.7	0.9
Primary caregiver had intellectual or cognitive impairments	4,840	3.1	0.5
Primary caregiver had physical impairments	4,908	4.3	0.6
Primary caregiver had very limited communication skills, such as a language barrier	4,936	3.0	0.5
Primary caregiver described or act toward child in predominately negative terms	4,872	3.9	0.5
Primary caregiver had poor parenting skills	4,868	19.5	1.5
Parent had unreal expectations of child	4,843	9.9	0.8
History of domestic violence against caregiver	4,648	27.7	1.7
Active domestic violence against caregiver	4,830	12.4	1.0
Primary caregiver used inappropriate or excessive discipline	4,893	5.1	0.6
Secondary caregiver used inappropriate or excessive discipline	3,623	8.7	1.3
Primary caregiver recognized use of inappropriate or excessive discipline and showed a motivation to change	344	67.7	4.9
History of abuse or neglect of primary caregiver	4,270	20.6	1.6
History of abuse or neglect of secondary caregiver	2,941	9.1	1.0
Reasonable level of caregiver cooperation	4,992	91.7	1.0
Another supportive caregiver present in the home	4,965	54.9	1.7
High stress on the family (e.g., unemployment, drug use, poverty, or neighborhood violence)	4,909	50.5	2.3
Low social support	4,860	24.8	1.9
Family had trouble paying for basic necessities (food, shelter, clothing, electricity, or heat)	4,795	23.8	1.9
Caregiver was involved in non-CPS services (mental health, home visiting, public health nursing, or substance abuse treatment)	4,784	27.6	1.9

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 6. Substantiation Status by Caseworker Report

	N	Substantiated n = 2,046		Indicated n = 1,000		Unsubstantiated n = 1,565	
		%	SE	%	SE	%	SE
Total	4,611	22.1	1.5	7.6	0.9	70.4	1.8
Gender							
Male	2,569	21.9	1.7	7.0	0.8	71.1	2.1
Female	2,449	22.3	2.3	8.1	1.3	69.6	2.9
Age (years)***							
0–2	2,511	31.7 ^a	2.8	9.3 ^a	1.5	59.0	3.3
3–5	720	21.3 ^b	2.9	7.0	1.6	71.7	3.5
6–10	891	15.6	1.4	7.1	1.2	77.3	1.8
11–17	886	22.1 ^c	2.5	7.1	1.1	70.8	2.7
Race/ethnicity							
Black	1,544	21.6	2.5	11.0	1.8	67.4	3.2
White	1,764	21.7	1.7	5.2	1.1	73.0	2.0
Hispanic	1,352	24.5	2.6	7.9	1.4	67.7	3.0
Other	345	17.0	3.7	8.6	3.6	74.4	4.8
Setting***							
In-home	3,139	18.4 ^d	1.4	7.4 ^d	1.0	74.3	1.9
Formal kin care	399	47.5	8.1	8.6	2.4	43.9	8.9
Informal kin care	465	33.6 ^e	3.6	9.5	2.2	57.0	3.9
Foster care	924	70.3	5.5	7.1	1.9	22.6	5.2
Group home or residential program	58	68.3	9.1	5.4	3.3	26.3	9.0

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (*** $p < .001$). An asterisk associated with the name of the covariate applies across columns representing categories of case disposition.

^a Children 0 to 2 years old were significantly more likely to have a substantiated report than an indicated report when compared to children 6 to 10 years old ($p < .05$); significantly more likely to have a substantiated report than an unsubstantiated report when compared to children 3 to 5 years old ($p < .001$), children 6 to 10 years old ($p < .001$), and children 11 to 17 years old ($p < .01$); and significantly more likely to have an indicated report than an unsubstantiated report when compared to children 6 to 10 years old ($p < .05$) and children 11 to 17 years old ($p < .05$).

^b Children 3 to 5 years old were significantly more likely to have a substantiated report than an unsubstantiated report when compared to children 6 to 10 years old ($p < .05$).

^c Children 11 to 17 years old were significantly more likely to have a substantiated report than an unsubstantiated report when compared to children 6 to 10 years old ($p < .05$).

^d Children living in-home with parents were significantly less likely to have a substantiated report than an indicated report when compared to children living with formal kin care ($p < .05$), children living in foster care ($p < .001$) and children living in a group home or residential program ($p < .05$). Children living in-home were significantly less likely to have a substantiated report than an unsubstantiated report compared to children living with formal kin ($p < .001$), children living with informal kin ($p < .001$), children living in foster care ($p < .001$), and children living in a group home or residential program ($p < .01$); and were significantly less likely to have an indicated report than an unsubstantiated report compared to children living in foster care ($p < .01$).

^e Children living with informal kin were significantly less likely to have a substantiated report than an indicated report compared to children living in foster care ($p < .05$); and were significantly less likely to have a substantiated report than an unsubstantiated report compared to children living in foster care ($p < .001$) and children living in a group home or residential program ($p < .05$).

Exhibit 7. Level of Harm Perceived by Caseworker

	<i>N</i>	Level of harm							
		<i>None</i>		<i>Mild</i>		<i>Moderate</i>		<i>Severe</i>	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	5,001	49.0	2.2	29.7	1.8	16.4	1.1	4.8	0.5
Gender									
Male	2,573	47.3	2.4	31.4	2.1	16.8	1.4	4.5	0.6
Female	2,428	50.8	3.0	28.0	2.3	16.0	1.5	5.2	0.7
Age (years) ***									
0–2	2,491	45.4	2.8	26.1	2.8	20.3 ^a	2.1	8.2 ^a	1.0
3–5	723	44.6	3.8	32.8	2.9	18.5	3.4	4.1	0.8
6–10	896	52.3	3.1	29.6	2.9	14.2	1.5	3.9	0.7
11–17	891	51.9	3.3	30.0	3.2	14.2	1.5	4.0	0.9
Race/ethnicity									
Black	1,530	54.5	3.5	23.0	2.4	17.1	2.0	5.4	0.9
White	1,757	48.4	3.0	31.9	3.0	14.9	1.4	4.8	0.7
Hispanic	1,364	46.3	3.7	31.5	3.0	17.4	2.3	4.8	0.8
Other	347	46.4	7.9	31.5	7.1	19.0	3.9	3.2	1.0
Setting ***									
In-home	3,154	52.7	2.2	29.3	1.9	15.1	1.2	3.0	0.4
Formal kin care	386	20.8	5.1	38.5	8.8	25.4 ^b	5.4	15.3 ^b	3.4
Informal kin care	466	32.0	5.1	37.7	6.3	18.7 ^c	3.7	11.6 ^c	2.4
Foster care	915	11.6	1.9	20.9	4.4	38.7 ^d	4.6	28.9 ^d	3.5
Group home or residential program	57	29.5	12.5	27.4	8.3	18.7	5.5	24.5	10.9

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$. An asterisk associated with the name of the covariate applies across columns representing categories of level of harm.

^a Children 0 to 2 years old were significantly more likely to have been reported in the *severe* category of harm than no harm ($p < .01$) and *mild* harm ($p < .01$) when compared to children 3 to 5 years. Children 0 to 2 years old were significantly more likely to have been reported in the *moderate* category of harm than no harm ($p < .01$), and *mild* harm ($p < .01$) when compared to children 6 to 10 years old, and significantly more likely to have been reported in the *severe* category of harm than no harm ($p < .001$), and *mild* harm ($p < .001$) when compared to children 6 to 10 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *moderate* category of harm than no harm ($p < .01$), and *mild* harm ($p < .05$) when compared to children 11 to 17 years old, and significantly more likely to have been reported in the *severe* category of harm than no harm ($p < .001$) and *mild* harm ($p < .01$) when compared to children 11 to 17 years old.

- ^b Children living in formal kin care were significantly more likely to have been reported in the *moderate* category of harm than *no* harm ($p < .001$) compared to children living in-home with biological and adoptive parents, and significantly more likely to have been reported in the *severe* category of harm than *no* harm ($p < .001$), *mild* harm ($p < .01$), and *moderate* harm ($p < .001$) compared to children living in-home with biological and adoptive parents. Children living in formal kin care were significantly more likely to have been reported in the *severe* category of harm than *no* harm ($p < .05$) when compared to children living in informal kin care.
- ^c Children living in informal kin care were significantly less likely to have been reported in the *no* harm category than *mild* harm ($p < .05$), *moderate* harm ($p < .05$), and *severe* harm ($p < .01$) when compared to children living in-home with biological and adoptive parents. Children living in informal kin care were significantly more likely to have been reported in the *severe* harm category than *mild* harm ($p < .05$), and *moderate* harm ($p < .05$) when compared to children living in-home with biological and adoptive parents.
- ^d Children living in foster care were significantly less likely to have been reported in the *no* harm category than *mild* harm ($p < .05$), *moderate* harm ($p < .001$), and *severe* harm ($p < .001$) when compared to children living in-home with biological and adoptive parents. Children living in foster care were significantly more likely to have been reported in the *moderate* harm category than *mild* harm ($p < .001$) when compared to children living in-home with biological and adoptive parents. Children living in foster care were significantly more likely to have been reported in the *severe* harm category than *mild* harm ($p < .001$), and *moderate* harm ($p < .001$) when compared to children living in-home with biological and adoptive parents. Children living in foster care were significantly more likely to have been reported in the *moderate* harm category than *no* harm ($p < .05$) when compared to children living in formal kin care. Children living in foster care were significantly more likely to have been reported in the *severe* harm category than *no* harm ($p < .01$), and *mild* harm ($p < .05$) when compared to children living in formal kin care. Children living in foster care were significantly more likely to have been reported in the *moderate* harm category than *no* harm ($p < .001$) and *mild* harm ($p < .01$) when compared to children living in informal kin care. Children living in foster care were significantly more likely to have been reported in the *severe* harm category than *no* harm ($p < .001$), and *mild* harm ($p < .001$) when compared to children living in informal kin care.

Exhibit 8. Level of Risk Perceived by Caseworker

	<i>N</i>	Level of Risk							
		<i>None</i>		<i>Mild</i>		<i>Moderate</i>		<i>Severe</i>	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	4,620	36.5	2.7	33.3	1.8	21.4	1.6	8.8	0.9
Gender									
Male	2,372	34.0	3.0	35.1	2.2	21.3	1.8	9.6	0.9
Female	2,248	39.0	3.0	31.5	2.4	21.5	2.2	8.0	1.3
Age (years) ***									
0–2	2,306	26.3	2.8	31.8	2.8	26.1 ^a	2.6	15.8 ^a	1.9
3–5	673	32.5	3.3	36.1	3.4	21.2	2.6	10.3 ^b	2.3
6–10	827	42.9	4.1	32.9	3.2	19.1	2.2	5.1	1.0
11–17	814	40.7	3.8	32.6	2.6	20.5	2.4	6.3	1.0
Race/ethnicity *									
Black	1,412	39.1	3.1	32.0	2.2	20.4	2.5	8.5	1.2
White	1,593	40.2	3.3	30.8	2.3	20.6	1.7	8.4	1.0
Hispanic	1,297	33.8	5.0	34.0	3.1	23.2	2.5	9.0	1.9
Other	315	18.7 ^c	3.9	47.9	8.2	21.9	5.6	11.4	4.2
Setting ***									
In-home	2,881	38.9	2.8	34.5	2.0	20.6	1.7	6.0	0.9
Formal kin care	373	15.2	4.6	33.3	9.1	23.6 ^d	4.8	27.9 ^d	4.6
Informal kin care	428	28.8	4.4	29.7	5.6	22.3	3.6	19.3 ^e	3.2
Foster care	861	6.9	1.8	11.8	4.3	36.3 ^f	5.8	45.0 ^f	4.8
Group home or residential program	56	13.7	6.5	21.8	9.1	29.3 ^g	9.7	35.2	10.9

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). An asterisk associated with the name of the covariate applies across columns representing categories of level of risk.

- ^a Children 0 to 2 years old were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .05$) when compared to children 3 to 5 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .05$), and *mild* risk ($p < .05$) compared to children 3 to 5 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .001$) compared to children 6 to 10 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$), *mild* risk ($p < .001$), and *moderate* risk ($p < .01$) compared to children 6 to 10 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .01$) compared to children 11 to 17 years old. Children 0 to 2 years old were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$), *mild* risk ($p < .001$), and *moderate* risk ($p < .05$) compared to children 11 to 17 years old.
- ^b Children 3 to 5 years old were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .05$), *mild* risk ($p < .05$), and *moderate* risk ($p < .05$) compared to children 6 to 10 years old.
- ^c Children of “Other” race/ethnicity were significantly less likely to have been reported in the *no* category of risk than *mild* risk ($p < .05$), and *moderate* risk ($p < .05$) compared to Black children. Children of “Other” race/ethnicity were significantly less likely to have been reported in the *no* category of risk than *mild* risk ($p < .01$), and *moderate* risk ($p < .05$) compared to White children. Children of “Other” race/ethnicity were significantly less likely to have been reported in the *no* category of risk than *mild* risk ($p < .05$), and *moderate* risk ($p < .05$) compared to Hispanic children.
- ^d Children living in formal kin care were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .01$) compared to children living in-home with biological and adoptive parents, and significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$), *mild* risk ($p < .001$), and *moderate* risk ($p < .001$) compared to children living in-home with biological and adoptive parents. Children living in formal kin care were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$) compared to children living in informal kin care.
- ^e Children living in informal kin care were significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$), *mild* risk ($p < .01$), and *moderate* risk ($p < .01$) compared to children living in-home with biological and adoptive parents.
- ^f Children living in foster care were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .001$), and *mild* risk ($p < .001$) compared to children living in-home with biological and adoptive parents, and significantly more likely to have been reported in the *severe* category of risk compared to *no* risk ($p < .001$), *mild* risk ($p < .001$), and *moderate* risk ($p < .001$) compared to children living in-home with biological and adoptive parents. Children living in foster care were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .05$) compared to children living in formal kin care, and significantly more likely to have been reported in the *severe* category of risk compared to *no* risk ($p < .05$) compared to children living in formal kin care. Children living in foster care were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .001$), *mild* risk ($p < .05$) compared to children living in informal kin care, and significantly more likely to have been reported in the *severe* category of risk than *no* risk ($p < .001$), and *mild* risk ($p < .001$) compared to children living in informal kin care.
- ^g Children living in a group home or residential program were significantly more likely to have been reported in the *moderate* category of risk than *no* risk ($p < .05$) compared to children living in-home with biological and adoptive parents.

Exhibit 9. Exposure to Violence Among Children 8 to 17 Years Old by Child Report

	<i>N</i>	VEX-R Ever		VEX-R Last month	
		%	<i>SE</i>	%	<i>SE</i>
VEX-R violence witnessing items					
Child saw adult yell at other	1,503	40.3	2.3	27.0	2.2
Child saw adult throw something at other	1,501	11.5	1.5	4.5	0.8
Child saw adult shove other	1,500	12.1	1.7	7.3	1.6
Child saw adult slap other	1,495	11.9	1.5	5.2	1.2
Child saw adult beat up other	1,498	6.8	1.1	3.0	1.0
Child saw adult steal at home	1,501	10.8	2.0	5.2	1.1
Child saw adult point knife or gun at other	1,500	2.6	0.6	1.3	0.4
Child saw adult stab other	1,503	1.2	0.5	0.9	0.5
Child saw adult shoot other	1,503	0.7	0.4	0.5	0.3
Child saw person arrested at home	1,502	13.5	1.6	2.7	0.9
Child saw person deal drugs at home	1,499	4.3	0.8	2.5	0.7
Child saw child being spanked	1,498	27.5	2.3	17.2	1.8
VEX-R violence victimization items					
Adult yelled at child	1,496	42.2	2.0	29.8	2.2
Adult threw something at child	1,501	10.5	1.6	2.8	0.6
Adult shoved child “really hard”	1,501	11.0	1.3	3.5	0.6
Adult slapped child “really hard”	1,494	13.0	1.9	4.7	1.2
Adult beat up child	1,461	7.0	1.4	2.7	0.9
Adult pointed a gun or knife at child	1,465	1.2	0.4	0.4	0.2
Adult spanked child	1,496	27.4	2.1	8.1	1.2

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Instrument used was the Violence Exposure Scale–Revised (Fox & Leavitt, 1995). Only children 8 to 17 years old responded to the VEX-R. Results reported here are only for acts of violence committed by people living at home with the child.

Exhibit 10. In-Home Parents' Aggression Toward and Neglect of Children in the Previous Year by Self-Report

	N	CTS-PC Nonviolent Discipline		CTS-PC Psychological Aggression		CTS-PC Minor Physical Assault or Corporal Punishment		CTS-PC Severe Physical Assault		CTS-PC Very Severe Physical Assault		CTS-PC Neglect		CTS-PC Sexual Abuse	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	3,549	91.5	0.7	75.1	1.6	52.5	1.9	5.4	0.9	1.6	0.6	25.6	1.4	4.2	0.8
Gender												*			
Male	1,821	91.4	1.0	75.6	1.7	54.0	2.1	5.0	1.2	1.7	1.0	23.0	1.6	3.8	1.2
Female	1,728	91.5	1.2	74.7	2.3	51.0	2.7	5.8	1.0	1.5	0.6	28.3	2.3	4.7	0.8
Age (years)		***		***		***		***				***		***	
0–2	1,557	70.8 ^a	2.5	53.9 ^a	3.1	37.8 ^a	3.0	0.2 ^a	0.1	0.5	0.2	18.1 ^a	3.3	0.4 ^a	0.2
3–5	586	96.4	1.2	78.7	2.9	68.7 ^b	2.9	5.4	1.8	1.2	1.2	16.8 ^b	3.0	2.9	1.3
6–10	727	97.1	0.7	83.0	2.3	61.1 ^c	2.7	7.0	2.1	2.5	1.8	23.5	2.8	4.3	1.9
11–17	678	96.9	0.8	80.1	2.5	41.5	3.5	7.6	1.6	1.8	0.6	40.4 ^d	3.9	7.9 ^d	1.6
Race/ethnicity		**						*							
Black	980	87.1 ^e	2.1	75.9	2.4	54.0	3.1	9.8 ^e	2.2	2.4	1.4	27.1	3.2	3.0	0.9
White	1,329	93.8	0.9	74.5	2.3	52.2	2.6	3.2	0.7	0.5	0.3	22.8	2.2	5.1	1.1
Hispanic	977	90.1	1.7	73.8	2.7	51.3	3.3	5.8	2.2	2.9	1.8	26.7	3.0	3.5	1.8
Other	256	97.3 ^f	1.1	82.5	4.6	56.7	5.8	3.8	1.6	0.6	0.5	33.8	6.6	5.0	3.2

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. The instrument used was the Conflict Tactics Scale Parent-Child Version (Straus et al., 1998). Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Caregivers of children 0 to 2 years old were significantly less likely to report nonviolent discipline ($p < .001$), psychological aggression ($p < .001$), minor physical assault ($p < .001$), and severe physical assault ($p < .01$) compared to caregivers of children 3 to 5 years old. Caregivers of children 0 to 2 years old were significantly less likely to report nonviolent discipline ($p < .001$), psychological aggression ($p < .001$), minor physical assault ($p < .001$), severe physical assault ($p < .001$), and sexual abuse ($p < .05$) compared to caregivers of children 6 to 10 years old. Caregivers of children 0 to 2 years old were significantly less likely to report nonviolent discipline ($p < .001$), psychological aggression ($p < .001$), severe physical assault ($p < .001$), neglect ($p < .001$) and sexual abuse ($p < .001$) compared to caregivers of children 11 to 17 years old.

^b Caregivers of children 3 to 5 years old were significantly more likely to report minor physical assault than caregivers of children 6 to 10 years old ($p < .05$) and caregivers of children 11 to 17 years old ($p < .001$).

- ^c Caregivers of children 6 to 10 years old were significantly more likely to report minor physical assault ($p < .001$) compared to caregivers of children 11 to 17 years old.
- ^d Caregivers of children 11 to 17 years old were significantly more likely to report neglect than caregivers of children 3 to 5 years old ($p < .001$) and caregivers of children 6 to 10 years old ($p < .01$). Caregivers of children 11 to 17 years old were significantly more likely to report sexual abuse than caregivers of children 3 to 5 years old ($p < .05$).
- ^e Caregivers of Black children were significantly less likely to report nonviolent discipline compared to caregivers of White children ($p < .01$) and children of “Other” race/ethnicity ($p < .001$), and significantly more likely to report severe physical assault compared to caregivers of White children ($p < .01$) and children of “Other” race/ethnicity ($p < .05$).
- ^f Caregivers of children of “Other” race/ethnicity were significantly more likely to report nonviolent discipline than caregivers of White children ($p < .05$) and Hispanic children ($p < .05$).

Exhibit 11. Caregiver Aggression and Neglect of Children 11 to 17 Years Old from a Caregiver in the Past Year by Child Report

	<i>N</i>	CTS-PC Nonviolent Discipline		CTS-PC Psychological Aggression		CTS-PC Minor Physical Assault or Corporal Punishment		CTS-PC Severe Physical Assault		CTS-PC Very Severe Physical Assault	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,004	90.2	1.5	68.7	2.2	44.2	3.1	23.6	2.9	15.1	2.4
Gender											
Male	441	88.7	2.4	63.7	3.8	49.0	4.6	26.2	4.1	16.9	3.7
Female	563	91.2	1.7	72.0	2.8	41.1	4.0	21.8	3.7	13.9	2.4
Age (years)						**					
11–12	301	88.6	2.5	65.0	3.8	56.2 ^a	4.8	19.5	3.5	9.3	2.3
13–14	318	90.4	2.7	68.9	3.9	44.6	4.3	23.7	4.7	17.7	4.0
15–17	384	91.7	2.0	72.1	4.2	33.1	4.3	27.4	5.0	18.1	4.2
Race/ethnicity				*							
Black	271	88.7	3.7	60.9	4.3	48.9	5.0	30.6	5.3	22.7	5.6
White	384	89.0	2.4	67.0	3.5	41.3	3.9	22.7	3.4	16.8	3.3
Hispanic	243	94.5	1.8	78.3 ^b	3.9	51.8	7.0	23.7	6.3	9.4	2.7
Other	105	86.0	5.2	65.4	7.0	27.2	8.1	14.9	4.6	11.0	4.3

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Instrument used was the Conflict Tactics Scale Parent-Child (Straus et al., 1998). Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^aChildren 11 to 12 years old were significantly more likely to report minor assault than children 15 to 17 years old ($p < .001$).

^bHispanic children were significantly more likely to report psychological aggression than Black children ($p < .01$) and White children ($p < .05$).

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APPENDIX

Scales. Following is a descriptive list of the instruments used as measures of child maltreatment in NSCAW II.

- *Conflict Tactics Scale, Parent-Child Version (CTS-PC).* The CTS-PC was developed to assess the uses of discipline and measure psychological and physical maltreatment and neglect by parents, as well as nonviolent modes of discipline. CTS-PC scales include nonviolent discipline (e.g., putting a child in “time out”), psychological aggression (e.g., shouting, yelling, or screaming at a child), physical assault, and neglect (Straus et al., 1998). There are two versions: one in which the children report their experience of disciplinary actions and one in which parents report their use of those disciplinary tactics with their child. The disciplinary actions include more than those ordinarily considered part of parental discipline and range from time out to burning a child. CTS-PC uses an 8-point Likert-type scale (1 time, 2 times, 3 to 5 times, 6 to 10 times, 11 to 20 times, more than 20 times, not in the past 12 months, never) to measure frequency and extent to which a parent has carried out specific acts of physical and psychological aggression (Straus et al., 1998). This measure consists of three subscales that assess Nonviolent Discipline, Psychological Aggression, and Physical Assault. The Physical Assault scale can be subdivided and consists of three subscales: Minor Physical Assault (Corporal Punishment), Severe Physical Assault, and very Severe Physical Assault. Two additional supplemental subscales measuring Neglect and Sexual Abuse (total 22 items) were available and were administered to the caregivers but not the children of the NSCAW II dataset. In NSCAW II, parental report on the CTS-PC measures were obtained from all caregivers considered permanent by the NSCAW interviewer. This report presents findings from the nonviolent discipline, psychological aggression, and neglect scales, as well as the physical assault subscales only for in-home biological and adoptive parents. Measures shown are annual prevalence estimates for each scale.
- *Maltreatment characteristics.* NSCAW II used the Limited Maltreatment Classification System (L-MCS; Barnett et al., 1993) to capture information about the reported maltreatment. Caseworkers were provided with a card listing types of maltreatment. The request to caseworkers was: Please look at Card 9 and tell me the type or types of abuse or neglect reported on (Report Date)?
 - 1 = “Physical Maltreatment”
 - 2 = “Sexual Maltreatment”
 - 3 = “Emotional Maltreatment”
 - 4 = “Physical Neglect (Failure to Provide)”
 - 5 = “Neglect (Lack of Supervision)”
 - 6 = “Abandonment”
 - 7 = “Moral/legal Maltreatment”
 - 8 = “Educational Maltreatment”

- 9 = “Exploitation”
- 10 = “Other”
- 11 = “Prematurity or Low Birth Weight”
- 12 = “Substance Exposure (e.g., born with drugs in system)”
- 13 = “Domestic Violence”
- 14 = “Substance-abusing Parent”
- 15 = “Voluntary Relinquishment”
- 16 = “Children in Need of Services (CHINS)”
- 17 = “Investigation Only Way to Get Services”

The card listing types of maltreatment did not include a definition of each category. NSCAW II included several new categories, added with the goal of obtaining more information from caseworkers about specific types of maltreatment. The new categories were: Prematurity or Low Birth Weight, Substance Exposure, Domestic Violence, Substance-abusing Parent, Voluntary Relinquishment, Children in Need of Services, and Investigation Only Way to Get Services. The most serious type of maltreatment was assessed by asking the caseworkers in the baseline interview, “Of the types of abuse or neglect that were reported, please look at Card 9 and tell me the type that you felt was the most serious.”

- *Risk Assessment.* NSCAW II uses risk assessment questions that were adapted from the risk assessment tools used in child protective services in Michigan, New York, Washington, Illinois, and Colorado risk assessment forms and checklists. These tools collect information regarding the main caregiver. Questions include: “At the time of the investigation was there active alcohol abuse by primary caregiver? Was there active drug abuse by primary caregiver? Did caregiver have any serious mental health or emotional problem? Was there a history of abuse and neglect of caregiver? Was there low social support? Was there high stress on the family?” All response options were yes/no.
- *Violence Exposure Scale (VEX-R).* The VEX-R was used to assess frequency of exposure to violent and criminal events in children aged 8 or older (Fox & Leavitt, 1995). The VEX-R is a 23-item child self-report measure in a cartoon format that has been previously administered to minority, inner-city children and elementary school children in Israel, and preschool and school-aged children in the United States, including children in foster care (Raviv et al., 2001; Raviv, Raviv, Shimoni, Fox, & Leavitt, 1999; Shahinfar, Fox, & Leavitt, 2000; Stein et al., 2001). Children are shown cards depicting violent and criminal acts and are asked to respond on a 4-point scale (*never, once, a few times, lots of times*) about their experiences. VEX-R inquires about being a victim or witness to 13 types of violent and criminal events.

Derived Variables. Following is a descriptive list of the variables derived for the NSCAW II Child Maltreatment Baseline Report.

- *“Other” maltreatment:* NSCAW II used the Limited Maltreatment Classification System (L-MCS; Barnett et al., 1993) to capture information about the reported maltreatment. Caseworkers were provided with a card with 17 types of maltreatments. Because of the limited number of cases in some maltreatment categories, a variable was created to represent “Other” with the following categories: abandonment, moral/legal maltreatment, educational maltreatment, exploitation, other, prematurity or low birth weight, voluntary relinquishment, children in need of services, and investigation only way to get services.
- *Harm and Risk:* Caseworkers used a 4-point scale to rate the degree of harm the child suffered and the degree of risk the child faced. The text of the prompts and questions was as follows:

For the next set of questions, please do not be concerned with whether or not the report was substantiated when offering your responses. Regardless of the outcome of the investigation, how would you describe the level of harm to [FILL CHILD]?
Would you say 1=*None*; 2=*Mild*; 3=*Moderate*; 4=*Severe*

Regardless of the outcome of the investigation, how would you describe the level of severity of risk? Would you say: 1=*None*; 2=*Mild*; 3=*Moderate*; 4=*Severe*.

- *Setting.* The setting variable includes six levels: in-home, formal kin care, informal kin care, foster care, group home/residential program, or other out of home. *In-home* caregivers include living situations where the primary caregiver is either a biological, adoptive, or stepmother/father. *Formal kin care* includes situations where the primary caregiver has a kin relationship to the child and where the caregiver is receiving payments from the Child Welfare System. *Informal kin care* is where the primary caregiver has a kin relationship to the child, but is not receiving payments from the Child Welfare System. *Foster care* indicates that the child primary caregiver was identified as a foster parent. *Group home/residential program* indicates that a child was currently living in a group home or residential facility. *Other out of home* includes situations where the primary caregiver was identified as “other nonrelative” and where the primary caregiver was not receiving foster parent payments.