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RISK FACTORS FOR
REPEATED CHILD MALTREATMENT

by

Freydís Jóna Freysteinsdóttir

An Abstract

Of a thesis submitted in partial fulfillment of the requirements for the
Doctor of Philosophy degree in Social Work
in the Graduate College of
The University of Iowa

May 2004

Thesis Supervisor: Professor Patricia Kelley

ABSTRACT

The purpose of this study was to identify risk factors for repeated child maltreatment in Iceland. Only cases that had never been reported to child protection services before were included in this study (N=77 total). Each case was followed for 18 months. In all cases the first reported incident was neglect. In the study, a group of cases that had only been reported once (single incident) was compared with another group of cases that had been reported two or more times (repeated incidents). Risk factors were identified and compared on different levels according to an ecological model: 1) Demographics, 2) Parental figure problems, 3) Children's characteristics, 4) Family problems, 5) Social support. In addition, the two groups were compared on parental non-cooperation and services received. In a logistic regression model, the groups differed significantly on the following factors; the mother figures in the repeated incidents group had lower education level and the mothers in that group had more personal problems than the mother figures in the repeated incidents group. In addition, the repeated incidents group experienced more family dynamic problems than the single incident group.

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Thesis Supervisor: Professor Patricia Kelley

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Iowa City, Iowa

CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

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has been approved by the Examining Committee for the thesis requirement for the Doctor of Philosophy degree in Social Work at the May 2004 graduation.

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John Spencer

To my dear friend, Málfríður Sigurðardóttir (Fríða), who died of cancer in 1999

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ABSTRACT

The purpose of this study was to identify risk factors for repeated child maltreatment in Iceland. Only cases that had never been reported to child protection services before were included in this study (N=77 total). Each case was followed for 18 months. In all cases the first reported incident was neglect. In the study, a group of cases that had only been reported once (single incident) was compared with another group of cases that had been reported two or more times (repeated incidents). Risk factors were identified and compared on different levels according to an ecological model: 1) Demographics, 2) Parental figure problems, 3) Children's characteristics, 4) Family problems, 5) Social support. In addition, the two groups were compared on parental non-cooperation and services received. In a logistic regression model, the groups differed significantly on the following factors; the mother figures in the repeated incidents group had lower education level and the mothers in that group had more personal problems than the mother figures in the repeated incidents group. In addition, the repeated incidents group experienced more family dynamic problems than the single incident group.

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CHAPTER I

INTRODUCTION

Child maltreatment is a phenomenon that has a long history and exists in various cultures (Agathonos-Georgopoulou, 1992; Pogge, 1992). Most countries have policies and programs that have the purpose of contributing to the well being of children, including preventing and reducing the risk of child maltreatment (Kamerman & Kahn, 1995). In many cases of child maltreatment, such policies and programs are sufficient and further maltreatment is not reported. In some cases, however, the family needs more or different services, and the family is repeatedly reported for child maltreatment. If child maltreatment has negative effect on children's development and well being and is an expensive social problem, then it is a very serious problem when children are repeatedly maltreated, even after child supportive services have been provided (DePanfilis & Zuravin, 1998). Repeated maltreatment is likely to disturb normal development of the child (Cicchetti & Lynch, 1995), create symptoms, such as withdrawal and aggression (Markward, 1997; Saunders, 1994), and even labeled psychiatric disorders, such as depression and conduct disorder (Cicchetti & Lynch, 1995; Knutson, 1995).

It is important to identify families who are at risk of repeatedly maltreating their children early in the process to develop specific ways to help these families stop maltreating their children or to work on termination of parental rights. Thus, identifying factors that contribute to repeated child maltreatment is essential. The focus of this study is to investigate repeated maltreatment, specifically neglect, of children in Iceland.

Definitions

When studying a particular phenomenon, defining that phenomenon is important. Definitions of child maltreatment vary by culture (Gough, 1996) and can even vary among subcultures within that same culture. For example, a particular behavior, such as hitting can be defined as abuse in an affluent area, whereas that same behavior might not be considered abuse and may even be accepted in a disadvantaged area (Garbarino & Crouter, 1978). Physical abuse has indeed been shown to be more common in families with low income and low social support (Miller-Perrin & Perrin, 1999). However, in all societies, visible injuries such as bruises, broken bones, cuts and burns are considered as child physical abuse (Whipple & Richey, 1997). A lack of consensus in the social sciences seems to exist on whether definition should be based on the behavior of the adult, the effect on the child (harm, such as bruises), or the combination of these two (Cicchetti & Lynch, 1995). Furthermore, it has been debated if the intention of the act needs to be included in the definition. *Intention* can be defined as a desire to harm the victim (Knutson, 1995). It can be argued that not including the intention in the definition of child abuse eliminates accidental injuries that children may receive. It can also be argued that a definition that includes intention may be problematic, since intention is not a part of observable behavior (Parke & Collmer, 1975). However, Knutson (1995) believes that intent should be assessed in each and every setting, whether the event had an accidental nature or not.

Even though reports on child maltreatment may often reflect one specific act, child maltreatment is likely to represent a pattern, rather than a single incident. Rogosch, Cicchetti, Shields and Toth (1995) give the following definition, which implies a pattern

to this behavior:

> "Child maltreatment constitutes a severe dysfunction in parenting, as well as substantial disturbance in parent-child relationship, that may result in serious child maladaption and aberrant development.... child maltreatment, by definition, involves grossly inadequate or destructive patterns of parenting" (pp. 127).

As the above definition implies, severe parental dysfunction is likely to be reflected in different areas of parenting. Thus, it may not be surprising that it is fairly common that children experience more than one type of maltreatment (Erickson, Egeland & Pianta, 1989).

Child maltreatment can be divided into two main categories: abuse and neglect. Abuse occurs because of an act of commission by an adult. However, neglect occurs because of an act of omission by an adult (Knutson, 1995). Thus, when a caregiver does something to a child, which has or may have harmful effects, it is considered abuse. However, when a caregiver fails to do something for a child that causes or may cause harmful effects, it is considered neglect.

Abuse can be further divided into three categories: physical abuse, sexual abuse and psychological/emotional abuse. *Physical abuse* involves a non-accidental injury to a child, by an adult. *Sexual abuse* includes attempted sexual contact or sexual contact between an adult and a child, with the purpose of the adult's sexual gratification (Cicchetti & Lynch, 1995). *Psychological/ emotional abuse* involves parental degrading behavior, such as name calling to the child (Miller-Perrin & Perrin, 1999).

Neglect involves failure to provide minimal physical care, supervisory neglect, educational neglect and emotional neglect (Miller-Perrin & Perrin, 1999). *Physical neglect* can be divided further into the following categories: 1) lack of adequate food, 2)

lack of adequate shelter, 3) lack of adequate clothing, 4) failure to provide adequate hygiene, 5) failure to provide adequate physical health care, 6) failure to provide adequate mental health care, 7) failure to respond to an infant's life threatening condition (Iowa Department of Human Services, 1997). *Supervisory neglect* can be divided into subcategories, including the following: 1) abandonment, 2) child left alone for a period of time, 3) child not supervised closely enough, 4) child left with a caretaker without adequate planning, 5) child left with a caretaker who is not qualified/dangerous (Coohey, 2003b). Finally *psychological/emotional neglect* can be defined as a failure to fulfill basic emotional needs of a child for normal development (Miller-Perrin & Perrin, 1999). However neglect as a type of maltreatment is emphasized in this study.

The above definitions of neglect, physical abuse, sexual abuse, emotional abuse and subcategories were used in this study. Even though these definitions are from the U.S., they are used in this study because the definitions in Iceland are rather broad and unclear.

Interestingly, child protection in Iceland includes two categories of child maltreatment cases: one that includes children as victims and another that includes children as perpetrators. The category of child as a victim includes the following subcategories: 1) neglect/indisposition, 2) emotional abuse, 3) physical abuse, 4) sexual abuse, 5) parental alcohol and/or substance abuse, and 6) other (e.g. domestic violence). The category child as a perpetrator includes the following subcategories: 1) the child's alcohol and/or substance abuse, 2) the child endangers own health or others, 3) the child breaks the laws, shows vandalism or aggression, 4) the child has significant problems in school, poor attendance, 5) the child abuses another child and 6) other [e.g. child has psychiatric problems] (Barnaverndarstofa, 2000). The definition of child maltreatment in

Iceland also includes an insufficient child-rearing environment, related to parental behavior (Barnaverndarlög, 2002). Parental behavior that might endanger child's health or maturity may include alcohol or drug abuse and domestic violence. Only cases with a child as a victim were included in this study.

Witnessing domestic violence is defined in many states in the U.S. as child maltreatment (Pearce, 1999), and has been defined as supervisory neglect (Coohey, 2003a). Witnessing *domestic violence* is often defined as maltreatment, because it has been shown that children who are exposed to domestic violence are at risk of developmental problems (Cummings, 1998) and the negative effects of conflict and violence between parents on children are well documented (Markward, 1997; Wolfe, Jaffe, Wilson & Zak, 1985). *Domestic violence* can be defined as a physical assault on a partner's body (Jouriles, Norwood, McDonald, Vincent & Mahoney, 1996). Witnessing *domestic violence* includes seeing, hearing or being in some way exposed to domestic violence. Aron and Olsen (1997) described the experience of children when they witness or are exposed to domestic violence in the following way:

> "Children who do not see their mother being abused may hear screams, crying, degrading language, or objects being thrown and broken. Children may also witness the aftermath of an abusive incident, including blood, bruises, torn clothes, broken glass, a police officer's presence, or an arrest." (p. 5).

A definition of *repeated child* maltreatment was borrowed from DePanfilis and Zuravin (1999a) who defined recurrent child maltreatment in the following way: "any confirmed report…on any child in the family that occurred at least 1 day [24 hours] following the index incident report date. Duplicate reports of the same incident were not counted as a recurrence" (pp. 221-222). Following reported incident and investigation in

the child protection system in Iceland, a decision is not made if the maltreatment is “confirmed”. However, a decision is made as to whether the family needs support or not. Thus, in this study, a “confirmed” incident was evaluated by the researcher from the child protection records (not by the child protection workers).

Although many of the definitions above are from the U.S. literature, they are consistent with Icelandic law and seem applicable in Iceland. In this study, child maltreatment cases were divided into two groups, "single incidents" and "repeated incidents" based on the definition above. In addition, neglect was the type of maltreatment that occurred in the first incidents.

The Effects of Child Maltreatment

The potential negative effects of maltreatment on children can be divided into two broad categories, internalized and externalized behavior problems. Examples of internalized behavior problems are anxious behavior and withdrawal. Examples of externalized behavior problems are aggression and delinquent behavior (Markward, 1997; Saunders, 1994). Externalized behavior problems are more common among boys, whereas internalized problems are more common in girls (Jouriles & Norwood, 1995). Symptoms such as anxiety and behavior problems that are frequent or prolonged often lead to a diagnosed psychiatric disorder (Finkelhor & Berliner, 1995). For example, excessive withdrawal may be a sign of depression and excessive delinquent behavior may lead to conduct disorder (American Psychiatric Association, 1994). Since the effects of maltreatment have been documented, repeated child maltreatment is more likely to lead to more severe symptoms (Markward, 1997; Saunders, 1994). Such symptoms might be

in the forms of intellectual deficits, behavioral, social or emotional problems (Miller-Perrin & Perrin, 1999). In the most serious cases symptoms may lead to serious disorders (Cicchetti & Lynch, 1995; Knutson, 1995). Because child maltreatment can have serious consequences, it is important to study repeated child maltreatment.

Child Maltreatment Recurrence

Rates in Iceland Compared with the U.S

Depanfilis and Zuravin (1998) noted that studies on recurrences in the U.S. have shown that in majority of cases, recurrence of child maltreatment does not occur, at least for the first years following intervention of child protection services (CPS). In addition, studies have shown that over half of families who are reported for recurrent child maltreatment experience only one recurrence (DePanfilis & Zuravin, 1998, 1999a; Morse, Sahler, & Friedman, 1970). No information on recurrence rates is available in Iceland at this time.

Incidence of Maltreatment

Based on reports from 44 states in the U.S., it has been estimated that approximately 984,000 children were reported to CPS as victims of maltreatment during the year of 1997, which was an incidence rate of 1.39%. It was further estimated that 1,197 (0.12%) children died as a result of maltreatment that same year, based on 967 reported child maltreatment fatalities in 44 states. Neglect was the most common form of maltreatment, with more than half of the victims suffering from neglect, followed by almost a quarter that suffered from physical abuse, and 12% that suffered from sexual

abuse (U.S. Department of Health and Human Services, 1999).

During the year of 1999, 1,067 founded cases of child maltreatment were reported in Iceland (Barnaverndarstofa, 2000). Total number of children under 18 years of age in Iceland in 1999 was 77855 (Hagstofa Íslands, 2000). Thus the incidence rate was roughly 1.37%, which is a similar incidence rate as in the U.S. (U.S. Department of Health and Human Services, 1999).

Of the 738 reports that included children as perpetrators, difficulties in school/school attendance were most common (33%), followed by child puts own health or maturity in danger (26%). Children putting own health or maturity in danger included 26% of children as perpetrators, and 18% had been reported for crimes, vandalism or aggression. Finally, 2.6% of children as perpetrators had been reported for physical assault (Barnaverndarstofa, 2000). Even though these cases include children (mostly adolescents) as perpetrators, their severe symptoms may suggest that many of them have a history of difficulties in childhood, including maltreatment.

Neglect was the most common form of maltreatment in Iceland as well as in the U.S. Sixty-eight percent of the victims suffered from neglect in Iceland (Barnaverndarstofa, 2001) compared to roughly half of the victims in the U.S. (U.S. Department of Health and Human Services, 1999). Roughly 15% of victims in Iceland had parents with an alcohol or drug abuse problem, which is a specific category of child maltreatment in Iceland. Ten percent of the victims in Iceland suffered from sexual abuse (Barnaverndarstofa, 2000), compared to 12% in the U.S. (U.S. Department of Health and Human Services, 1999), while 4% of the victims in Iceland suffered from psychological/emotional abuse. Finally, 3% of victims in Iceland suffered from physical

abuse (Barnaverndarstofa, 2000) compared to 25% in the U.S. (U.S. Department of Health and Human Services, 1999). Thus, neglect seems to be more common in Iceland compared to the U.S. while physical abuse seems to be significantly more common in the U.S. compared to Iceland. Rates of sexual abuse seem to be similar in the two countries. These rates of maltreatment are important in setting the context for a study of repeated maltreatment.

The Ecological Frame-work as Conceptual Basis

Child maltreatment is a phenomenon which is likely to occur as a result of a complex interplay of different stress producing factors. For example, an eighteen year old single mother who abuses drugs, is rejecting of her infant who has been born premature, is disconnected from her family and lives in a society where it is socially acceptable to use physical punishment, might be at greater risk of maltreating her child than a twenty five year old married middle income woman who has a supportive husband as well as supportive relatives that live close by in a society were it is not acceptable to use physical punishment. The more factors entering the picture would seem likely to increase the risk of repeated maltreatment. Thus, no one theory of human behavior, such as psychological or sociological, is sufficient to explain child maltreatment or repeated maltreatment.

The ecological framework of Belsky (1980) is the conceptual framework for this study. While some do not consider it to be an explanatory theory, the ecological framework can be considered a meta-theory, as it combines individual theories

(biological and behavioral), interactional (attachment and family theories**),** social theories (i.e. social and economic, social support) in explaining the phenomenon of child maltreatment. The literature on child maltreatment in general is reviewed in this thesis before repeated maltreatment is discussed, because it is the basis for repeated maltreatment. In this study, only cases in which neglect was present at the first report were included to keep the sample more homogeneous. For the conceptual framework, the literature on maltreatment in general is reviewed here because the types are combined in most studies and because they often occur together (Erickson, Egeland & Pianta, 1989), which turned out to be true in this sample.

Belsky´s (1980) ecological model of child maltreatment organizes different risk factors by levels. The first level (micro) consists of individual factors with some related to the parent and others to the child. In the example above, the young age of the mother and her substance abuse are examples of individual risk factors related to the mother. Premature birth of the child is an example of an individual risk factor related to the child. Risk factors at the second level (meso) are related to the communication or the dynamics in the family, either between the parental figures or between the parent and the child. In the above example, a lack of secure attachment between the mother and her infant is an example of a family risk factor. Risk factors at the third level (exo) are related to the social system surrounding the family, including informal support, formal support that can be based on the existing governmental family policy, and the community. In the example above, the young mothers' disconnection from her family as well as financial stress are social risk factors. And finally risk factors at the fourth level (macro) are culturally determined. For example, the general acceptability of using physical force as a discipline

method is a cultural risk factor, while specific governmental policies are more exo level factors. Of course all of these factors affect each other, and some variables might fit into different levels. For example, mother's unemployment may be viewed as an individual factor (a mother who has a problem holding a job) or a social factor (high employment rate in the society). In this study, the factors are placed into the eco levels defined by Belsky (1980), with recognition that the levels are not discrete and that there is interaction between them. Since the literature reviewed here finds most of the studies are conducted in the U.S, it is important to conduct studies in other countries, with different emphasis in family policy and different cultural factors that are likely to influence the occurrence of child maltreatment and repeated maltreatment.

Comparison of Social and Cultural Factors in Iceland and the U.S.

Social levels and cultural seem to differ significantly in Iceland compared to the U.S. Iceland is a country with different social policies and different social features. Since this is a study of repeated child maltreatment in Iceland, based heavily on data and literature from the U.S., it is important to assess these contextual differences. For example, more emphasis is given to prevention in family policy in the Nordic countries [including Iceland], than in the U.S. Universal policies exist in the Nordic countries, which provide paid parental leaves, quality public child care, free or low cost education, health care services and income security in the form of housing allowance, child allowance and child support. These universal policies guarantee all families with children a certain amount of formal support, which countries that lack such policies, such

as the U.S., fail to provide. In the U.S. programs tend to be mean tested, such as Head Start, which only serves children in low-income families (Kamerman & Kahn, 1995).

Use of physical force in parenting is generally not accepted in the Nordic countries (Larzelere & Johnson, 1999), including Iceland. The permissive attitude towards violence that exists in the U.S. (Belsky, 1980; Burgess & Draper, 1989; Cicchetti & Lynch, 1995), may contribute to child maltreatment in the family (Dukewich, Borkowski & Whitman, 1996). One study in Iceland showed that 93% of parents say that they do not use physical force in child rearing, and those that do, say they do it seldom (Júlíusdóttir, Jónsson, Sigurðardóttir & Grétarsson, 1994). However, other studies by Straus and college have showed that 90% of surveyed parents in the U.S. said they had used physical punishment with their children (as cited in Miller-Perrin & Perrin, 1999). Thus, it is likely that some forms of physical force would be considered abuse in Iceland, but would not be considered abuse in the U.S.

Another cultural difference that is reflected through child rearing is related to one subcategory of neglect, which is failure to provide adequate supervision. This is partly related to the fact that crime rate is fairly low in Iceland and to their general position that guns are not allowed (Gunnlaugsson, 2000). These factors are reasons why children in Iceland live in a fairly safe environment. Parents in Iceland emphasize children's independence in the home more strongly than parents in many other countries (Newman, 1999). It is fairly common that children in the first grades of elementary school stay home alone and it is considered socially acceptable, that fairly young children baby-sit younger children in Iceland (Freysteinsdóttir, 2000a). However, the permissive attitude towards child supervision in Iceland may contribute to child accident rate in Iceland,

which has been significantly higher than in other Nordic countries (Stefánsdóttir & Mogensen, 1997).

Iceland may differ from the U.S. in risk factors at the individual level and the family level because risk factors at the social (exo) and cultural (macro) level influence risk factors at the individual (micro) and family (meso) level (Belsky, 1980; Bronfenbrenner, 1977). It is considered unacceptable to use a physical force in childrearing in Iceland (Júlíusdóttir, et al., 1994), which seems to reduce the likelihood of its abuse in Iceland (Barnaverndarstofa, 2000) compared to the U.S. However, a permissive attitude exists in Iceland, regarding supervision of children (Stefánsdóttir & Mogesen, 1997), which seems to increase the likelihood of specific types of neglect; lack of supervision, inadequate supervision and failure to protect. The neglect rate in Iceland is indeed significantly higher (Barnaverndarstofa, 2000), than in the U.S (U.S. Department of Health and Human Services, 1999). As an Icelandic citizen who has studied child maltreatment in Iceland and in the U.S., I became interested in studying repeated child maltreatment in Iceland.

Repeated Child Maltreatment

As noted, the ecological approach is used in this study as a framework to understand the risk factors for repetition of child maltreatment (Belsky, 1980). Studying repeated child maltreatment over time, gives insight into the interplay between factors at different levels. Cicchetti and Rizley (1981) divide factors further into enduring factors and transient factors. Their model does not only take risk factors into account, but also protective factors. Since their model is more dynamic, it may be more appropriate to use

when studying repeated child maltreatment. However, in this study, Belsky´s (1980) ecological model of risk factors for child maltreatment will be used, because child protection worker records are analysed, and they do not capture the dynamic interplay between factors.

When parents repeatedly maltreat their children, the maltreatment may become chronic. Such cases are likely to cause the most long lasting effects on children. As previously noted, children who experience repeated child maltreatment often show internal or external problems or psychiatric symptoms (Markward, 1997; Saunders, 1994) which can develop into diagnosed disorders (Cicchetti & Lynch, 1995; Knutson, 1995). Severe behavior problems and excessive withdrawal may reflect a disorder (American Psychiatric Association, 1994). Thus, when the maltreatment is repeated, even after it has been reported and intervention has occurred, children might be more likely to develop disorders.

Purpose of Study

While specific hypotheses are developed at the end of the literature research in chapter 2, the general research question is:

- What risk factors at different ecological levels are associated with repeated child maltreatment, specifically neglect, in one country, Iceland?

Child protection workers' records were examined and cases were divided into two groups: "single incident group" and "repeated incidents group". Seventy-seven cases that had no prior incidents were followed for 18-month period. Using a coding system the qualitative data from the records were transformed into quantitative data. The two groups

were compared to assess specific risk factors related to repeated child maltreatment. The study was performed at two Social Service Agencies in Reykjavík, and one in Hafnarfjörður, Iceland.

Most of existing literature on child maltreatment and on repeated child maltreatment comes from the U.S. The literature used as a basis for this study is reviewed in chapter 2. The conceptual basis for this study, which is the ecological framework, is discussed as well. Chapter 3 presents the methods used in this study and chapter 4 outlines the findings. Chapter 5, the final chapter, summarizes the key findings, and the implications are discussed.

CHAPTER II.

LITERATURE REVIEW

In this chapter, Belsky's (1980) ecological approach is explained and explored as a basis for analysis of the child maltreatment data presented in this study. Risk factors at each ecological level and different pathways from risk factors to child maltreatment are discussed. Finally, risk factors for repeated child maltreatment are explored and hypotheses developed.

Development of the Conceptual Framework

Burgess and Draper (1989) observed that child abuse first came into the consciousness of the social sciences following the classic paper: “Battered Child Syndrome” in 1962. The authors of that paper were physicians who examined samples of children who had been severely battered (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). Even though this study was based on a non-random sample, with no control group, a one dimensional view of child maltreatment grew out of this study, where parental psychopathology was emphasized (Burgess & Draper, 1989). Neglecting mothers were also viewed as having psychiatric problems, such as depression, borderline personality disorder or lack of impulse control, reflecting inadequate parental care in their own childhood (Azar, Povilaitis, Lauretti & Pouquette, 1998).

Thus, child maltreatment was viewed in the sixties as a reflection of mental illness (Rogosch, et al., 1995). By the end of that decade, however, it was believed that few parents who maltreated their children were severely mentally ill (Parke & Collmer,

1975). Now, that belief has been documented to be true (Dukewich, et al., 1996). Increasing evidence, however, shows that some parental mental health problems do create a risk factor for child maltreatment (Cicchetti & Lynch, 1995). Furthermore, parental personality type (Newberger & White, 1989), as well as parental attitudes, values, perceptions (Cicchetti & Lynch, 1993, 1995) and practices (Belsky, 1980; 1993) are all related to child maltreatment.

After the proposed causal child maltreatment model which had been unidirectional, focusing on identifying characteristics of child abusers (Burgess & Draper, 1989), Bell introduced the idea of bi-directional effects in 1966 (as cited in Bugental, Mantyla & Lewis, 1989). Parke and Collmer (1975) noted that children can call for sacrifices on the part of their parents in many ways, such as in the social sphere, sexual sphere, occupational sphere and income. Burgess and Draper (1989) noted that children may have certain characteristics or traits that affect the parents' practices. It has been recognized that "easy" children help to create affectively positive responses from their environment, whereas "difficult" children help to create affectively negative, coercive responses from their environment (Bugental, et al., 1989; Kochanska, 1993).

Then, after the emphasis had been on individual factors of the parent, child and the family factors, there was a shift in emphasis to the community or the social context (Garbarino, 1976). Poverty and inadequate social support systems were recognized as a major contributor to child maltreatment (Garbarino, 1976; Garbarino & Crouter, 1978). Child maltreatment became to be viewed as the product of interaction between macro structural forces in the society and micro structural forces within the family (Garbarino & Crouter, 1978).

This change in emphasis came about with the development of the ecological model conceptualized by Bronfenbrenner (1977). According to this model, a person's social context is divided into four components, all of which act and interact to explain human behavior. The first is the *micro system*, which includes the person's biological nature and her immediate environment, such as home, school or workplace. The second is the *meso system*, a system of microsystems that includes the interrelationships between the person's major settings, such as interactions among family, peer groups and school, with whom the person interacts. The third, is the *exo system*, which is an extension of the meso system and includes informal and formal social structures, in which the person is less directly involved, such as the neighborhood, governmental agencies, the world of work, informal social networks, communication and transportation facilities and the mass media. Thus, the exo system does include social structures, which impinge upon the person's immediate settings (Bronfenbrenner, 1977; 1986). The fourth, is the *macro system*, which does not refer to the person's specific contexts, but do affect the person's life, through general prototypes that exist in the person's culture or sub-culture. The macro system refers to the overall institutional patterns of the culture or sub-culture, such as political, social, economic, legal and educational systems, which all rest on the ideology of the societies members, and that has been manifested historically through the customs and practice's (Bronfenbrenner, 1977).

Belsky (1980) notes that Bonfenbrenner's model fails to take into account the individual differences among parents. Belsky modified Bronfenbrenner's Ecological model and connected it to child maltreatment. Belsky emphasized three of Bronfenbrenner's systems and was one of the first to create a multidimensional model,

which included multiple causative factors for child maltreatment (as cited in Ammerman & Hersen, 1990). However, Belsky (1980) built his model upon Tinbergen's concern for so called ontogenetic development, that is the individual factors, which presents what the parent, as an individual, brings to the parenting role, including influences from own upbringing. Belsky's ecological framework has four levels, as does Bronfenbrenner's. However Belsky emphasizes ontogenetic development and the micro system but de-emphasizes the meso system and the exo system. Belsky's levels are as follows: a) ontogenetic development, that is individual factors related to the parents and the children, b) the micro system, which is what takes place in the household, c) the exo system, which includes a larger social system (such as forces at work), in which the family is embedded, and d) the macro system, which includes cultural beliefs and values that influences the micro system as well as the exo systems.

Dukewich, et al. (1996) argue that in fact Belsky's ecological model of child maltreatment is build upon five levels where risk factors may occur. First was the negative ontogenetic development of the parents. Second, it was noted that the characteristics of the children that can be abuse provoking. Third were negative family interactions in the micro system. Fourth were the stressful social forces in the exo system. And fifth, the belief systems and cultural values in the macro system, which can foster abuse or neglect of children through its influence on ontogenetic development and through its micro-and exo systems were noted**.**

Multiple Pathways and Dynamics to Child Maltreatment

Belsky (1993) argued that there are multiple interactive pathways to child maltreatment, but that child maltreatment occurs when stressors outweigh supports. For example, a parent who has not had a loving and supportive childhood (ontogenetic risk factor) and loses her/his job (exo system risk factor), might be of increased risk of maltreating a child, but if that parent receives financial and emotional support from a partner (micro system supportive factors), and lives in a culture which does not approve of physical punishment as a disciplinary method (macro system supportive factor) the risk might be reduced. This is an example of how risk factors at different levels interact and how social support may moderate the effects of stressful life events (Kotch et al. 1997).

In their model, Cicchetti and Rizley (1981) focused on the transactions among risk factors that could determine whether maltreatment occurs or not. The risk factors are divided into two broad categories: potentiating factors and compensatory factors. Potentiating factors increase the risk of maltreatment, whereas the compensatory factors decrease the risk of maltreatment. Factors within those categories were further divided into transient risk factors and enduring risk factors. Transient risk factors are temporary and fluctuate, whereas enduring risk factors represent a more static or permanent factors (Cicchetti, 1989; Cicchetti & Lynch, 1995).

Examples of temporary transient risk factors are sudden unemployment, acute illness and reduced availability of childcare. Examples of enduring risk factors include parental mental retardation and parental maltreatment during childhood. Examples of

transient potentiating factors include an end of a child's difficult developmental period and an increase in salaries. Examples of enduring potentiating factors are flexible

Table 1 Risk factors for child maltreatment.

	Impact on probability of maltreatment	
Temporal dimension	Potentiating factors	compensatory factors
Enduring factors	*Vulnerability factors:* enduring factors or conditions which increase risk.	*Protective factors:* enduring conditions or attributes which decrease risk.
Transient factors	*Challengers:* transient but significant stresses.	*Buffers:* transient conditions which act as buffers against transient increase in stress or challenge.

(Cicchetti, D. & Rizley, R. (1981) p. 43).

childrearing strategies and a child with an easy temperament. The likelihood of maltreatment increases as potentiating factors outweigh compensatory factors (Rogosch, et al., 1995).

Cicchetti and Lynch (1993) proposed an ecological transactional model, in which they built upon previous models constructed by Belsky. In Cicchetti's and Lynch's model, child maltreatment is viewed as a result of multilevel ecological environmental failure to provide an average expectable environment for the developing child (Cicchetti & Lynch, 1995). In their model, the caregivers characteristics, the child's characteristics

and the environmental forces all interact and contribute to the way the child develops. However, the proximal environment or the micro system has the most direct effects on the child's development (Cicchetti & Lynch, 1993, 1995).

Strengths and Limitations of the Ecological Framework

Burgess and Draper (1989) have pointed out, that the ecological model which views child maltreatment as an outcome of the effects of various risk factors within the individual, the family (micro system), the community (exo system) and the culture (macro system), is mainly descriptive rather than explanatory. Furthermore, even though a certain dynamic is assumed in this model, it is not clear how these factors are "dynamically nested" with each other (p. 62). Finally, what levels, or factors within levels, are more important and influential then others are not clearly linked either. However, it can be argued that Belsky's (1993) model is explanatory, since he emphasized that child maltreatment occurs when risk factors at various levels exceed supportive factors. Moreover, it is quite clear that Belsky (1980, 1993) emphasized the individual factors and the micro system. It can be argued, though, that Belsky's model is wide and does not specify which factors within each level are important, nor does he acknowledge the somewhat arbitrary distinctions between which factors belong in which levels.

Despite possible limitations, the ecological model has directed the focus away from a single factor model or a two factor models, to a more complex model, which is more representative of real life. Furthermore, ecological models have stimulated research

and use of methods where the focus has been based upon the broader social environment as well as individual factors (e.g. Gaines, Sandgrund, Green & Power, 1978; Garbarino, 1976). However, it is important to increase the scientific use of this model and therefore find ways to isolate the main effects of each level and the interaction effects among levels. In addition, it is important to find risk factors related to repeated child maltreatment. Factors related to second or third recurrences of child maltreatment might even differ from factors related to first recurrences (DePanfilis & Zuravin, 1999a).

Risk Factors associated with Child Maltreatment at the Ecological Levels

Risk factors can exist at various levels, and can be defined as factors that are associated with the occurrence of child maltreatment (Burgess & Draper, 1989) or, as a risk of child maltreatment in the future (Rosenstein, 1995). Each level of the ecological approach will be discussed next, and risk factors for child maltreatment at each level are outlined.

Individual Factors

Individual factors include both parental problems and child vulnerabilities.

Parental Problems

Cicchetti and Lynch (1995) reviewed various studies that have shown that parents who have been maltreated in their own childhood are more likely to maltreat their children. A consensus now exits among researchers, that about 30% of parents who have been abused in childhood will abuse their own children (Buchanan, 1998; Rogosch, et.al.,

1995), which is six times the rate of occurrence in the general population, which is 5% (Rogosch, et. al., 1995). Furthermore, parents who have an insecure attachment style (ambivalent or avoidant) have been found to be more at risk of abusing their children than parents who have a secure attachment style (Moncher, 1996). Attachment can be defined as a "strong affectional tie" with other persons in our life (Berk, 1998).

Mental retardation of the mother has been associated with the failure to provide adequate care for children (Crittenden & Ainsworth, 1989). Parental psychopathology, such as depression (Azar, et al., 1998; Balge & Milner, 2000; Pears & Capaldi, 2001; Zuravin & DiBlasio,1996), post traumatic stress disorder (PTSD) (Pears & Capaldi, 2001), manic depression, schizophrenia and antisocial disorder (Walsh, MacMillan & Jamieson, 2002) have been associated with risk of child neglect. In addition, relation has been found between parental alcoholism and drug abuse and risk of child maltreatment (Brown, Cohen, Johnson & Salzinger, 1998; Dube et al., 2001; Famularo, Stone, Barnum & Wharton, 1986; Kelley, 1992).

Maltreating parents have been found to have poor emotional maturity (Vondra & Toth, 1989) and ego-strength (Balge & Milner, 2000; Vondra & Toth, 1989). Furthermore, mothers who maltreat their children have rated themselves as more anxious, more aggressive, more defensive and with outer versus inner locus of control (Cicchetti & Lynch, 1995).

It has been suggested that parents who maltreat their children perceive their children differently than other parents. One study found that maltreating parents perceive their children and child related activities less positively and as more difficult than other parents (Burgess & Draper, 1989; Klevens, Bayón & Sierra, 2000). Some parents that

maltreat their children have been found to misperceive the developmental norms of their children. Young parents are particularly likely to have unrealistic expectations of early development (Newberger & White, 1989) and to maltreat their children (Brown et al., 1998; Sidebotham, & Golding, 2001).

Parental practices of those who maltreat their children have been found to be less effective than of those who do not maltreat their children. For example, maltreating parents have been found to display more negative affect to their children and interact less with them than other parents (Rogosch, et.al., 1995), and to possess a more narrow range of childrearing skills (Azar, et. al., 1998), use more controlling disciplinary techniques and more verbal prohibition (Cicchetti & Howes, 1991). Finally, mothers at high risk for child abuse have been found to experience more parenting stress than mothers at low risk for child abuse (Balge & Milner, 2000) and to experience more stress and respond with more negative affect to noncompliance in children (Dopke & Milner, 2000).

Child Vulnerabilities

Various risk factors have been found to be related to children's characteristics. Primature birth, young age of children (Belsky, 1993) and child’s mental retardation (Ammerman & Hersen, 1990) have been found to increase risk of child maltreatment. Relation has also been found between chronic health problems of child (Hawkins & Duncan, 1985; White, Benedict, Wulff & Kelley, 1987), physical and mental disabilities (DePanfilis & Zuravin, 1999b; White, Benedict, Wulff & Kelley, 1987; Wood, 1997) and risk of child neglect. Child’s difficult temperament has been found to increase risk of being maltreated (Burgess & Draper, 1989; Rogosch, et al., 1995), and it has been

hypothesized that children with attention deficit hyperactivity disorder and other kinds of disabilities that are less evident to parents, are at increase risk of being maltreated (Ammerman, 1990). Finally, girls have been found to be more likely to be sexually abused than boys (Finkelhor et al., 1986; Miller-Perrin & Perrin, 1999).

The design of most previous studies on child vulnerabilities makes the direction of causality hard to isolate (Kotch, et al., 1997). Thus, it has been questioned if child vulnerabilities result from preexisting deviancy within the child (Gaines, et al., 1978) or from negative parenting practices. Thus, a child's “difficult” behavior may occur as a result of reinforcement processes or modeling (Azar, et. al., 1998), preexisting deviancy within the child or from the interaction of both preexisting deviancy and negative parenting practices.

In addition, child vulnerabilities may not really exist in all cases, since the caregivers may, in some cases, perceive their children as having a difficult temperament, which may not reflect the actual temperament of their child (Dukewich, et al., 1996). The concept of “Goodness of fit” describes a match between expectations and demands of the environment, and the temperamental characteristics of the child. This concept might explain why a parent might perceive the child as having a more difficult temperament than he/she really has. For example, a mother who suffers from depression might perceive her hyperactive child as even more demanding, than he/she really is. Thus, a child might be perceived as difficult, when really there is a poor fit between the temperament of the caretaker and the temperament of the child (Rothbart & Ahadi, 1994). Thomas, Chess, Birch, Hertzig and Korn found innate temperamental differences in children (as cited in Rothbart & Ahadi, 1994). Evidence suggesting that the children's

"real" characteristics may increase the likelihood for being maltreated includes reports that indicate that a single child within a family is the recipient of maltreatment, whereas the child's siblings are not the recipient of maltreatment (Belsky & Vondra, 1989; Parke & Collmer, 1975).

The Micro System: Family Factors

Family Structure

Family structure has been related to risk of child maltreatment. Children of single parents have been found to be more likely to be neglected and physically abused than children in other types of families (Brown et al., 1998). However, children who have stepfathers (especially girls) are more likely to be sexually abused than other children (Finkelhor, et al., 1986; Miller-Perrin & Perrin, 1999).

Family Size

Child neglect has been related to number of children in the family (Miller-Perrin & Perrin, 1999) especially if they are closely spaced together (DePanfilis & Zuravin, 1999b). It has also been argued that if parents and children spend more time together in the home, there is an increased risk of child maltreatment, especially when other risk factors exist that can increase stress, such as unemployment (Newman & Grauerholz, 2002).

Family Interaction

An association has been found between lack of support within the marital relationship and child maltreatment (Kotch, et al., 1997). One study found that mothers who had experienced their father as absent during childhood were more likely to maltreat their children (Sidebotham & Golding, 2001). Thus, an unsupportive partner or no partner seems to increase risk for child maltreatment. However, the presence of a supportive husband or boyfriend lowers the frequency of mother's depression (Belsky & Vondra, 1989), and as noted before, maternal depression is a major risk factor for child neglect (Zuravin & DiBlasio, 1996). In addition, perceived support from a partner has been associated with greater well being of mothers of children with developmental disabilities (Gottlieb, 1997). Finally, a strong marital relationship has been shown to provide protective effects against the effects from disrupted childhood experiences and an upbringing in institutions (Rutter, 1989).

Several types of pathways from family interaction to child maltreatment may exist. However, in this thesis only two pathways will be examined that have been related to the risk of child maltreatment. One pathway involves the parent-child relationship, the other involves the parent-parent relationship. First, coercion theory will be explored, which attempts to explain how communication problems and abuse as well as ineffective parenting or supervisory neglect can lead to child's delinquent behavior. Second, how conflict between parental figures might affect the parent child relationship and contribute to child abuse and neglect is explored.

Parent-Child Relationship: Permissiveness,

Coercion and Child's Temperament

Communication problems and interaction problems between parents and their children have been related to higher risk of child maltreatment (DePanfilis & Zuravin, 1999b). Mothers that are of high risk of maltreating their children use more power-assertive discipline, than mothers that are of low risk of maltreating their children (Montes, Paúl & Milner, 2001). In addition, it has been shown that ineffective parenting, such as a permissiveness and rejecting attitude, are a key factor in determining and first predictor of children's conduct problems (Patterson, DeBaryshe & Ramsey, 1989; Shaffer, 2000). However, it has been suggested by Olweus, that children with a "difficult" temperament may exhaust their mothers, resulting in their permissive parental behavior (as cited in Shaffer, 2000).

Child's temperamental impulsivity has indeed been shown to be an important predictor for aggression (Shaffer, 2000). Mothers of infants with difficult temperament are less likely to interact positively with them and more likely to react negatively to the infant's negative affective behavior. Mothers of toddlers and preschoolers with difficult temperaments, are more likely to engage in conflict, power assertion, stringent control, frequent warnings and prohibitions, and show less affection, stimulation and responsiveness than other mothers (Montes, et al., 2001;Rogosch, et al., 1995). This escalating cycle between the parents and the child may lead to maltreatment of the child. Child behavior problems and oppositional and defiant behavior may increase coercive responses, which may result in child abuse (Ammerman & Hersen, 1990). Thus, child maltreatment may be an end result following an escalating cycle of parent-child conflict,

since parental punishment tends to accelerate the child's coercive behaviors (Belsky, 1980). This coercive pattern seems to be more pronounced in families with male children, rather than female children (Ammerman, 1990).

There is some evidence to suggest that a single child within a family is commonly the recipient of abuse, whereas, the child's siblings are not recipients of abuse (Belsky & Vondra, 1989; Parke & Collmer, 1975), which underscores that children's characteristics, such as difficult temperament or hyperactivity are more likely to be intrinsic to the child only. Thus, children with hyperactivity may be more likely to be maltreated at home, to be rejected by peers and to suffer from academic problems, which may increase risk of formation of a relationship with deviant peer group and delinquent behavior. Some empirical evidence exists for the association between coercive parenting and delinquency. About 20% of maltreated children go on to become delinquent and retrospective studies show that high percentage of delinquents have been abused, neglected or both in childhood (Lewis, Mallouh & Webb, 1989).

Parent-Parent Relationship:

Conflict and Domestic Violence

Low support in the marital relationship (Kotch et al., 1997) and conflict within the marital relationship has been related to risk of child maltreatment (Brown, et al., 1998). Edleson (1999) reviewed several studies that showed association between violence in the parental relationship and other forms of child maltreatment. He estimated that in thirty to sixty percent of families where either direct child maltreatment or woman battering occurs, other forms of violence are perpetrated. Newer studies confirm this (Rumm,

Cummings, Krauss, Bell & Rivara, 2000; Tajima, 2000). Thus, the rate of direct child maltreatment is considerably higher in families were domestic violence occurs than in the general population, were the child maltreatment rate is estimated to be two to four percent (Gelles & Conte, 1990).

At least five predictor variables of direct child maltreatment in domestic violence families have been found. The first is the amount of abuse (O'Keefe, 1995), the more frequent the abuse is against a partner, the more likely child abuse is to occur (Ross, 1996). The second is the severity of abuse (O'Keefe, 1995). The more severely a man batters his partner, the more likely he is to physically harm his/her children (Bowker, Arbitell & McFerron, 1988; McKay, 1994; Stacey & Schupe, 1983). In addition, men are more likely to be the perpetrators in the most serious cases of abuse and death of children in domestic violence families (O'Hara, 1995). The third predictor is the level of the child's aggressive behavior (O'Keefe, 1995). Since boys in families where domestic violence occurs tend to have more externalized behavior problems than girls, they are more likely to be physically abused than girls (Jouriles & Norwood, 1995). The fourth predictor variable is lower marital satisfaction (O'Keefe, 1995). The fifth predictor is a poor quality of the relationship between the father and the child (O'Hara, 1995). Even though men who batter women are more likely to be the perpetrators of serious physical abuse against children (O'Hara, 1995), women who are battered have been found to be more likely to physically abuse their children severely than non-abused women (Stark & Flitcraft, 1988). One study found that 50% of children who were physically abused and lived in families where domestic violence occurred were abused by fathers or stepfathers, 35% were abused by both and 15% were abused by both or others (Stark & Flitcraft,

1988). Another study found that 22.8% of husbands who had been physically violent toward their wives had physically abused their child, compared to 23.9 % of violent wives (Ross, 1996).

Indirect effects from domestic violence to direct child maltreatment may have different pathways. For example, it has been suggested that in some cases battered women physically abuse their children by over-disciplining them, in order to protect them from more severe punishment and more severe abuse from their partners (McKay, 1994). Stacey and Shupe (1983) have suggested that in other cases, lack of appropriate physical and/or emotional care (neglect) may reflect emotional numbness battered mothers experience. Thus, the partner abuse may effect their ability to stimulate their child and respond to their child's needs (Stacey & Shupe, 1983). Even though the relation between domestic violence and direct child maltreatment can be explained in the above ways, CPS regard both parents as responsible for the child's care (Barnaverndarlög, 2002), which is often at odds with women's shelters who tend to look at battered women as victims as well as the children (Davidson, 1995).

Domestic violence does not include direct abuse or neglect of the child, but being exposed to domestic violence is likely to have negative effects on children (Cummings, 1998; Cummings, Vogel, Cummings & El-Sheikh, 1989). A child's exposure to severe conflicts and direct maltreatment as a result of these conflicts, are likely to lead to emotional insecurity within the child (Cummings, 1998; Cummings, et al., 1989; Davies & Cummings, 1994). In Icelandic child protection laws, parental behavior that is likely to be harmful for children is considered child maltreatment (Barnaverndarlög, 2002). Thus, police reports including domestic violence incidents where children live in the

household are send to CPS, where they are filed as child protection reports. Therefore, this type of maltreatment is included in this study, as a failure to provide adequate supervision, which is in correspondence with how Coohey (2003a) defines child's exposure to domestic violence. In addition, the relation between history of domestic violence and current child maltreatment is explored in this study.

The Exo System: Social Factors

Social factors in the Exo system are divided into four categories: socio-economic characteristics, social isolation, social support (informal and formal) and community characteristics.

Socio-Economic Characteristics

Extreme poverty and economic hardship have been regarded as a great threat to adequate family functioning (Rogosch et al., 1995), and socio-economically distressed families are at the highest risk for child maltreatment (Buchanan, 1998; Garbarino & Barry, 1997). Gelles proposed that societal factors were the primary causes for child maltreatment (as cited in Ammerman & Hersen, 1990). Thus, parents might be considered as victims of social forces, such as poverty, unemployment and social isolation, that create stress, which may lead to child maltreatment (Belsky & Vondra, 1989). Since not all parents who experience significant societal stresses abuse their children, societal factors do not account in and of themselves for the occurrence of child maltreatment, but in interaction with other variables increases the risk of child maltreatment (Azar, et al., 1998).

In earlier studies, Garbarino and Crouter (1978) also emphasized social factors in the role of child maltreatment and viewed child maltreatment as the product of the interaction between macro structural forces in the society and micro structural forces within the family. Their analysis of community samples revealed that a substantial proportion of the variance of child maltreatment can be explained by socioeconomic stress and a lack of social support (Garbarino, 1976, Garbarino & Crouter, 1978). Newer studies have shown that children in low income families are many times more likely to be neglected than other children and the lower income the child's family has, the more severe the neglect is likely to be (Miller-Perrin & Perrin, 1999).

Using coercive discipline does seem to be related to social-economic class. The use of physical punishment to discipline noncompliance and aggression has been found to be more prevalent in lower socio-economic class families than in middle socio-economic class families (Shaffer, 2000). According to the National Incidence Study in the U.S., children who are physically abused are twelve times more likely to be members of a family who have low income and lack a social support. Neglected children are even more likely to be members of families with low income (as cited in Miller-Perrin & Perrin, 1999). However, poorer families are usually involved with a number of agencies and non-accidental injuries and thus are more likely to be detected than in higher income families (Smith & Adler, 1991). Furthermore, the living conditions of middle class families, that is single-family dwellings, may reduce the likelihood of detection of child maltreatment by neighbors or others in the community (Parke & Collmer, 1975). However, these factors can hardly explain the difference in rates in families within different socio-economic classes.

Other social-economic variables have been related to child maltreatment. Unsatisfactory living conditions may increase risk for child maltreatment, such as crowded living conditions (Pianta, Egeland & Erickson, 1989). A low education level has been found to negatively effect childrearing (Whipple & Richey, 1997) and to be a risk factor for child maltreatment (Ammerman & Hersen, 1990; Klevens, et al., 2000; Kotsch et al., 1997; Sidebotham & Golding, 2001). Unemployment has been associated with child neglect (Christoffersen, 2000; Gillham et al., 1998; Parke & Collmer, 1975) and other types of child maltreatment (Sidebotham, Heron, & Jean, 2002; Gillham et al., 1998). Furthermore, low levels of job satisfaction have been associated with severe punishment practices (Belsky, 1980; Parke & Collmer, 1975) and fathers who have experienced unemployment are at higher risk of physically abusing their children (Belsky, 1980; Bugental et al., 1989; Gillham et al., 1998).

It is unclear how unemployment increases the likelihood of child maltreatment. However, different pathways have been suggested. Unemployment may reduce resources, which may increase stress and lead to abuse. Unemployment may lead to a feeling of powerlessness, especially for fathers that think of themselves as family providers and the abuse may be an attempt to regain a position of power. Finally, an increased risk of abuse following unemployment may simply be a result of the increased contact between fathers and their children, and therefore increases the likelihood for conflict (Belsky, 1980; Parke & Collmer, 1975).

Social Isolation

In general, there has been a trend in the family structure from extended family to a more socially isolated, self-contained family in a modern society (Newman & Grauerholz, 2002; Parke & Collmer, 1975). In fact, it has been suggested that social isolation is the price paid for privacy in the U.S. (Garbarino & Barry, 1997). It has been demonstrated that child maltreatment is associated with social isolation (Belsky & Vondra, 1989) from extended family, support groups, neighborhood networks (Cicchetti & Lynch, 1993, 1995), community or religious activities (Brown, et al., 1998) or other important social support systems (Burgess & Draper, 1989). Thus, when faced with stress, maltreating families lack network members to turn to for support (Belsky, 1980).

It is questionable however, to what extent social isolation among maltreating parents is by a choice. One study found that 81% of abusive families preferred to resolve problems by themselves, compared with 43% for non-abusive families (Garbarino & Eckenrode, 1997; Parke & Collmer, 1975). In addition, in this study the abusive families were much more likely to have an unlisted phone number than non-abusive families (Parke & Collmer, 1975). Furthermore, it has been shown that maltreating mothers often form friendships that are unstable and not reciprocal (Bolger, Thomas & Eckenrode, 1997). Maltreating mothers, specifically neglectful mothers, have been shown to have fewer contacts with network members than non-maltreating mothers and to perceive these contacts to be less supportive. However, this difference has not been found with regards to the level of contact with friends or neighbors (Coohey, 1996). Social problems may differ between abusive families and neglectful families. The results of one study suggests that social isolation may be a stronger characteristic in neglectful families,

whereas, social conflict may characterize abusive families more often (Vondra, 1990).

Social Support

A lack of social support appears to characterize all types of maltreatment (Pianta, et al., 1989). However, social support does not only reflect what is available in the environment. Social support also reflects a person's ability to attract support (Rutter, 1989). Resources for support may be available, but many maltreating families may fail to use it (Cicchetti & Lynch, 1993, 1995). Thus, it is important to distinguish between a lack of available support and a failure to use available support (Cicchetti & Lynch, 1993), or between perceived support and received support (Coohey, 1996).

It has been shown that maltreating mothers perceive childcare as less available and less adequate than control mothers, and receive less childcare than control mothers (Coohey, 1996). Childcare can be either by informal support, when performed by relatives, friends or neighbors, or by formal support when conducted by a preschool or a child care center.

Informal Support.

Informal support seems to function as a protective factor against child maltreatment (Cicchetti & Lynch, 1995). The marital relationship may be the primary support system for parents, followed by the interpersonal relationships with relatives, friends and neighbors (Belsky & Vondra, 1989). Strong social networks during pregnancy have been found to be associated with lower levels of depression, anxiety and stress, better marital adjustment and a positive attitude towards pregnancy

(Bronfenbrenner, 1986). Mothers who receive good social support have been shown to be more sensitive to their infant's needs and to be more likely to have securely attached infants. Social support was shown to be particularly important for mothers with irritable infants (Bolger, et al., 1997). Parents who are dissatisfied with the support they receive from relatives, friends and neighbors tend to be dissatisfied with their care giving role and tend to provide a poorer quality home environment for their child's development and to engage in a less optimal parent-child interaction (Vondra, 1990).

Emotional support has been found to serve as a buffer against stressors, such as a lack of financial resources (Kotch et al., 1997). In addition, the higher the number of network members who give mothers emotional support, the less likely they are to physically abuse their children (Coohey & Braun, 1997). Interestingly, maltreating mothers have been found to receive less money from their relatives than non-maltreating mothers. However, maltreating mothers have been found to receive more help with housework by their relatives than non-maltreating mothers (Coohey, 1996).

Formal Support.

Garbarino (1976) argued that formal social support systems are important for mothers in order to reduce the likelihood of child maltreatment, and should provide childcare services, income support and educational developmental opportunities. He believed that social support systems should provide mothers with the basic needs for their children, which would make them less likely to feel angry and frustrated, and thus, less likely to maltreat their children. He believed that childcare services are important for reducing the burden of continuous care giving and give the mother opportunities for rest

and recreation. There is an indication that formal support reduces risk of child maltreatment. For example, home nursing care following birth for teenage mothers, has shown an increased birth weight, and fewer verified cases of child maltreatment (Bronfenbrenner, 1986).

Garbarino and Barry (1997) suggest that in societies where access to human services is available for families at all levels of income, the correlation between poverty and child maltreatment is lowered. This is the case in the Nordic countries, that have universal family policies such as health care services, paid parental leaves, quality public child care centers, free or low cost education and income security in the form of child allowance, child support, and housing allowance (Kamerman & Kahn, 1995), with Iceland having the least support from the government for its citizens (Ólafsson, 1990, 1999). However, the access to such services in the U.S. is limited (Kamerman & Kahn, 1995). Access to education is one type of human services. It has been suggested that educational disadvantage is a risk factor for child maltreatment (Ammerman & Hersen, 1990). In addition, one-fifth of preschool children in the U.S. live below the poverty line (Cicchetti & Lynch, 1995), compared to 7.1 percent poverty rate among children under 17 years of age in Iceland (Jeans, 2002). The societal failure to respond to the problem of poverty among children may be described as a societal neglect (Cicchetti & Lynch, 1995), particularly, since poverty seems to be a strong risk factor for child maltreatment (Garbarino, 1976). Thus, income security is an important factor, which reduces the risk of child maltreatment. It can be argued that other formal supportive services that exist in the Nordic countries are likely to be important protective factors as well (Kamerman & Kahn, 1995).

From previous discussion on family policy it can be seen that the "policy climate" is different in Iceland compared to the U.S. The gap between rich and poor people is not as big as in the U.S. In addition, people with different income tend to live in same neighborhoods and have access to same playschools, schools and health care services. Thus, it can be argued that Iceland is not a class divided society like the American society (Durrenberger, 1996). It is important to keep in mind however, that Iceland is a very small country compared to the United States, with a population of only 280,000 (Hagstofa Íslands, 2000).

Community Characteristics

Community refers to a population group or a geographical region. Community also refers to a sense of social solidarity, mutual obligations and responsibilities and a sense of belongingness (Agathonos-Georgopoulou, 1992). Child maltreatment rates are higher in poorer communities, with fewer social resources than in other communities (Cicchetti & Lynch, 1993, 1995). Families in low income communities may have less access to social resources, since they have less stable residencies and are less likely to own a basic telephone (Garbarino & Barry, 1997). In addition, child maltreatment and community violence are likely to co-occur in many instances, since some neighborhoods are characterized by poverty, unemployment, educational disadvantage, stress and violence (Cicchetti & Lynch, 1993; Kotch, et al., 1997). Moreover, economic inequality is another variable that is predictive of community violence. Rates of severe violence have been found to be the highest in environments where the greatest gap between the rich and the poor exists (Garbarino & Barry, 1997).

Family policy, formal support and community are all interconnected. A comprehensive family policy, with emphasis on preventive services, directs a massive formal support to all families, and more to those families in more need. The income gap is much smaller in such societies and access is provided for all citizens to similar quality services. Low-income families have access to quality housing and same health care and child care services as higher income families. Since economic inequality is related to community violence (Garbarino & Barry, 1997), communities with equal access to resources are likely to be less violent and more secure.

The Macro System:

Cultural Beliefs and Values

Cultural ideas are carried within the macro system, to agencies and social networks, through information with certain meaning (Bronfenbrenner, 1977). Culture shapes the ideas and behavior of parents, children and professionals (Agathonos-Georgopoulou, 1992). Thus, what priority or place children, and parents who are responsible for their care have in a society, can have important effects on how parents and children interact with each other (Bronfenbrenner, 1977), as well as on how family policy is shaped (Kamerman & Kahn, 1995).

It has been suggested that a permissive cultural attitude towards violence exists in America (Belsky, 1980; Burgess & Draper, 1989; Cicchetti & Lynch, 1995). The rates of violence are high in the U.S. when compared with other western countries (Cicchetti & Lynch, 1995). It seems that American culture accepts the use of physical force to resolve its interpersonal conflicts (Parke & Collmer, 1975). It has further been suggested that

cultural tolerance and the approval of violence contributes to child maltreatment within the family, through a mechanism of internalization of disinhibiting of aggression (Dukewich, et al., 1996). However, the use of physical force in childrearing is not generally accepted in the Nordic countries. Corporal punishment by parents is prohibited by laws in Sweden, Norway, Denmark and Finland (Larzelere & Johnson, 1999) and a study conducted in Iceland showed that ninety-seven percent of parents say that they never use physical punishment, and of those who do, say they seldom use it (Júlíusdóttir, et al., 1994). However, it seems like a permissive attitude towards child's supervision exists in Iceland, since the child's accident rate has been significantly higher in Iceland then in other Nordic countries (Stefánsdóttir & Mogensen, 1997). In addition, it is socially acceptable for fairly young children baby-sit other children. The Red Cross in Iceland provides workshops for children 12 years old and older to prepare them for baby-sitting. It also seems socially accepted that children stay home alone fairly young in Iceland part of the day, while their parents are working.

Other cultural factors seem to relate to risk of child maltreatment, including religion and ethnicity. Religion is likely to effect child rearing beliefs. One of the multilevel influences of religion is the degree of individualism versus collectivism. In a collectivist culture, child-rearing practices that are emphasized reflect obedience, sacrifice for the group and duty. One study showed that conservative Protestants, and to a lesser degree Catholics, value obedience and corporal punishment, such as slapping and hitting with a belt, more than other religious groups. Individualistic cultures emphasize child autonomy, independence and self-reliance (Shor, 1998). However, individualism has been regarded as a contributor to social isolation (Garbarino & Barry, 1997), which is

a risk factor for child maltreatment (Belsky & Vondra, 1989). In a culture where individualism is emphasized, parents may view children as properties, which has been regarded as a risk factor for child abuse (Belsky 1980; Belsky & Vondra, 1989). Ethnicity has also been related to risk of child maltreatment. African American children and Hispanic children are more likely to be maltreated than Caucasian children. However, the relation between ethnicity and child maltreatment might be mediated by socio-economic status, since African American and Hispanic families are over represented as low-income families (Miller-Perrin & Perrin, 1999).

Very little cross-cultural research has been conducted on child maltreatment, which may in part, be due to a lack of a functioning definition of child maltreatment. In addition, there is a need for information on cultural differences in child rearing practices and values of children, and for a parallel ethnic and cultural research approach (Agathonos-Georgopoulou, 1992).

Repeated Child Maltreatment

The discussion of risk factors in child maltreatment set the foundation for the study of repeated child maltreatment and risk factors for repeated child maltreatment. Repeated child maltreatment can be defined in many ways. For example, as any subsequent report of maltreatment by the same perpetrator, of the same child or of any child within the family. Furthermore, recurrence can be defined differently in terms of time length. Thus, recurrence can take place over a period of one year or over a 10-year period from the initial incident (Fluke, Yuan & Edwards, 1999). In this study, repeated or recurrent child maltreatment is defined as an additional report of any child within the

family following the initial child maltreatment reported incident. Since each case is followed for 18 months, recurrent child maltreatment can only be detected in this study for an 18-month period.

It can be expected that the goal of intervention, following reported child maltreatment, would be to decrease risk of future maltreatment (DePanfilis & Zuravin, 1998; Levy, Markovich, Chaudhry, Ahart & Torres, 1995). There is some empirical support for the hypothesis that intervention decreases the likelihood of recurrence (DePanfilis & Zuravin, 1998, 2002; Fluke, Edwards, Bussey, Wells & Johnson, 2001; Fuller, Wells & Cotton, 2001; Lutzker & Rice, 1987; Silverman & Avard, 1985), such as supportive services/case work (DePanfilis & Zuravin, 1999b; Jones, 1987) and psychotherapy (Ferleger, Glenwick, Gaines & Green, 1988; Jones, 1987). However, cases with former incidents and services are less likely to receive additional services following recurrence than other families (DePanfilis & Zuravin, 2001). Furthermore, cases that have been designated as inconclusive at first incident are more likely to recur than other cases. Thus, repeated reports and case openings may indicate that lack of services (Marshall & English, 1999) or the provided services have not been sufficient in protecting vulnerable children (DePanfilis & Zuravin, 1999b; Inkelas & Halfon, 1997) or, that some families are simply untreatable (Jones, 1987).

One study showed that amount of time a case was kept open was negatively correlated with repeated maltreatment (Johnson and L'Esperance (1984). However, another study found that recurrence rate was not affected by duration of services, but only to intensity of services, with children receiving services more at risk for recurrence, than children that did not receive services (Fluke, et al., 1999). However, more severe cases

are probably more likely to receive services than less severe cases. Families who have been judged by a child protection (CPS) worker as not in need for services are less likely to repeat maltreatment than families that are judged to need services (Gambrill & Shlonsky, 2001). In majority of cases, recurrences of child maltreatment does not occur, during or at least for the first years after the intervention of child protective services (DePanfilis & Zuravin, 1998, 1999; Morse, et al., 1970). Recurrence rates following child welfare services have been estimated to be from 18. % to roughly 60% (Ferleger, et al., 1988; Inkelas & Halfon, 1997).

In their review of 67 studies, DePanfilis and Zuravin (1998) concluded that over half of families who are reported for recurrent child maltreatment experience only one recurrence. Studies have found that the likelihood of recurrence increases with each repeated maltreatment incident (DePanfilis & Zuravin, 1998; Fluke, et al., 1999; Fuller et al., 2001). It has been shown that the time until first recurrence is significantly less in families that experience multiple recurrences compared to families that experience only one recurrence (DePanfilis & Zuravin, 1998; Marshall & English, 1999). Two studies showed that the probability of recurrence is highest the first 30 days following the initial incident (DePanfilis & Zuravin, 1999a; Fryer & Miyoshi, 1994) and is relatively low after one year following first incident (DePanfilis & Zuravin, 1999a). However, one study found that four intervals in a two-year time period had the highest frequency of repeated maltreatment. One of those four periods was first 30 days following the initial maltreatment (Levy et al., 1995).

Furthermore, CPS workers' anecdotal reports that families who experience repeated confirmed reports are likely to receive more intrusive intervention, until children

are eventually removed from the family (DePanfilis & Zuravin, 1998). Even when children are removed from their home temporarily, they are still at risk of being repeatedly maltreated. Recurrence has been found to be more likely in cases were children are reunited with their parents, after having been placed in temporary foster care (English, Marshall, Brummel & Orme, 1999; Murphy, Bishop, Jellinek, Quinn & Poitrast, 1992).

The likelihood of repeated child maltreatment has been shown to be different between types. Herrenkohl, Herrenkohl, Egolf & Seech (1979) found that recurrence occurred in 54.1% of physical abuse cases, 44.4% of neglect cases, 29.6% of sexual abuse cases and 21.4% of emotional abuse cases. Another study showed that the recurrence rate was higher for physical neglect and physical abuse than sexual abuse (Marshall & English, 1999). The third study showed that families with prior incident of neglect or physical abuse were five times more likely to repeat maltreatment than families that had sexual abuse as a prior incident (Fuller, et al., 2001). However, several studies have since shown neglect to be the most common form of repeated maltreatment (DePanfilis & Zuravin, 1998; English et. al., 1999; Fluke et al., 1999; Hamilton & Browne, 1999; Levy et al., 1995). Moreover, results of some studies suggest that families who are reported for neglect are more likely to have a recurrence than families who are reported for physical and sexual abuse (DePanfilis & Zuravin, 1999a; Fryer & Myoshi, 1994; Inkelas & Halfon, 1997). Families are not always referred to CPS services for the same type of maltreatment. Hamilton and Brown (1999) found a significant overlap between physical abuse and sexual abuse of children. In addition, Swanston, et al. (2002) found a significant overlap between sexual abuse on one hand and neglect, physical abuse

and emotional maltreatment on the other. Furthermore, families who have been reported for neglect at first incident are often re-referred for other types or multiple types of maltreatment (Marshall & English, 1999).

Risk Factors for Repeated Child Maltreatment

Several variables have been found to correlate with repeated maltreatment. Increased risk of recurrence has been related to number of victims in the abuse/neglect incident (Wood, 1997) as well as to chronicity (English, et al., 1999) and severity of abuse (Browne, 1986; Ferleger, et. al, 1988). Moreover, extra familiar maltreatment is more likely to occur to children who have already been maltreated within their family (Hamilton & Browne, 1999), which in many cases is probably a result of supervisory neglect.

Since this study focused on neglect as a type of maltreatment (the type of all first incidents was neglect), it is important to note what variables have been found to be related to repeated neglect. Baird (1988) found that families who repeatedly neglected their children were more likely to include a single parent and to have a higher number of children in the home. The caretaker was more likely to have a history of alcohol or drug abuse problem and to be of young age. In addition, the caretaker was more likely to have been neglected in own childhood and to lack motivation to change the condition. Other studies have found that quality of care by the mother and the reasonableness of expectations of the mother to be related to repeated child neglect (Marks & McDonald, 1989; Nelson, Saunders & Landsman, 1993). Other personal limitations have been

found to be related to chronic neglect, such as mental disability, psychosis and personality disorder (Jones, 1987; Murphy et al., 1992).

One study that looked at chronic neglect (families involved with CPS for three years or longer) and compared them with newly neglecting caregivers, found that the chronic group had higher number of children, included two parents, and the primary caregiver was more likely to have less education and to be unemployed (Nelson, Saunders & Landsman, 1993). In addition, social support deficits have been found to be related to neglect (DePanfilis & Zuravin, 1999b).

Finally, Coohey (in press) looked at supervisory neglect and found that families who repeatedly neglected their children were less likely to include a biological father of all children in the home and more likely to have two or more children under the age of 6 in the home. The families were less likely to have two-parent income and more likely to receive governmental support. In addition, the parental figures were more likely to experience problems with alcohol or drugs and were more likely to include fathers or both parental figures who had a major mental health problem. In addition, the families who repeatedly neglected their children were more likely to include a mother who was battered by her partner. Finally, the parental figures in families who were repeatedly reported for neglect were less likely to admit that the neglect had been wrong or take responsibility for it.

The Micro System: Individual Factors

Parental Figure Problems

Maternal non-compliance has been related to repeated child maltreatment (Atkinson & Butler, 1996; English, et. al., 1999). Maternal non-compliance to court-ordered assessment has been found to be more frequent if the mothers are young, lead transient lifestyles, show antisocial behavior and experience violence in their spousal relationship (Buttler, Radia & Magnatta, 1994). In addition, non-compliant mothers have been found to be significantly more likely to lose custody of their child than compliant mothers (Atkinson & Butler, 1996). In both studies non-compliance was operationalized in terms of ratio of missed appointments (Atkinson & Butler, 1996; Butler, et al., 1994).

If primary caretaker has been maltreated as a child, there is an increased risk of recurrence (English et. al., 1999; Jones, 1987; Wood, 1997). Parents who repeatedly maltreat their children are more likely to have problems with alcohol or drugs (Hamilton & Browne, 1999; Inkelas & Halfon, 1997; Jones, 1987; Murphy et al., 1991) and are more likely to repeat maltreatment if they have problems with both alcohol and drugs (Wolock & Magura, 1996). In addition, parents who repeatedly maltreat their children are more likely to have learning difficulties and psychiatric problems (Hamilton & Browne, 1999). Other factors have been found to be related to *chronic* neglect, such as mental handicap, personality disorder or psychosis (Jones, 1987; Murphy et. al., 1992). In addition, recurrence has been related to the mother figure's unrealistic expectations of the child and poor parenting skills (Inkelas & Halfon, 1997; Johnson & L'Esperance, 1984). Repeated sexual abuse has been shown by two independent studies to be more likely to occur if the offender has deviant sexual preferences, defined as sexual interest in

children as measured by phallometric assessment, and has antisocial personality disorder (Hanson & Bussiere, 1998). However meta- analytic studies have shown that extra familial child molesters are more likely to re-offend compared with incest offenders (Greenberg, 1998). However, the child may be less likely to tell about repeated incidents, when the offender is within the family (Jones, 1987). Finally, the number of caretaker's problems has been related to risk of recurrence (Fuller, et al., 2001).

Child Vulnerabilities

Characteristics of children, such as young age (Fryer & Miyoshi, 1994; Fuller, et al., 2001; Levy, et al., 1995) and gender, have been related with the likelihood of recurrence. Girls are more likely to be sexually abused than boys (Fryer and Miyoshi, 1994; Miller-Perrin & Perrin, 1999). Child vulnerability, such as developmental problems, have been related to recurrence as well (DePanfilis & Zuravin, 1999b; Wood, 1997) and number of child problems (Fuller et al., 2001).

The Micro System: Family Factors

Family size (English et. al., 1999; Hamilton & Browne, 1999) and family structure have been related to risk of repeated child maltreatment. Studies have shown that single parent families are significantly more likely to repeatedly maltreat their children than two parent families (Fuller, et al., 2001; Levy, et al, 1995; Silverman & Avard, 1985). Johnson and L'Esperance (1984) found that the amount of time the child spends with the caregiver and more than one child in the home were positively related to repeated physical abuse. Family stress (mother's age, child bearing span and number of

children in the family) has also been related to recurrence (DePanfilis & Zuravin, 1999b). Furthermore, family functioning problems, such as marital problems (Inkelas & Halfon, 1997), and family conflict (Browne, 1986), have been related to repeated child maltreatment. In addition, domestic violence (DePanfilis & Zuravin, 1999b; Hamilton and Browne, 1999; Marshall & English, 1999), and history of domestic violence (English et. al., 1999) have been related to repeated direct child maltreatment. Finally one study found that two kinds of stressful events in the family were related to repeated child maltreatment, when parents change jobs or a child is out of the home (Browne, 1986).

The Exo and Macro Systems:
Social and Cultural Factors

Other factors have been related to risk of repeated child maltreatment. The majority of families who repeatedly maltreat their children have a very low socioeconomic status (Cicchetti & Lynch, 1993). Limited financial resources, living in public housing, unemployment (Browne, 1986; Levy et. al., 1995) and being on Medicaid have been related to recurrence (Levy et. al., 1995). Low education level has been related to *chronic* neglect (Nelson, Saunders & Landsman, 1993). Social support deficits have also been related to recurrence of all types of maltreatment (DePanfilis & Zuravin, 1999b), including the family's ability to take advantage of agency resources (Johnson & L'Esperance, 1984). Furthermore, studies have shown contradictory recurrence rates between urban and rural areas (Fluke, et al., 1999; Marshall & English, 1999). Finally, ethnic minority groups in the U.S. have had higher rates of recurrence (Browne, 1986; English et. al., 1999; Levy et. al., 1995), however, these ethnic groups also have a lower

social-economic status.

Summary and Directional Hypotheses

In sum, various risk factors at different levels have been found to be related to child maltreatment and repeated maltreatment (Cicchetti & Lynch, 1993, 1995; Garbarino, 1976). In fact, the risk factors are so many and the framework so complicated, that it can be argued that it is challenging to predict child maltreatment. Fewer studies seem to have focused on risk factors related to repeated child maltreatment than on first incidents of child maltreatment. One study found that no one variable predicted repeated maltreatment. However, interaction involving two variables predicted repeated maltreatment, for example personal history of abuse interacted with both marital status and income source (Ferleger, et al., 1988). In addition, number of parental problems and number of child vulnerabilities have been related to repeated child maltreatment (Fuller et al., 2001). As noted before, in this study the first reported incident was neglect. Studies on repeated neglect in the U.S. have found that variables related to the family, the caregiver and social support deficits do seem predictive of repeated child neglect (Baird, 1988; Marks & McDonald, 1989; Nelson, Saunders & Landsman, 1993; Coohey, in press). The following table lists risk factors for single incident cases and repeated maltreatment incidents cases. The first column lists the risks factors. The second column describes the risk factors that have been found for single incident cases of child maltreatment compared to cases without child maltreatment. The third column describes risk factors that have been found for repeated child maltreatment compared with single incident cases of child maltreatment.

Table 2. Risk factors related to first incident compared to repeated incidents

Risk Factors:	Single incident cases	Repeated incidents cases
Parental problems:		
Have been maltreated in childhood	X	X
Have an insecure attachment style	X	
Young age of mother	X	X
Maternal mental retardation	X	
Learning difficulties		X
Maternal non-compliance		X
Poor parenting skills	X	X
Parental psychopathology		
- Depression	X	
- Post traumatic stress disorder	X	
- Psychosis	X	
- Alcoholism	X	X
- Drug abuse	X	X
Personality disorders	X	
Number of parent figure problems		X

Table 2. Continued

Child vulnerabilities:		
Premature birth	X	
Young age	X	X
Gender (girls more likely to be sexually abused)	X	X
Mental retardation	X	
Developmental disabilities	X	X
Chronic illness	X	
Difficult temperament	X	
Number of child vulnerabilities		X
Family factors		
Family structure	X	X
- Single parents neglect, physical abuse		
- Stepfamilies, sexual abuse (single)		
Family size (number of children)	X	X
Short child bearing span	X	X
Time child spends with the parent	X	X

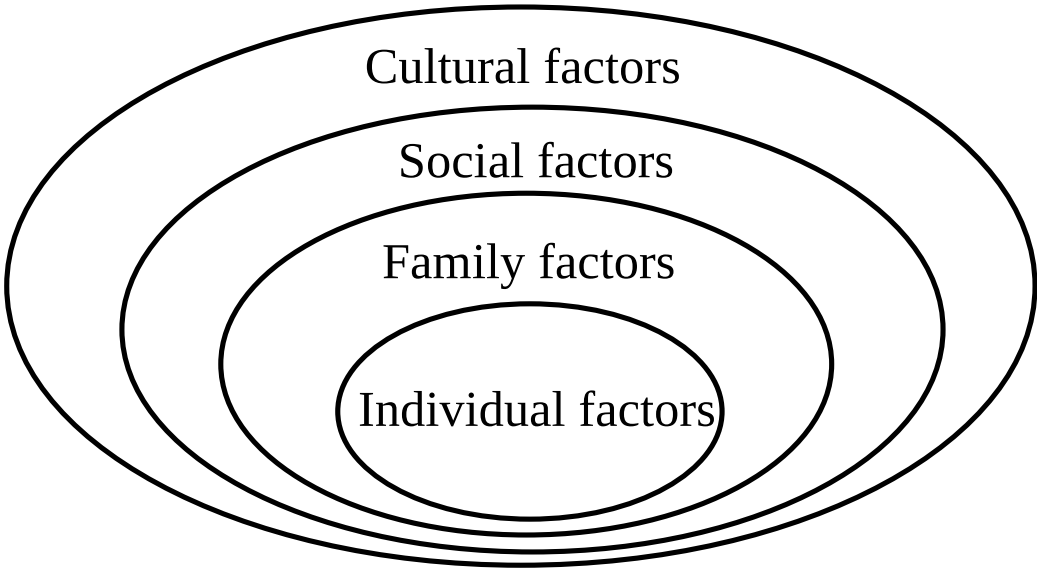
Table 2. Continued	X	
Parent-child relationship:		
Communication problems	X	
Parent-parent relationship:		
Low support in the relationship	X	
Marital/communication problems	X	X
Conflict	X	X
History of domestic violence		X
Social factors:		
Poverty	X	X
Low education	X	
Unemployment	X	X
Living in public housing		X
Crowded living condition	X	
Social isolation (neglect)	X	
Social support deficits	X	X
Social conflict (abuse)	X	
Community factors:		
Poor neighborhood	X	
Educational disadvantage	X	X
High unemployment rate	X	X
Economic inequality	X	

Table 2. Continued

Community violence	X	
Urban/rural area (conflicting results)		X
Cultural factors:		
Ethnicity	X	X
Religion	X	
Permissive attitude towards physical punishment	X	
Permissive attitude towards supervision of children	X	

In sum, studies have found that there are more risk factors at the individual, child and family levels than in the larger systems, even though they interact and affect each other. These findings support Belsky's model (1980) which also emphasized individual and family factors more than social and cultural factors. Thus, it might be suggested, that individual factors, especially parental figure problems are most predictive of child maltreatment, followed by child vulnerabilities and family factors. Social factors would be less predictive and cultural factors the least predictive of child maltreatment. The same model applies for repeated child maltreatment (Figure 1).

Figure 1. Belsky's ecological model.



Individual factors
- parents (biology, own upbringing)
- children's vulnerabilities (biology)

Social factors
i.e. support systems

Family factors
interaction between parents and between parents and children

Cultural factors
i.e. beliefs, values and norms

Study Purpose

Until the past decade, relatively little was known about risk factors related to repeated child maltreatment. No study has been made in Iceland on risk factors for child maltreatment or repeated maltreatment. The purpose of this study was to identify risk factors and/or interactions among risk factors related to repeated child maltreatment, specifically neglect, in Iceland. The study sought to determine if there are specific risk factors related to repeated child maltreatment with the goal of gaining information that can be used to improve social services to families who repeatedly maltreat their children. If social services would be able to identify families after first reported incident based on

risk factors, then they could intervene with supportive services at that time, by directing services that are related to the risk factors. It can be seen**,** then, that factors at all levels have been associated with child maltreatment, and that the factors are all interactive. Belsky (1980) emphasized that the smaller systems were powerful in predicting child maltreatment and those factors seem to have the strongest predictive value. As can be seen in the literature reviewed here, much of the literature on repeat offences has emphasized the individual and family factors as paramount. In this study hypotheses are tested, which are based in large on U.S. studies, which are tested to see the outcome in Iceland. The following directional hypotheses are tested:

Risk Factors at the Ecological Levels

HO1: Cases that include families with repeated reports of confirmed maltreatment are more likely to experience more problems at different ecological levels, than families with one incident of confirmed maltreatment. This hypothesis is consistent with former research on parental risk factors and child vulnerabilities (Fuller, et al., 2001).

HO2: Smaller eco level risk factors are more predictive of repeated child maltreatment than the larger eco level factors. Risk factors regarding parental figures at the individual level are most associated with repeated child maltreatment. Of second most importance are child vulnerabilities and of third most importance are family factors. Social and cultural factors have the least predictive value in repeated child maltreatment. Belsky (1980, 1993) emphasized the influence of smaller ecological levels more than the larger ones. Thus, of fourth most importance are social factors. Cultural factors are not tested in this study, since the study takes place in only one culture.

Demographic Characteristics

HO3: The families in the repeated incidents group will differ on demographic factors from the single incident group on demographic characteristics.

a) *The families in the repeated incidents group are more likely to be single parent family types, than in the single incident group.*
b) *The families in the repeated incidents group are more likely to have more children and more children staying at home during the day, than in the single incident group.*
c) *The mother figure is by average younger in the repeated incidents group than in the single incident group.*
d) *The parental figures in the repeated incidents group have less education than parents in the single incident group*
e) *More parental figures are unemployed in the repeated incidents group than in the single incident group*
f) *The families in the repeated incidents group are more likely to rent (not own) private or public housing and to have moved within the last 12 months than families in the single incident group*
g) *The parents in the repeated incidents group are more likely to have received welfare, than parents in the single incident group*

Former studies have shown that single parent families are more likely to repeat maltreatment than two parent families (Fuller, et al., 2001; Levy, et al., 1995; Silverman & Avard, 1985). Mother figures that maltreat their children have been found to be younger (DePanfilis & Zuravin, 1999b), have more children (DePanfilis & Zuravin,

1999b; Miller-Perrin & Perrin, 1999) and spend more time with their children (Johnson & L'Esperance, 1984). Former studies have also shown that parents who repeatedly maltreat their children are more likely to have less education (Nelson, Saunders & Landsman, 1993), and to be unemployed (Browne, 1986; Levy et al., 1995). Finally, they are more likely to live in public housing, (Browne, 1986; Levy et al., 1995). It is suggested here that families are less likely to own their own apartments and to rent apartment (private or public) and because they are believed to be less likely to own apartment, it is believed that they are more likely to have had to move the last 12 months. Finally, families that repeatedly maltreat their children have been found to have a very low socioeconomic status (Cicchetti & Lynch, 1993).

Parental Non-cooperation

HO4: Mother figures and father figures in the repeated incidents group are less cooperative with the child protective authorities than mother figures and father figures in the single incident group. Lack of motivation to change the child's conditions and non-compliance with child protection worker's recommendations have been found to be related to repeated child maltreatment (Atkinson & Butler, 1996; English, et al., 1999).

Services Received by the Families

HO5: Families in the repeated incidents group receive more types of services than families in the single incident group. Families who are repeatedly reported for maltreating their children have been found to receive more services from the child protection system because they are experiencing more problems than families who are

only reported once (DePanfilis & Zuravin, 1988).

Time Interval between Incidents

HO6 : Cases that include three or more reported child maltreatment incidents include shorter time interval between first and second incidents than cases that include two incidents. The time interval between incidents is shorter as number of incidents is higher. Former research has shown that when several child maltreatment incidents are reported for the same family, it is more likely that the time interval between incidents is shorter (DePanfilis & Zuravin, 1998; Marshall & English, 1999).

CHAPTER III

METHODOLOGY

As noted in chapter II, most research related to repeated child maltreatment is relatively recent. Most of these studies have been conducted in the U.S. and no studies have been conducted on repeated child maltreatment in Iceland. Repeated child maltreatment is a particularly important to study for two reasons. First, repeated child maltreatment may imply that the maltreatment is long lasting and therefore chronic. Second, repeated child maltreatment may imply that the maltreatment is more serious when it is noticed and reported to CPS by two or more individuals or institutions.

Design

In this study, a case comparison design was used to compare two groups on a variety of factors at different ecological levels, which have been related to child maltreatment as noted in chapter two. In a case comparison study, cases are selected based upon their status on the dependent variable. It is important in case comparison studies to select cases from populations that are clearly defined (Greenberg, Daniels, Flanders, Eley & Boring, 1996), such as repeater versus non-repeater. In this study, families, where one incident of confirmed (as defined by the researcher) child maltreatment had taken place were compared with families where two or more confirmed child maltreatment incidents had taken place. All cases had at least one confirmed report of neglect, so the main variable studied is neglect. Cases that included physical abuse, emotional abuse, or sexual abuse were included only if this abuse was an additional type

of maltreatment (see exclusion criteria under sample section). The groups were compared on a variety of factors at different ecological levels to assess differences between them.

In both groups, only cases with no prior incidents were included, which is a strength of this design. By studying “clean” cases, that is cases with no prior incidents, it is possible to detect risk factors that increase the likelihood of further child maltreatment. If families in both groups would have prior reported incidents and services, the single incident group would not actually be a single incident group. If families in the repeated incidents group would have prior incidents (and not in the single incident group), the groups would not have the first incident at the same time period, so other societal factors may have different influences at different time periods. In addition, by examining “clean” cases, it is possible to find out which risk factors families are experiencing, that might represent maltreatment in the future.

Another strength of this design is that reports from child protective services were used, which indicates that child maltreatment indeed had occurred in the families. However, a weakness of this design is that only cases are included that have been reported. Thus, this design does not include child maltreatment cases that have not been reported to CPS. In addition, repeated child maltreatment may have taken place in the single incident group, without having been reported to child protective services, since child maltreatment usually involves a pattern rather than a single discrete event (Rogosch, et al., 1995). However, intervention does not occur unless a case is reported, which is an important distinction between the two groups. The sample in this study can be considered as representative of child maltreatment cases that have been reported to

child protective services and the results can be generalized to that population in the area of the capital city in Iceland, where 62.4% of the population lives (Hagstofa Íslands, 2003).

There were a total of 26 child protection workers that had written records of the 77 cases. Coding of child protection workers' records was a difficult task for a number of reasons. Definitions and categorization in child maltreatment is not as specific in the records as it is in this study. Thus, in number of cases, a letter had been received by a child protection worker, where a doctor is claiming support for a family because of some difficulties (typically a demanding child), and was interpreted by the child protection worker as a child maltreatment report, even though there was no indication of maltreatment in the letter. It seems like a demand for specific services was used in some cases to define child maltreatment. These cases were excluded from this study. However, in many cases a child maltreatment reports had been made without having been registered as a child maltreatment report. Typically, there had already been filed at least one report in the case, and when a person called in reporting a child maltreatment incident in that case, it was interpreted as an additional information in the case, rather than as a new report. Thus, it seemed that it depended on individual child protection worker if repeated incidents were interpreted as new reports or additional information in the cases, even though the information clearly indicated new maltreatment incidents.

In addition, conclusion by CPS was in many cases unclear. Thus, it had to be largely interpreted by the researcher if the incident had been founded, unfounded or undetermined. Moreover, the child protection workers usually did not evaluate severity or safety, so these two qualities were in most cases evaluated from the reports by the

researcher as well.

The Sample

The sampling frame in this study included all case records of reported child maltreatment incidents to two social service agencies in Reykjavík, from January 1st, 1998 through August 31st, 2000 and one social service agency in Hafnarfjörður, from January 1st 1998 through December 31st, 2000. All three social service agencies are located in Iceland. Reykjavík is the capital city of Iceland. Hafnarfjörður is located within 10 miles from Reykjavík and can be considered as a part of the Reykjavík metropolitan area geographically. Families were the units of analysis in this study, not children. Cases were divided into two groups: 1) Single incident group (cases with one reported incident of neglect, during this time period), 2) Repeated incidents group (cases with two or more reported maltreatment, and neglect at a first incident, during this time period). The following exclusion criteria were established, in order to increase the internal validity of the study. *First*, only cases with children as victims of neglect in the first incident were included in this study, although other types of secondary abuse (physical, emotional or sexual) could also be present. Cases that included physical abuse, emotional abuse or sexual abuse only in the first incident were excluded from this study, because each type of maltreatment has specific characteristics and thus, it can be problematic to combine all types in a single category, when trying to understand repetition among neglecting families (Knutson, 1995). *Second*, as already mentioned, only cases with no known prior incidents (before January first, 1998) were included in this study. *Third*, the study only included cases with families that lived within city limits

of Reykjavík on one hand and Hafnarfjörður on the other hand, when first incident was reported and when the data were gathered. This factor is important, since the cases are followed for a specific time period and the families could otherwise have been reported for maltreatment in other jurisdictions. If it appeared that families had been living in different areas for many years they were excluded from this study**,** except for families where there was a strong reason to believe from case notes that the family had not been involved with CPS before. This exclusion, however, does limit the study to families that live a rather stable live in terms of residence. *Fourth*, foster families and adoptive families were excluded from this study. Thus, only families with biological children of one or both parents were included in this study. *Fifth*, the target child was 16 years old or younger, at the time of first incident. This requirement was made in order to allow time to follow cases for 18 months, with children still under 18 years of age at the end of the time period. *Sixth*, only cases that consisted of a parent as a perpetrator in one or more incidents were included in this study.

Each case was followed for 18 months from the initial confirmed incident, since former studies have shown that risk of recurrence is greatest the first 12 months following the initial incident (DePanfilis & Zuravin, 1998, 1999). If recurrent maltreatment occur after a long time period, for example 3 years, the risk factors assessed in the beginning, may in part not relate to additional incidents, and other new risk factors may be more strongly related to those incidents.

Data Collection Procedures

The investigator read through all sampled case records at the social service agency in Reykjavík, Iceland and filled out two forms for each family (Appendix A), using a coding manual which explains how to code each item (Appendix B). The investigator was the first coder. In addition, a second coder, for the purpose of checking the reliability of the coding, also coded randomly selected 22% of cases. These data are reported here in aggregate form. Three variables had unacceptable (> .21) agreement (Table 3). Ten variables had moderate agreement (.41-.60). All other variables had good (.61-.80) or very good (.81-1.00) agreement (Altman, 1991). While the variables in the moderate range were lower than desired, due to inadequate records, the lowest agreement rate in this range was 70.6% (Table 3) for "*source of information--child*" and "*child vulnerabilities--acting out*", which can be considered acceptable. The other eight variables in the moderate range all had an agreement rate of 76.5%. All disagreements were in the same directions for two variables, *child internal problems* and *marital/communication problems*. That is, the second coder coded the presence of attributes in more cases than the first coder (not vice versa). Thus, it seems that subjectivity was relatively high for these ratings. The third variable, *an assessment of safety* had the highest disagreement. It seemed that this variable was poorly conceptualized and it was not included in the final analysis. The second coder was asked to code the other two variables again, with more detailed instructions (Appendix C). The agreement between first and second coder was again poor for *child internal problems*, but moderate for *communication/marital problem between parental figures*. However, there was a high correlation between *communication/marital problem* and *conflict between*

parents, so it seemed that these two variables were to a great extent, measuring the same phenomenon. Thus, neither *child internal problems* nor *communication/marital problem* was included in the final analysis.

Table 3. Variables with low moderate and unacceptable agreement

Variables with low moderate agreement	Kappa	Percentage
Source of info: The child itself	.412	70.6
Child vulnerability: Noncompliance	.412	70.6
Variables with unacceptable agreement:		
Assessment of safety	-.765	11.76
Child internal problems	-.059	47.06
Marital/communication problem	-.059	47.06

Human Subjects

Permissions to conduct this study had been given by the Social Service Agency in Reykjavík and the Social Service Agency in Hafnarfjörður, Tölvunefnd (the Human Subjects Review) in Iceland and the Institutional Review Board (IRB) at the University of Iowa. All data coding and analysis took place at the social service agency in Reykjavík and at the social service agency in Hafnarfjörður. No material concerning clients, such as case records or copies of material were removed from the office. In addition, the investigator (first coder) and the second coder both had experience working at social service agencies. Thus, both coders already had an experience working under a

confidentiality oath. Since this was a study of case records, no other procedures to protect humans were needed, and confidentiality was protected**.**

Measures

Content analysis was used as a method in this study. This method is described next, before the dependent variable and the independent variables are described.

Content Analysis

Content analysis was used as a method for translating information from the child protection workers´ reports into quantitative data. *Content analysis* is an unobtrusive method (Rubin & Babbie, 1997) and can be defined as “a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding” (Stemler, 2001, p. 1). In content analysis the investigator pulls out information from documents which are relevant to the research questions. Coding sheets were created that included various questions about the incident and the family. The coding decisions were represented numerically (Rubin & Babbie, 1997). Coding guidelines were also used, including a coding system in a coding manual, to increase the reliability of the coding. A *coding manual* can be defined as "a set of instructions or rules on how to systematically observe and record content from text" (Neuman, 2000, p. 294). The coding system used in this study was based on a manual developed by Coohey (2000). It has been modified and changed to match the record keeping in Iceland and the ecological approach as outlined in the literature review. Some items were added to fit with the way information are gathered in this research setting (Iceland), since the original

coding manual was developed for use in the U.S. Other items were added that reflect different cultural emphasis. For example, day care is an important formal social support variable in the ecological model (Garbarino, 1976) and is part of universal services for children in the Nordic countries (Kamerman & Kahn, 1995). Two variables were added after the coding of variables had taken place, and thus, are not in the coding manual or on the forms. The variables are *sex of child* and *parents are foreigners* (have moved to Iceland in adulthood).

Independent and Dependent Variables

Using the ecological model described in chapter two as a guiding framework, the independent variables in this study were selected from previous literature on the subject and divided into blocks to test the first two hypotheses. All variables that were previously found to be related to child maltreatment and included information that were likely to be coded by child protection services were included in this study. Studies of this kind had not taken place in Iceland, so it was believed to be important to select as many potential risk factors as possible to test in this study. There was one dependent variable in this study, repeated child maltreatment, which was a dichotomous variable (1= one incident, 2 = two or more incidents). There were seven categories of independent variables in this study: demographics, parental problems, child vulnerabilities, family dynamics, social factors, parental non-cooperation and services.

The following demographic variables were recoded as 0 (not a problem) and 1 (a problem): *family type* (0 = two parent family, 1 = single parent family), *housing* (0 = own apartment, 1 = renting, living at other's house or in a shelter), *mother figure's education*

(0 = completed more education than elementary school, 1 = completed elementary school or less education), *father figure's education* (0 = completed more education than elementary school, 1 = completed elementary school or less education), *mother figure's employment* (0 = employed, 1 = not employed), *father figure's employment* (0 = employed, 1 = not employed) and *parents have received welfare* (0 = not received welfare, 1 = has received welfare). Other demographic variables were coded by using numbers that indicated their frequency: *number of moves, mother figure's age, father figure's age, children's age, number of children in the household* and *number of children staying home during day*.

Indices were created for all the variables except demographics, because the basic assumption in Belsky's (1980) model is that child maltreatment occurs when risk factors at various levels exceed supportive factors at various levels and therefore the number of risk factors at the individual level have been found to be related to repeated child maltreatment (Fuller, et al. 2001). In addition, some of the factors may be important risk factors but may seldom occur, such as gambling problems, and because of that might not be detected unless they are combined with other factors. Each index consisted of several variables, with the theoretical range of each index as many as the variables included in each index. Five indices consisted of variables from the literature that fitted within each ecological factor: *mother figure problems, father figure problems, child vulnerabilities, family dynamics* and *social factors*. Other indices included *non-cooperation* and *social services received*.

Included in the mother and father figure indices were: *alcohol problem, problems with other drugs, depression, other mental illness, mental disability, critical physical*

illness, has been maltreated in own childhood, has criminal record/assaulted a child and *has moved in or out of the household the last 12 months*. The theoretical range of responses for each of these indices was 0 to 9. The variable *is receiving governmental assistance* was not included in the indices created for mother and father figure problems, because this variable was redundant with *employment*. Furthermore, *history of alcohol abuse* and *ever treated for alcohol or drug problems* were not included in the indices, because these variables were redundant with *alcohol abuse*. Finally, *mother's former partner* was not included in the analysis, because less information was written about them in the child protection workers reports, than on mother figures and father figures.

Child vulnerabilities consisted of a number of child vulnerabilities in each family. An index was created for child vulnerabilities, which included all child vulnerabilities. The index consisted of the following variables: *premature birth, mental retardation, disability, learning problem(s), chronic health problem(s), difficult temperament, poor social skills, hyperactivity* and *noncompliance*. The theoretical range of responses for this index was 0 to 9. Family dynamics consisted of the sum of two variables: *coercion between parent and child* and *conflict between parents*. As noted before, *communication/marital problem* was excluded from the analysis, because of lack of inter-rater reliability and because it was redundant with parental conflict**.** The variable role reversal was excluded from the analysis, because it was believed by the author to reflect an emotional maltreatment rather than a risk factor. The theoretical range of responses for this index was 0 to 2. The social deficit index consisted of the sum of the four social support variables revised. The theoretical range of responses for this index was 0 to 4.

Three other indices were entered into the equation, as noted before. The first two

included the mother figure non-cooperation index and father figure non-cooperation index, each of which included the sum of the following variables: *was available for all interviews, minimized other's abusive/neglecting behavior, was willing to do something so that maltreatment would not recur, said victim's behavior led to maltreatment* and *said s/he was responsible for maltreatment*. The following positive variables were reversed in the analysis for consistency: *was available for all interviews, said s/he was responsible for maltreatment,* and *was willing to do something so that maltreatment would not recur.* The theoretical range of responses for each of the indices was 0 to 5. The third index was services received by the family and included the sum of all services received, except *counseling on child's care* because that variable had zero cell count, since all families were interviewed and received counseling on child's care. The other types of services were: *family adviser, youth adviser, supportive family* (which takes one or more children over one or two weekends per month) *child received therapy, child care provided, waiting list for housing, placement at a farm during summer, parent(s) received therapy/treatment, child received short term treatment at a treatment center, child received long term treatment at a treatment center, temporary foster care, permanent foster care (supportive), case submitted to the child protection committee, supervision of the home, directions given on the child's care* and *required that child was removed from home*. The theoretical range of responses for this index was 0 to 16.

The variables were operationally defined in the following way. All mental health problems of parental figures, such as depression, were coded as yes, if the assessor (child protection worker), the parental figure and/or other credible source (such as a social worker, psychiatrist or psychologist) said that the parent suffered from it or the parent

had been diagnosed with a particular mental health problem. Other parental problems were coded as "yes" if the assessor (child protection worker), the parental figure and/or credible source said that the parent had the particular problem. Same evaluation criteria applied regarding child. Family dynamics and social support was coded as "yes" *if* the assessor (child protection worker), the parental figure and/or credible source said that the family was experiencing this problem or receiving a particular type of support (Appendix A and B).

Forms

Two forms were used in this study. Form A contains all general items related to the family (demographics) and the incident. Incident items include items that describe each child maltreatment incident that has been reported using the definition that has already been described, such as intake date, reporter of the incident, and source of information gathered in the investigation process. The form also includes others that have maltreated a child. It also contains items concerning parental/substitutes responsibility and cooperation, as well as supportive services offered and/or mandated to the family. Since repeated child maltreatment is examined in this study, it is important to include services each family received, since that might affect the probability of recurrence. In addition, a subsection on problems related to the child, such as *child physically harms other* and *child has been diagnosed with internal problems* (e.g. depression, anxiety) was added to section A. This section is included because it gives descriptive information about the status and possible effects of maltreatment on children, in the families' records. Form B contains variables at each level of the ecological model. However, neither form

includes cultural factors, because cultural factors were not tested, since this study was conducted in only one culture. The subsections include: a) adult problems, b) child vulnerabilities, c) family dynamics and d) social support (Appendix A).

Data Analysis Procedures

The data were analysed using SPSS statistical software. Descriptive statistics, such as family type, education and employment status of parents, were used to describe families in the "single incident" group and the "repeated incidents" group. In the bivariate statstics, chi-square and t-tests were used to test the relationship between each potential predictor variable and recurrence.

Hierarchical logistic regression was used to describe the relation of the independent variables to the dependent variable. Logistic regression can be described as "a mathematical modeling approach that can be used to describe the relationship of several predictor variables X_1, X_2,…,X_k to a dichotomous dependent variable Y, where Y is typically coded as 1 or 0 for its two possible categories." (Kleinbaum, Kupper, Muller & Nizam, 1998, p. 656). In this study, 1 was coded for single incident cases and 2 for repeated incidents cases. Even though, strictly speaking causal relations can not be determined in correlational studies, the logistic regression method focuses on the logarithm of the probability of membership in one or the other group of the dependent variable depending on the value of the independent variable (Kleinbaum, et al., 1998). For example, the greater the value of the independent variables the greater the probability of membership in the repeated incidents group, while the smaller the value of the independent variables the greater the probability of membership in the single incident

group. Belsky (1980) recommended using hierarchical regression, because variables are entered in a sequence that reflect a "systematic, conceptually based ordering of causative agents" (p. 331) which allows the researcher to identify important concepts, whereas in other statistical methods, such as discriminant function analysis, the statistics identify the important concept.

To find which factors or indices (demographichs, parental, child, family, social, parental non-cooperation, services) differ for the two groups, hierarchical logistic regression was used. Forward stepwise procedure was used in order to select factors or indices that had significant relation with the dependent variable and improved the prediction of the model. In this method, variables that are logically related based on scientific knowledge are grouped and entered simultaneously into the equation (Kleinbaum et al., 1998). Variables included have been found to be related to child maltreatment and/or repeated child maltreatment in the literature. Three blocks of variables were entered. To control for demographic variables, demographic variables that had a significant relation to the dependent variable were entered first into the equation. Block two included variables corresponding to the ecological model, which consisted of five indices: *mother figure problems, father figure* (mother's current partner) *problems, child vulnerabilities, family dynamics* and *social deficits*. Finally, other indices were entered into the model: *mother figure non-cooperation, father figure non-cooperation* and *services* (supportive and mandated) received by the family, since previous research suggest that these variables are related to repeated child maltreatment (Atkinson & Butler, 1996; English, et al., 1999; DePanfilis & Zuravin, 1988; Jones, 1987).

If all variables had been selected that are theoretically related to the ecological approach, then the model might have been over fitted. An over fitted model is likely to have large unrealistic estimated coefficient and/or estimated large standard errors, because of coliniarity problems. Over fitting is even more likely to be a problem when there are many independent variables and few cases (Hosmer & Lemeshow, 1989), which is the case in this study. Indices were created to deal with co-linearity and to prevent over-fitting of the model and because previous studies have shown that *number* of parental risk factors and child vulnerabilities are related to repeated child maltreatment (Fuller, et al., 2001).

When selecting variables into the multivariate equation, a traditional significance level of .05 often fails to identify important variables, especially when the sample is small, which is the case in this study. Choosing a more liberal significance level allows variables that might be related to the dependent variable, to be included in the multivariate equation (Hosmer & Lemeshow, 1989). In addition, when sample size is small, the power to detect relations is weak (Hays, 1994). Thus, a significance level of .10 was chosen as criteria for inclusion of the variables into the multivariate equation. All independent variables were recoded as 1 (problem/quality exists) and 0 (problem/quality does not exist/not applicable/unknown). Indices consisted of the sum of the variables included. Other hypotheses were tested with t tests.

The first two hypotheses were tested with a logistic regression model. The third, fourth and fifth hypotheses on demographics, parental non-cooperation and services received were tested with t-tests. The sixth hypothesis on time length between second and additional incidents, was tested by measuring time length between 2nd and 3rd

incident on one hand, and 3rd and 4th incident on the other hand, and comparing the averages with a t test.

CHAPTER IV

RESULTS

The results are divided into three sections: description of sample, bivariate analysis and multivariate analysis.

Descriptive Findings

A total of 517 cases (one case for each child in Reykjavík, one case for each family in Hafnarfjörður) that fulfilled certain criteria were reviewed. However, because of extensive exclusion criteria, only a total of 77 cases (one case for each family) were coded in this study, 38 single incident cases and 39 repeated incidence cases. There were 20 cases in district I (11 single, 9 repeated), 24 cases in district II (16 single, 8 repeated) and 33 cases in district III (11 single, 22 repeated).

Child protection workers did not record ethnicity. However, most parents seemed to be of Icelandic heritage, judged by their names. Five parents were of different nationalities (2 single, 3 repeated) and in three cases (single) one parent was of Icelandic origin and the other parent of different nationality. Finally, one parent had a child with a foreigner (single) but was not married/cohabiting.

Age of parents at first incident was similar in the repeated incidents group and in the single incident group. The mean age of mothers in the repeated incidents group was 33, with a range of 19 to 46 and the mean age of mothers in the single incident group was 32 with a range from 19 to 52. The mean age of fathers was 36 in both groups. In the repeated incidents group the range was 23 to 51 and in the single incident group it was 21 to 66 (Table 4).

All mother figures (A) were living in the home, except one (single) and all father figures (B) were living at home except four (two single and two repeated). In 19 cases mother's former partner (C) was the child's father (4 single, 15 repeated). In one case other (D) was the child's mother (single), in one case D was father's current partner (single), in one case D was the child's father (repeated), in one case D was child care provider (single), in one case D was other (repeated), in one case it was not known how D related to the family and finally in one case D had no relation to the family (repeated).

The parents in this study had a total of 152 children. All of the children lived in the home at first incident except one, who lived with relatives. The range of number of children was from 1 to 5 total, but 1 to 4 living at home. Interestingly, parents in the repeated incident group had fewer children than the parents in the single incident group (Table 4). More parents in the repeated incidents group had two children than in the single incident group, but fewer parents had three children in the repeated group than in the single incident group. The parents in the repeated incidents group had 2 children in 17 cases compared to 7 cases in the single incident group. However, the parents in the repeated incidents group had 3 children in 3 cases compared to 10 cases in the single incident group.

Age of the children was similar in the groups (Table 4) and there were similar number of boys and girls in the groups. In the single incident group however, there were slightly fewer girls than boys. In more cases information was missing in the single incident group on where the child stays during the day. When missing information was excluded, similar ratio of children in both groups were in playschool or day care and similar ratio of children were staying at home (Table 4).

In 18 cases the child/ren had different family type 18 months after first incident (11 repeated incidents cases and 7 single incident cases). Fewer children in the repeated incidents group were living with both biological parents, than in the single incident group. More children in the repeated incidents group were living in a single parent family, than in the single incident group. Finally, fewer children in the repeated incidents group were living in a stepfamily compared to the single incident group. Thus, in fewer cases, children were living with two parents in the repeated incidents group, compared to the single incident group (Table 4).

Type of housing did not differ for the two groups (Table 4). However, more families had moved the last twelve months before first incident in the repeated incidents group compared to the single incident group. In higher proportion of single incident cases was unknown if the family had moved or not or not.

In most cases parents had only completed elementary school. However, education was unknown in number of cases, especially for mother's former partners. More mother figures had only completed elementary degree in the repeated incidents group than the single incident group. Similar number of mothers had completed trade school/high school and similar number had completed university degree in both groups. Education of father figures was similar in both groups (Table 4).

In the repeated incidents group, mother figures were employed in over half of the cases, unemployed/disabled/homemaker in slightly fewer cases. Information was missing in 5% of the cases. In the single incident group, less than half of mother figures were employed, and a third of mother figures were unemployed/disabled/ homemaker and information was missing in 26% of the cases. The father figures in the repeated

incidents group were employed/students in over half of the cases, unemployed/disabled in 12% of the cases and information was missing in 35% of the cases. In the single incident group, over half of fathers were employed, 20% were unemployed/disabled and information was missing in 24% of the cases (Table 4).

More than two thirds of the families (65%) experienced financial problems at the time of first incident and nearly half (48%) had been on welfare at any time prior to first incident. In the repeated incidents group, 69% were experiencing financial problem and 54% had been on welfare. In the single incident group, 61% were experiencing financial problem and 42% had been on welfare.

A total of 153 child maltreatment incidents were reported for the groups. All cases were considered "founded" except for 3 "undetermined" cases where there was strong evidence in the file that maltreatment had occurred. In 64% of the incidents, the mother figure[1] (A) was responsible for the maltreatment incident. In 23% of the cases father figure (B) was responsible for the incident and in 11% mother's former partner (C) was responsible for the maltreatment incident and finally in 2% of the cases other (D) was responsible for the maltreatment incident.

Lack of supervision/inadequate supervision was the leading type of child maltreatment. In 85 incidents the type was supervisory neglect, including 20 due to domestic violence. In a total of 35 incidents the type was a denial of critical care, unspecified, or two or more types of maltreatment. There were 17 reports where inadequate care was specified.

The term "mother figure" was used to represent both mothers and mother figures. The term "father figure" was also used to represent both fathers and father figures.

Table 4. Demographic characteristics, percentages, means and standard deviations

	Percentage		Means and standard devitations	
	Single incident n=38	Repeated incidents n=39	Single incident n=38	Repeated incidents n=39
Family Type**			.44 (.50)	.64 (.48)
-Biological parents	34.2	20.5		
-Mother only	42.1	64.1		
-Father only	2.6	-		
-Stepfamily	21.0	15.4		
Type of housing			.34 (.48)	.41 (.50)
-Owns apartment	42.1	51.3		
-Public housing	7.9	12.8		
-Renting	18.4	15.4		
-Other type	7.9	12.8		
-Unknown	23.7	7.7		
Number of moves*			.21 (.57)	.49 (.88)

Table 4. Continued

Mother's figure education**			.42	.64
			(.50)	(.48)
-Elementary school	42.0	64.0		
-Further education	15.8	15.4		
-Unknown	42.0	20.5		
Mother's figure employment			.31	.41
			(.47)	(.50)
-Employed	42.1	53.8		
-Unknown	26.3	5.1		
Father's figure education			.18	.18
			(.39)	(.39)
Father's figure employment			.13	.05
			(.34)	(.22)
Age				
-Mother figure			32.3	33.3
-Father figure			36.2	35.7
-Children			7.4	6.8
-Youngest child			4.87	5.05
-Oldest child			8.92	8.36

Table 4. Continued

Number of children	2.03	1.90
Number of children staying	3.74	3.62
home during the day	(.42)	(.54)
Parents have received welfare	(.50)	(.50)

*p<.10. ** p< .05. *** p<.01. **** p< .001.
The demographic variables are all coded as 0 or 1 (means and standard deviations) except number of moves, age of mother figure, father figure, children, youngest child, oldest child, number of children and number of children staying home during the day.

specified inadequate care. The most common was a lack of cleanliness (9 cases). There were 7 incidents of emotional maltreatment, 7 of physical abuse and 3 of sexual abuse. Interestingly, a general supervisory neglect is the leading type of maltreatment in all incidents and is the only type in fifth and sixth incidence. In all cases except three it was unknown when the reported maltreatment had started or it was believed it had started when reported or few days earlier. In three cases, it was determined that the maltreatment had started 1-2 months earlier.

In most cases the child's health was considered endangered (87%) and in few cases there was a probable impairment (12%). In only one incident (.6%) was there a moderate injury/condition and in one case the severity was unknown. In a few cases (8%) children left the home or were removed by other, such as extended family or by CPS.

The children in the groups were experiencing various problems, that are likely to result from the maltreatment they were experiencing (Miller-Perrin & Perrin, 1999). *School problems* were the problems most rated in both groups, followed by *internal*

problems. However, since interrater reliability was poor for internal problems, that variable was not included in the analysis. More children in the repeated incidences group had problems related to school (51%) than children in the single incident group (32%). Few children in the repeated incidences group had harmed other children sexually (8%), compared to none in the single incident group (0%). However, other problems were similar between the groups or slightly higher in the single incident group, such as harming other children physically (13% in both groups), misusing drugs or alcohol (8% repeated, 13% single), puts self in danger (3% in both groups) and has broken laws (15% repeated, 16% single).

Bivarate Statistics

In this section, the bivariate relations are described between each of the independent variables and the dependent variable. The relation between each potential predictor and recurrence was tested with t-tests.

Three demographic variables were significantly related to the dependent variable. The families in the repeated incidents group were more likely to include a single parent and to have moved within in the last 12 months. In addition, the mother figures in the repeated incidents group had lower education level than mothers in the single incident group (Table 4).

The mothers in the repeated incidents group had more problems with alcohol and more mothers in that group suffered from depression and other mental illness. Furthermore, more mothers in the repeated incidents group had mental deficiency than in the single incident group. Finally, more mothers in the repeated incidents group had been

maltreated in own childhood than in the single incident group (Table 5). As noted before, an index was created for mother figure problems and for father figure problems. The mother figures in the repeated incidents group were experiencing significantly higher number of problems than the mothers in the single incident group (Table 6). The fathers in the repeated incidents group had moved in or out of the household more often than fathers in the single incident group. Other father figure variables were not significant (Table 5). There was a significant difference between the groups on two child vulnerability variables. More families in the repeated incidents group had a child with a mental deficiency and/or a child who was noncompliant, than in the single incident group (Table 5). However, there was not a significant difference between the groups on number of child vulnerabilities (Table 6).

Coercive parenting or discipline problems were more common in the repeated incidents group than in the single incident group, as well as conflict between parental figures (Table 5). Thus, the families in the repeated incidents group were experiencing significantly more problems in the family dynamics than the single incident group (Table 6). Similar number of families received social support from extended families, friends and groups in the repeated incidents group and in the single incident group. Interestingly, the repeated incidents group received social support from community/neighbors in more cases than the single incident group (Table 5). The social support deficit index was not significant in the bivariate statistics (Table 6).

No difference was found between the groups on any of the parental non-cooperation indices (Table 5) or the parental non-cooperation indices (Table 6). All families were seen for one interview with a child protection worker and received

counseling on child upbringing and child care. Some families were offered or required to receive more counseling and/or other services. More parents were offered/referred to services in the repeated incidents group, than the single incident group. When offered services, more parental figures in the repeated incidents group than in the single incident group accepted the services. However, some types of services were received by more families in the repeated incidence group than the single incident group: *family adviser, supportive family, child/day care, child placed at a farm during summer* and *therapy/treatment for parents*. Other types of services were received in similar numbers by the groups. Fewer cases in the single incident group were submitted to the child protection committee, than in the repeated incident group. Three other types of mandated services were given to families in the repeated incidents group, but not the single incident group: *directions given concerning child's care, supervision of the home* and *required that child is removed from home*. However, only two mandated services were significant: *case submitted to child protection committee* and *child removed from home* (Table 5). The social service index was significantly related to repeated child maltreatment in the bivariate statistics (Table 6).

Table 5. The bivariate relation between the risk factors, non-cooperation, social services and repeated child maltreatment

	Percentage		p value
Risk factors:	Single incident	Repeated incidents	
Parental risk factors:			
Mother figure problems:			
Alcohol abuse***	11.0	44.0	.001
Other drug problems	7.9	10.3	.362
Depression***	13.0	38.0	.006
Other mental health problems****	10.5	46.2	.000
Mental deficiency**	0.0	8.0	.042
A chronic physical illness	5.0	3.0	.274
Maltreated in own childhood**	2.6	18.0	.014
Has committed crimes	5.3	12.8	.128
Has moved in or out of the household the last 12 months	3.0	0.0	.157
Father figure problems:			
Alcohol abuse	21.0	21.0	.477
Other drug problems	5.3	2.6	.274
Depression	8.0	10.0	.362
Other mental health problems	7.9	15.4	.157
Mental deficiency	0.0	3.0	.164

Table 5. Continued

A chronic physical illness	0.0	3.0	.164
Maltreated in own childhood*	0.0	5.1	.081
Has committed crimes	2.6	7.7	.162
Has moved in or out of the household the last 12 months*	8.0	21.0	.059
Child vulnerabilities:			
Premature birth	5.6	2.6	.274
Mental deficiency*	0.0	5.0	.081
Physical disability	3.0	0.0	.157
Learning problems	16.0	10.0	.239
Chronic physical illness	13.0	10.0	.349
Difficult temperament	16.0	15.0	.481
Poor social skills	26.0	31.0	.335
Hyperactivity (ADHD)	11.0	8.0	.335
Acting out, noncompliance*	26.0	41.0	.089
Family dynamics:			
Coercion pattern/discipline problem between a parent and a child***	18.0	44.0	.009
Conflict in the parental relationship**	32.0	51.0	.041

Table 5. Continured

Social deficits:			
Social support from extended family (reversed)	52.6	53.8	.458
Social support from friends (reversed)	89.5	84.6	.266
Social support from groups (reversed)	94.7	94.9	.489
Social support from community/ neighbors (reversed)**	100.0	92.3	.041
Other indices			
Parental non-cooperation			
Mother figure			
Was available for all interviews (reversed)	18.4	25.6	.226
Minimized other's abusive or threatening behavior to child	2.6	0.0	.157
Was willing to do something so that maltreatment would not recur (reversed)	28.9	28.2	.472
Said victim's behavior led to the maltreatment behavior	2.6	5.1	.289

Table 5. Continured

Said s/he was responsible for maltreatment behavior (reversed)	76.3	76.9	.476
Father figure			
Was available for all interviews (reversed)	68.0	79.0	.137
Minimized other's abusive or threatening behavior to child	3.0	0.0	.157
Was willing to do something so that maltreatment would not recur (reversed)	76.0	77.0	.476
Said victim's behavior led to the maltreatment behavior	3.0	0.0	.157
Said s/he was responsible for maltreatment behavior (reversed)	95.0	95.0	.490
Social services			
Supportive services			
Family adviser***	5.2	25.6	.007
Youth adviser	8.0	5.0	.314
Supportive family*	0.0	5.0	.081
Child receives counseling or therapy	11.0	21.0	.117
Child care (day care) provided***	3.0	21.0	.007

Table 5. Continued

Housing provided (or waiting list)	11.0	13.0	.379
Child placed at a farm during summer*	0.0	5.0	.081
Parent(s) receive therapy or treatment***	21.0	51.0	.003
Child receives short term treatment	8.0	10.0	.362
Child receives long term treatment	3.0	0.0	.157
Child – temporal foster care	5.0	10.0	.210
Child – permanent foster care	0.0	3.0	.164
Mandated services:			
Case submitted to child protection committee**	2.6	15.4	.026
Supervision of the home	0.0	3.0	.164
Directions given on child's care	0.0	3.0	.164
Child removed from home**	0.0	10.0	.022

*p<.10. ** p< .05. *** p<.01.**** p< .001.

Table 6. Indices means and standard deviations for the single incident and repeated incidents groups (N=77)

	Single incident (n = 38)		Repeated incidents (n=39)	
Risk factors:	Mean	SD	Mean	SD
Parental risk factors:				
Mother figure problems****	.58	.83	1.79	1.40
Father figure problems	.53	.95	.87	1.40
Children's risk factors:				
Child vulnerabilities	1.16	1.32	1.23	1.49
Family risk factors:				
Family dynamics***	.50	.60	.95	.65
Social risk factors:				
Social deficits	3.37	.71	3.25	.82
Other indices:				
Mother's non-cooperation	2.45	.89	2.51	.91
Father's non-cooperation	1.29	.90	1.35	.78
Services index	.76	1.24	2.00	1.78

*p<.10. ** p< .05. *** p<.01. **** p< .001.
Risk factors indices and other indices include the number of factors coded for each index. The theoretical range of codes varies among indices.

Explanatory Findings

Three demographic variables were selected into the model, since they were significantly related to the dependent variable at the .10 level: fa*mily type* (single parent vs. two parent families), *education level of mother figure* and *number of times the family has moved the last 12 months*. In repeated incidents cases, more families consisted of single parent households, than in single incidence cases. More mother figures in the repeated incidents group had low education level than mother figures in the single incident group. Finally, more families in repeated incidents cases had moved in the last 12 months than families in single incidence cases (Table 4). However, when the three variables were entered simultaneously into the equation at step one, *family type* and *number of times the family has moved the last 12 months* were not significant and were not in the final model.

As noted before, indices were created for *mother figure problems, father figure problems, child vulnerabilities, family dynamics, social support deficits, mother figure non-cooperation, father figure non-cooperation and social services*. At step two, significant risk indices were entered into the equation, first *mother figure problems* and *then family dynamics. Child vulnerabilities,* f*ather figure problems* and *social deficits* were not significant and therefore not in the final model. At step three, *services* were entered into the model, since that index was significant. However, *mother non-cooperation* and *father non-cooperation* were not entered into the model, since these indices were not significant. Thus, neither *mother non-cooperation* or *father non-cooperation* were in the final model (Table 6).

As can be seen in Table 7, the two variables and four indices in the three blocks

explain a total of .443 of the variance in the dependent variable: repeated child maltreatment. In addition, the final model correctly classifies 71.8% of repeated incidents cases and 76.3% of single incident cases or a total of 74.0% (Table 8). The log likelihood was 75.66 and the model's chi-square was 31.07.

H01 Hypothesis one was partly supported. The families in the repeated incidents group were experiencing more risk factors at the ecological levels than families in the single incident group, particularly mother figure problems and problems in the family (Tables 6 and 7).

HO2 Hypothesis two was partly supported, since mother figure problems were important predictors of repeated maltreatment, followed by family dynamics. However, father figure problems and child vulnerabilities did not have a significant relation to repeated maltreatment in the bivariate statistics (Tables 6 and 7).

Table 7. Hierarchical stepwise logistic regression (N=77)

	β	*Chi Square*	*p Value*	*Odds Ratio*	R^2
Demographics:					.064
Education of mother	.898	3.678	.055	2.45	
Risk factors*:*					.443
Mother figure's problems	1.008	12.664	.000	2.74	
Family dynamics	1.268	7.682	.006	3.55	

Table 8. Comparison of actual maltreatment incidences with prediction of maltreatment incidences

	Predicted Single incident	Predicted Repeated incidents	Total
Single incident	29	9	38
Repeated incidents	11	28	39
Sensitivity			71.8%
Specificity			76.3%
False-positive rate			23.8%
False negative rate			28.2%
Positive predictive value			74.0%

HO3 Three demographic variables were significantly related to the dependent variable. The families in the repeated incidents group were more likely to include single parents. The mother figure was more likely to have low education and the family was more likely to have moved the last 12 months (Table 4). Other demographic variables were not significantly related to the dependent variable. Hypothesis three was partly supported.

HO4 There was not a significant difference between the groups regarding non-cooperation of mother figure (t_{75}=.482, 2, p=.717) and father figure (t_{75}=.783, 2, p=.751) (Table 5). Thus, hypothesis four was not supported.

HO5 The families in the repeated incidents group received more types of services than

families in the single incident group (t_{75} =.077, p=.001) (Table 5). Thus, hypothesis five was supported.

HO6 Number of days between incidents was compared among the groups. First, all repeated incidents cases were divided into two groups, a group with two incidents total (M=309, n=16) and a group with 3 or more incidents total (M=104, n=23). There was significantly shorter time between first and second incidents in the group with 3 or more incidents ($t_{20.3}$ =3.851, p = .001). Second, all repeated incidents cases with 3 or more incidents were divided into two groups, a group with three incidents total (M=181, n=12) and a group with four or more incidents total (M=124, n=11). The difference between the two groups was not significant (t_{21}=. 923, p = .366). Thus, hypothesis six was supported in part.

CHAPTER V

DISCUSSION

Interpretation of Results and Implications

This study assessed repeated child maltreatment in Iceland. Neglect was emphasized and was the common denomination, as it was the one variable all families had at first reported incident. The additional incidents may have had other forms of maltreatment. Therefore, in this discussion, neglect is emphasized, but maltreatment in general was assessed.

Even though it was suggested from the literature review that a number of demographic variables were related to repeated child maltreatment in the U.S., only three of them were significant in the bivariate statistics in this study. Single parenthood was found to be related to repeated child maltreatment in this study, which is consistent with Baird's (1988) findings, but not with the findings of Nelson, Saunders and Landsman (1993) on chronic neglect. However, parenting and the responsibility that the role includes, which can be considered as 24 hour job from birth until the child has reached adulthood, is more challenging for single parents than two parents who can share the responsibility. In addition, single parents may experience more financial difficulties and may even have to work more hours, since they have to run a household on one income instead of two incomes. Mother's low education status was also found to be related to repeated child maltreatment and that finding is consistent with the finding by Nelson, Saunders and Landsman (1993) regarding chronic neglect. Mothers who have lower education may be more likely to have less general knowledge, including knowledge of

child development, which helps mothers know what to expect of children according to their ages. However, further studies are needed to explore how a low level of mother's education is related to child maltreatment and repeated child maltreatment. Finally, the number of times the family had moved in the last 12 months before first incident was found to be related to repeated child maltreatment. This finding on the relation between unstable housing and repeated child maltreatment seems to be new.

Other factors which can be viewed as socio-demographic factors, such as living in public housing, limited financial resources and unemployment have been related to repeated child maltreatment (Brone, 1986; Levy et al., 1995). In this study, there was not a significant relation between unemployment and repeated child maltreatment. There was not a significant difference between the groups, either, as to whether families had received welfare. However, about half of families in both groups had received welfare any time before first reported incident. Age of caretaker and age of child were not related to repeated child maltreatment in this study nor was the number of children in the household or time spent with the child. The age of child, number of children and amount of time spent with child may not be as important in Iceland as in the U.S. because of the universal day care system for children in Iceland, which is discussed in more detail later in this chapter.

Families in the repeated incidents group were experiencing more risk factors than families in the single incident group. In addition, the smaller eco level risk factors were more predictive of repeated child maltreatment than the larger eco level risk factors. This is an important finding, because it supports Belsky's (1980) model. However, mother figure problems and family dynamics were found to be more important in predicting

repeated child maltreatment than father figure problems and child vulnerabilities. Thus, it seems that the well being of the mother figure and the support (or lack of conflict) she receives from her partner (if she has one), are important in reducing likelihood of repeated child maltreatment. The mother figure problems are clearly the most influential in explaining and predicting repeated child maltreatment. One mother figure problem, maltreatment in her own childhood, was found in this study to correlate with repeated child maltreatment. This finding supports Belsky's (1980) model, because he emphasized the importance of experience in childhood for what parents bring to the parenting role. It is also an important finding that some of the smaller eco level factors (mother figure problems and family dynamics) are more important than others (father figure problems and child vulnerabilities) in predicting repeated child maltreatment. The mother figure problems that were particularly important predictors of repeated child maltreatment were alcohol abuse, depression, other mental illness, mental deficiency and maltreatment in own childhood. This finding is consistent with Baird's (1988) study which found that mothers who had a history of problems with alcohol or drug abuse and had been maltreated in own childhood were more likely to repeatedly neglect their children. Only two father figure factors were significantly related to child maltreatment. Father figures in the repeated incidents group were more likely to have been maltreated in childhood. In addition, they were more likely to have moved in or out of the household the last 12 months, which is also a factor related to unstable life. This finding is inconsistent with Coohey's (in press) finding. She found that families who repeatedly neglected their children were more likely to include a father in the household with alcohol or drug problem or a mental health problem. It might be speculated that different

social and cultural factors are related to why father figure problems seem to be more important in the U.S. than in Iceland. For example, mothers in Iceland may not be as dependent upon men as a resource for a second income, because of more extensive universal social policy. Thus, men with such problems may be less likely to be in the household. Social policy issues are further discussed later in this chapter.

There was not a significant difference between the groups on child vulnerabilities, which is not consistent with previous studies (Fuller et al., 2001). While this may be a surprising finding, it is important to note that children in both groups had several vulnerabilities (on the average more than one type of vulnerability).

In addition to mother figure problems, family dynamics was another important ecological risk factor that was strongly related to repeated child maltreatment in this study. Problems in the parent child relationship have been found to be a risk factor for child maltreatment in general (DePanfilis & Zuravin, 1999b), and problems in the parental relationship have been related to child maltreatment in general and repeated maltreatment (Brown et al., 1998). Furthermore, domestic violence has been related to direct repeated child neglect (Coohey, in press). Of course it is likely that when a parental figure has a problem, such as with alcohol or depression, that this problem affects the parent child relationship and/or the parental relationship. Such problems are stressful for the person who is experiencing the problem, and is also stressful for others in the family. Thus, the father might argue with the mother when she comes home late drunk, or a child may scream at an inattentive depressive father, to receive more attention. This circular causality can also be seen for the child vulnerability factors. It is likely that a child's vulnerability, such as mental disability or noncompliance affects the parent child

relationship and even the parental relationship, but a child's noncompliance may also stem from parental problems. Parents may not agree on how to raise their child and they might be even least likely to agree if the child is particularly demanding in some way because of the vulnerability. Thus, the parental figures might argue about issues that involve the child's vulnerability and how to handle it.

Interestingly, there was not a significant difference between the groups on the social support deficits index. In fact, the repeated incidents group received more support from neighbors than the single incidents group. This finding is surprising and is not consistent with former studies (DePanfilis & Zuravin, 1999b). Social support only included four variables and it only measured informal support. Social support is a complex construct and it is difficult to assess it using these types of data. Moreover, information was missing on nearly third of these variables, because information is not consistently gathered on social support by child protection workers.

There was not a significant difference between the repeated incidents group and the single incident groups regarding non-cooperation of parental figures. This result is inconsistent with former findings (Atkinson & Butler, 1996; Coohey, in press), and may differ from previous findings, because in this study the cases were rather new. The families in this study had not been reported before to CPS. It is possible that non-cooperation and non-compliance develop through time. In addition, the relationship between the parental figures and the CPS worker is likely to play an important role in determining if non-compliance develops or not. Another factor that might influence this result is the cultural difference and possible difference in CPS services. For example, even though the legal environment is similar, CPS workers in Iceland may focus more on

finding out if the families are in need of services and what can help them improve their situation, whereas CPS workers in the U.S. may be more preoccupied with finding out if child maltreatment did indeed occur.

The families in the repeated incidents group did receive more services than families in the single incident group, which is consistent with former findings (DePanfilis & Zuravin, 2001). This finding is probably related to the fact that the families in the repeated incidents group are experiencing more problems and therefore need more services than families in the single incident group.

The time interval between the third and fourth incident was shorter than the time interval between second and third incident. However, the time interval between fourth and fifth incident was not significantly shorter than between third and fourth incidents. Fewer cases were involved in the later comparison.

Finally, it is unclear why the proportion of repeated incidents cases is much higher in the social service agency in Hafnarfjörður than in the social service agencies in Reykjavík. However, one explanation might be that families that repeatedly maltreat their children are more likely to move from Reykjavík than from Hafnarfjörður and one of the exclusion criteria was that the family had to live in the same city or town for 18 months from first incident. Another explanation might be that it is more likely that maltreatment incidents are detected and reported in a smaller urban area.

Different Social and Cultural Context

Informal social support was less influential in this study than Belsky's (1980) model would have predicted. It can be speculated that the need for informal social

support is less in countries that offer more formal support to their citizens. Governmental family policy directs the types and magnitude of formal support to families. Furthermore, family policy can have important implications for child maltreatment, since some family policies emphasize more prevention, and other family policies put more emphasis on responding to problems (Kamerman & Kahn, 1990).

Since formal support functions as a protective factor against child maltreatment (Kamerman & Kahn, 1995), it might be hypothesized that countries with universal family policies would have lower rates of child maltreatment and less severe cases of child maltreatment. On the other hand it might also be hypothesized that child maltreatment in countries with universal policies would be more likely to be reported (first and additional reports), since all children are more "visible" in the system in such countries. All children in such countries are likely to be monitored more closely by the public health care system and the public child care system, since regular health care visits are mandatory by the health care system and most children start at an early age in public play schools. A large proportion of young children in Iceland attend playschool[1] which is likely to enhance their cognitive and social skills (Freysteinsdóttir, 1998), if they are of high quality, which is the case in the Nordic countries (Kamerman & Kahn, 1995). Counties are obligated by laws to provide play schools for children under school age (Lög um leikskóla, 1994) and nearly all children (about 90%) at three years of age attend play school in Iceland (OECD, 2001). They are operated by the counties with few exceptions and are subsidized. Because of those factors, it may be suggested that reported child maltreatment rates in Iceland are closer to the actual child maltreatment

[1] Playschool is a concept that is used for public and private day care centers in Iceland, providing care for 4 to 9 hours per day

rates than in the U.S.

Not only do these family policies contribute to the well being of children and families and function as preventive (Kamerman & Kahn, 1995), they also contribute to financial independence of women with children and to women's sense of wellbeing (Kamerman & Kahn, 1985). In turn, women's well being may contribute to good parenting. Men in the Nordic countries are progressively more aware of the inequality concerning them, and they have started to demand rights to take care of their children, such as, paid paternity leaves after childbirth (Guðnadóttir, 1995). From the year of 2003, fathers have the right to stay home with their child as long a time as the child's mother, which is four and a half months for each parent and 9 months total (Lög um fæðingar-og foreldraorlof, 2000). The validation of the laws is a very important contribution to the equal right of the sexes to take care of their children. By guaranteeing fathers the right to take care of their infant and to form an emotional bond with their child (Freysteinsdótir, 2000b), the mother is also supported as she is freed from some child care responsibilities. Thus, it would be interesting to study the phenomenon of child maltreatment and repeated child maltreatment after the laws have been fully validated for some time.

Family forms seem to be similarly diverse in Iceland and the U.S. Single parent families and stepfamilies are common in Iceland (Nordic Social-Statistical Committee, 1995) as well as in the U.S. (Zimmerman, 1995). The average number of children in the family seems to be similar in Iceland as in the U.S. as well (Ólafsson, 1990; Zimmerman, 1995). The mean age of mothers at birth of first child in Iceland is 25 years. However, a fairly large proportion of mothers (15%) gives birth to their first child less than 20 years

of age (Hagstofa Íslands, 2000).

A great majority of both men (91%) and women (86%) in Iceland from 25 to 64 years of age, work outside the home (Hagstofa Íslands, 2000). In contrast, in 1987 only 53% of women with under school age children worked outside the home in the U.S. (Anderson, 1989). Thus, it seems like more women choose to quit their job following child birth, in the U.S., maybe related to the fact that the parental leave is short and lasts only up to 12 weeks for parents who work in public agencies and private agencies with more than fifty employees (Kamerman & Kahn, 1995). In addition, the quality of child care is uninsured. However, the parental leave is 9 months total in Iceland, and it is strongly believed there, that it is important that the mother takes care of her infant full time the first months after birth and that she breast-feeds the infant, since the breast milk is the best nutrition for infants (Steingrímsdóttir, 1995). This policy has important implications for a cultural view of child maltreatment. It might be considered maltreatment to leave a young infant in day care in Iceland.

Most parents in the U.S. regard nighttime separation of baby from parents natural and many furnish a separate room for their infant (Berk, 1998). However, parents in Iceland tend to have their children sleeping the same room for the first months or even years of their life. Parent-infant co-sleeping is common in various cultures around the world. Children sleep in their parents' bed or in the same bedroom the first years in their life. Some believe that co-sleeping strengthens parent-child bond and prevents sleep problems during the early years (Berk, 1998). It is likely that many parents in Iceland would find it a startling idea (and even maltreatment) to leave their infants alone at night.

Family policy can differ greatly among countries as can cultural factors, which

influence child rearing. It is important to conduct studies on child maltreatment in different social contexts, in order to assess the effects of the macro level factors in the ecological model. These larger social and cultural variables were beyond the scope of this study, but interact and affect the smaller systems that were studied. This area of study is interesting and would be an important area for future studies.

Limitations of This Study

Since this study is based on child protection records, it is limited by what was written in the records. Quality of the child protection case record keeping seemed inconsistent and often limited. It seems to vary what type of information is gathered by child protection workers as well as detail of information. Even basic information, such as education level and employment status of parental figures, was missing or difficult to find in some cases, since the two variables were not recorded consistently. This inconsistency is also true for other variables, such as the existence of problems with alcohol or drugs, mental illness, maltreatment in own childhood and the presence of social support. Child protection workers do not consistently gather information about risk factors, which was a problem in this study because only known risk factors were analyzed.

Furthermore, it seemed unclear when a child protection worker interpreted a new child maltreatment report as such, or as additional information in the case. This might be related to unclear definitions of child maltreatment in Iceland at this time. Clear definitions and categories are needed for various reasons. First, it is important to increase standards in child protection work in Iceland. Today, definitions are not clear enough and the result is a large range in counted child maltreatment reports among child

protection committees in the same geographical area (Barnaverndarstofa, 2001). Second, it is important to increase the quality of case procedures, which is particularly important because with child protection laws from 2002, higher number of child maltreatment cases will become court cases. Third, in order to compare child maltreatment cases between geographical areas within the country and between Iceland and other countries, there need to be clear definitions and categories. Fourth, clear definitions and categories are necessary in order to do research on child maltreatment and to develop services according to the results (Freysteinsdóttir, 2003a). However, this problem is being addressed in Iceland. A new definition and classification manual has been developed by this author, upon request of the Governmental agency of child protection. This manual was developed after reviewing classification systems in the U.S. and Europe, and includes more detailed and specific definitions of child maltreatment, particularly neglect, than existed before in the child protection system. This classification system is being used on an experimental basis now in five counties, including Reykjavík and Hafnarfjörður (e.g. Freysteinsdóttir, 2003b).

Another limitation of this study is that it is based on records from child protective services, and recurrence of child maltreatment might occur without being reported to the CPS. This problem is inherent in studies of this kind. Furthermore, this type of study excludes cases that are never reported. Thus, this study might only include cases that are severe enough to be reported to CPS.

Belsky's model seems useful in predicting child maltreatment and repeated child maltreatment from child protection services records. However, neither Belsky's model nor the child protection records allow for an evaluation of the interplay of different

ecological factors. Furthermore, child protection records provide limited information about the persistence of some of the factors. For example, depression and alcohol abuse are factors that can be both transient factors and enduring factors. Because child protection workers do not formally evaluate risk factors with each incident, it was not possible to evaluate the persistence of these factors in this study. However, it might be suggested based on the results of this study, that it is important for child protection workers to evaluate risk factors after each reported incident.

Finally, the model in this study explains 44% of the variance of repeated child maltreatment, which is quite high. However, the small sample size and therefore low statistical power might have limited the findings of this study. Further studies with larger sample sizes are needed to map further risk factors.

Application to Practice

These findings may guide child welfare practice in specific ways. By assessing risk factors, it is possible to predict whether a child will be maltreated in the future (Pecora, 1991). Based on these findings of this study, evaluation of mother figure problems and implementation of services that help mothers deal with their personal problems, such as alcoholism and depression are very important as well as the evaluation of the mother's relationship with her partner, in cases where the mother has one, because these factors are strong predictors of repeated maltreatment. The families in the repeated incidents group were indeed receiving more services than families in the single incident group. So it seems that child protection workers are directing services to the families that are in more need of services.

The logistic regression model in this study correctly classified over seventy percent of repeated incidents cases and over seventy six percent of the single incident cases, while incorrectly classifying less than thirty percent of repeated incident cases and over twenty percent of single incident cases. This model predicts recurrence fairly well compared to various child maltreatment classification instruments evaluated, which had a range of 15-83% of correct classification (Pecora, 1991). It has been argued that standardized assessment tools are better in predicting risk of recurrence than judgment of child protection workers alone, even though the general predictive power of risk assessment instruments might be better (Camasso & Jagannathan, 1995; Fanshel, Finch & Grundy, 1994). In the U.S. some agencies are using such tools on a consistent basis (Marks & McDonald, 1989). One study found that high risk cases were in many cases closed more quickly than low risk cases (Baird, Wagner & Neuenfeldt, 1993). In this study, families that were in the repeated incidents group were more than two times more likely to include a mother with low education level and a mother who was dealing with personal problems. In addition, the families in the repeated incidents group were three and a half times more likely to experience conflict in the parent-parent relationship, the parent-child relationship or both. Thus, these factors are important for child protection workers to have in mind when evaluating cases and directing services.

While certain risk factors increase risk of maltreatment, it is important to note that correlation itself cannot fully predict at the individual level. For example, a single mother, with little social support, who lives in poverty may not neglect her child. Likewise, it would be unfair to presume a mother with some mental retardation would abuse her children. However, knowing that risk factors increase the likelihood of

maltreatment or further maltreatment, social workers can find more supportive services for their clients who are experiencing significant problems. For example, part time day care can offer rest for a mother who suffers from depression from a hyperactive and temperamentally difficult child, and a course on parenting skills following divorce can help parents going through divorce.

Child protection workers can also support parents finding their own solutions. It seems that in some cases the families in this study did find their own solutions following an investigation of child protective services. For example, in two cases in this study, the child left difficult situations in the mother's family and went to live with their father**.** If repeated incidents occur, despite several types of supportive services offered and received, it may be better to help parents to understand that they are not able to handle the complicated role of child rearing, rather than trying repeatedly to support them. As Jones (1987) points out, "it seems equally therapeutic to help parents who repeatedly maltreat their children to understand it is not safe for children to live with them, as it is to try repeatedly to treat them without success" (p. 410). An important goal is to evaluate the quality of existing services in Iceland, and to develop different kinds of services, that are more specific to different types of maltreatment.

Suggestions for Future Research

As has been noted, it is important that the information gathered by child protection workers are consistent and that important factors that have been found to be related to child maltreatment and repeated child maltreatment are evaluated in each case. When a family is reported to child protection services, a careful evaluation of risk factors

should take place. In addition, a careful investigation of the reported maltreatment incident should take place. In the investigation procedure or following it, if the maltreatment is founded the child protection services should do a careful evaluation of the child in order to find out the effects of the maltreatment on the child. If information is collected on all these factors and cases are evaluated on these three dimensions, it is easier to conduct research on what risk factors are related to what types of maltreatment and what effects different types of maltreatment have on children.

It does not seem to be clear when information received by child protection services on an existing case is considered as a new report or additional information in the case. This is related to a lack of clear definitions in the Icelandic child protection system in Iceland. In addition, it does not seem to be clear if reported incidents are founded or not, since that decision is not formally made by child protection workers in Iceland. In order to conduct research in this field and to be able to make important decisions regarding cases, it is very important to collect information in a systematic manner. Risk assessment tools which predict risk of additional maltreatment reports have been developed in the U.S. for child protection services to use when evaluating cases (Marks & McDonald, 1989). This study might be the first step towards developing an assessment tool that fits in an Icelandic culture.

Since the neglect rate seems to be high in Iceland (Barnaverndarstofa, 2001) as well as in the U.S. (Department of Health and Human Services, 1999), it is important to study neglect. This is the first study conducted in Iceland which emphasizes neglect and risk factors for repeated child maltreatment. Studying neglect is particularly important in Iceland, because neglect seems to be even more common there than in other countries,

such as in the U.S. (Barnaverndarstofa, 2001; Department of Health and Human Services, 1999), which may be related to cultural factors, as noted before. It is important to study neglect and the subtypes of neglect, such as physical neglect and supervisory neglect even further in Iceland. In addition, it is important to study risk factors for child maltreatment and repeated child maltreatment further in Iceland, using larger sample size than in this study.

It seemed that some of the factors in this study were similar to studies of repeated child maltreatment which have been conducted in the U.S., especially mother figure problems (Jones, 1987; Murphy et al., 1992). However, other factors need to be studied further in both countries as well as in other countries, such as father figure problems and child vulnerabilities. Also, problems in the family dynamics need to be further studied in relation to repeated maltreatment. Finally, it is important to evaluate the larger eco level factors in Belsky's (1980) model, by comparing child maltreatment in different societies which involve different social and cultural factors.

This study is important as the first study on repeated child maltreatment in Iceland. Some clear predictors were isolated, especially mother figure problems and problems in family dynamics. Some findings were similar to findings in other countries, mainly the U.S., while other findings were different. The importance of further study to assess cross cultural differences and to isolate predictive factors for repeated maltreatment in Iceland and other countries more definitely can not be overemphasized.

APPENDIX A.

FORM A AND FORM B

FORM A. GENERAL QUESTIONS

Worker ID#.	___	Coder's initials and date	___	Incident type	___	Neighborhood	___
Family ID#.	___	Family Type I Family Type II	___ ___	Type of housing	___	Number of moves	___

ADULT	NAME	DATE OF BIRTH	SEX	INHOME	Relation to A and/or B	Current relationship
A Mother/substitute	_____	_____	___	_____	88	88
B Father/substitute	_____	_____	___	_____	88	88
C Other person 1	_____	_____	___	_____	____	____
D Other person 2	_____	_____	___	_____	____	____

Education status	Employment status			
A____	A	____	Is or has been on welfare (framfærsla)	_____
B____	B	____	Financial problems (fjárhagserfiðleikar)	_____
C____	C	____		
D____	D	____		

CHILDREN'S NAMES	DATE OF BIRTH	LOCATION	NATURAL CHILD OF A	B	C	D	WHERE CHILD STAYS DURING THE DAY
_____	_____	_____	__	__	__	__	____
_____	_____	_____	__	__	__	__	____
_____	_____	_____	__	__	__	__	____
_____	_____	_____	__	__	__	__	____
_____	_____	_____	__	__	__	__	____
_____	_____	_____	__	__	__	__	____

Number of children in household, under 18: ____

INCIDENT	DATE	DISPOSITION	TYPE OF MALTR.	RESPONSIBILITY FOR MALTR. A	B	C	D	INVOLVED CHILDREN A	B	C	D	E	F	DATES OF MALTR.
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___
_____	_____	_____	_____	__	__	__	__	__	__	__	__	__	__	___/___ to ___/___

INCIDENT CONT.	NIS SEVERITY RATING	MOST SERIOUS INJURY	ASSESSMENT OF SAFETY	A CHILD LEFT/WAS REMOVED BY OTHER	A CHILD WAS REMOVED BY CPW
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	
_____ _____	_____	_____	_____	_____	

REPORTER					SOURCE OF INFORMATION				
The child itself	1	2	8	9	The child itself	1	2	8	9
Parental figures	1	2	8	9	Parental figures	1	2	8	9
Members from the extended family	1	2	8	9	Members from the extended family	1	2	8	9
Neighbors	1	2	8	9	Neighbors	1	2	8	9
Another social service agency/ child protective services	1	2	8	9	Another social service agency/ child protective services	1	2	8	9
Police	1	2	8	9	Police	1	2	8	9
A doctor, nurse, hospital or health care agency	1	2	8	9	A doctor, nurse, hospital or health care agency	1	2	8	9
School/Playschool/Day care provider	1	2	8	9	School/Playschool/Day care provider	1	2	8	9
Other	1	2	8	9	Other	1	2	8	9

CHILD PROBLEMS

Child put him/herself in physical danger, such as by cutting him/herself or making a suicide attempt	1	2	8	9
Child misuses alcohol/substances (use same criteria as with adult misuse of alcohol/substances)	1	2	8	9
Child harms other children physically, such as hitting, kicking or biting	1	2	8	9
Child harms other children sexually, such as by touching genitals	1	2	8	9
Child diagnosed with internal problems, such as depression or anxiety, or it seems the child suffers from internal problems	1	2	8	9
Child experiences difficulties at school, for example, has low grades or is frequently absent from school	1	2	8	9
Child has broken laws by for example stealing or damaging property	1	2	8	9

	A. Mother/substitute	B. Father/substitute	C. Ex-Partner/Parent
Was available for all interviews at the agreed upon times	1 2 8 9	1 2 8 9	1 2 8 9
Minimized other's abusive or threatening behavior to his/her child	1 2 8 9	1 2 8 9	1 2 8 9
Said victim's behavior led to abuse	1 2 8 9	1 2 8 9	1 2 8 9
Said s/he was responsible for abuse	1 2 8 9	1 2 8 9	1 2 8 9
Was willing to do something so that maltreatment would NOT recur	1 2 8 9	1 2 8 9	1 2 8 9
Was offered/referred to any service	1 2 8 9	1 2 8 9	1 2 8 9
Accepted/agreed to any service	1 2 8 9	1 2 8 9	1 2 8 9
Explanation for NOT accepting a service	1 2 8 9	1 2 8 9	1 2 8 9
The case was submitted to the child protection committee	1 2 8 9	1 2 8 9	1 2 8 9

TYPES OF SERVICES RECEIVED BY THE FAMILY

Counseling on upbringing and child's care	1 2 8 9
Family provided a family adviser working 20 to 30 hours per month with the family	1 2 8 9
Family provided a youth adviser working 20 to 30 hours per month with the youngster	1 2 8 9
Family provided a supportive family who takes care of the child/children one or two weekends per month	1 2 8 9
Child receives counseling or therapy following the incident	1 2 8 9
Child/children in the family provided child care in playchool or at a day care provider	1 2 8 9
The family provided housing	1 2 8 9

Child provided a placement at a farm during part of the summer	1	2	8	9
Parents assisted in receiving appropriate treatment for illness, alcohol or drug problems or other personal problems	1	2	8	9
Child receives short term treatment (intake) at a treatment center (Stuðlar, Árvellir, deild 33 A, BUGL, vistheimili)	1	2	8	9
Child receives long term treatment at a treatment center (meðferðarheimili á vegum Barnaverndarstofu)	1	2	8	9
Parents provided a temporary foster care placement for their child/children or group home, while they are resting, in treatment, etc.	1	2	8	9
Child provided a permanent foster care home (until 18 years of age) with parents agreement	1	2	8	9

MANDATED SERVICES

Supervision of the home	1	2	8	9
Directions given concerning the child's care and conditions, such as day care, school attendance, health care, treatment or training	1	2	8	9
Required that child removed from home to insure child's safety, or to require doctor's examination, place the child in hospital or other institution, in order to examine the child carefully	1	2	8	9
Child's custody removed from parents and child placed in permanent foster care	1	2	8	9
Decided that it is not allowed to remove the child from the country	1	2	8	9
Perpetrator was asked to leave the home by CPS	1	2	8	9

FORM B. ECOLOGICAL FACTORS

ADULT PROBLEMS

Was using alcohol or drugs at the time of the current maltreatment:

	A. Mother/substitute	B. Father/substitute	C. Ex-Partner/Parent
Alcohol	1 2 8 9	1 2 8 9	1 2 8 9
(Meth)Amphetamines	1 2 8 9	1 2 8 9	1 2 8 9
Cocaine	1 2 8 9	1 2 8 9	1 2 8 9
Marijuana/Hashish (THC)	1 2 8 9	1 2 8 9	1 2 8 9
Narcotic	1 2 8 9	1 2 8 9	1 2 8 9
Anti-depressant, anti-anxiety, anti-psychotic agent	1 2 8 9	1 2 8 9	1 2 8 9
Other drug	1 2 8 9	1 2 8 9	1 2 8 9
Has a history alcohol/drug problems	1 2 8 9	1 2 8 9	1 2 8 9
Was ever treated for drug/ alcohol abuse	1 2 8 9	1 2 8 9	1 2 8 9

Had a mental problem at the time of the current maltreatment:

Depression	1 2 8 9	1 2 8 9	1 2 8 9
Anxiety	1 2 8 9	1 2 8 9	1 2 8 9
Borderline personality disorder	1 2 8 9	1 2 8 9	1 2 8 9
Antisocial personality disorder	1 2 8 9	1 2 8 9	1 2 8 9
Other mental illnesses not specified	1 2 8 9	1 2 8 9	1 2 8 9
Mental deficiency	1 2 8 9	1 2 8 9	1 2 8 9
A lack of impulsive control	1 2 8 9	1 2 8 9	1 2 8 9
Chronic physical illness	1 2 8 9	1 2 8 9	1 2 8 9
Gambling problems	1 2 8 9	1 2 8 9	1 2 8 9

A lack of empathy for the target child	1 2 8 9	1 2 8 9	1 2 8 9
Has been physically abused as a child	1 2 8 9	1 2 8 9	1 2 8 9
Has been sexually abused as a child	1 2 8 9	1 2 8 9	1 2 8 9
Has been neglected as a child	1 2 8 9	1 2 8 9	1 2 8 9
Has been subjected to more than one type of maltreatment in childhood	1 2 8 9	1 2 8 9	1 2 8 9
Is receiving governmental assistance, such as health benefits, unemployment benefits or welfare	1 2 8 9	1 2 8 9	1 2 8 9
Moves in and out of the house in last year	1 2 8 9	1 2 8 9	1 2 8 9
Ever arrested, convicted and/or incarcerated for non-domestic abuse charge	1 2 8 9	1 2 8 9	1 2 8 9
Ever physically assaulted a child: *Minor*	1 2 8 9	1 2 8 9	1 2 8 9
Ever physically assaulted a child: *Severe*	1 2 8 9	1 2 8 9	1 2 8 9
Ever sexually assaulted a child	1 2 8 9	1 2 8 9	1 2 8 9
Ever violated No-Contact Order: Child	1 2 8 9	1 2 8 9	1 2 8 9

CHILD VULNERABILITIES

Premature birth	1 2 8 9
Mental retardation	1 2 8 9
Handicap	1 2 8 9
Learning problems	1 2 8 9
Chronic health problems	1 2 8 9
Difficult temperament	1 2 8 9
Poor social skills	1 2 8 9
Hyperactivity (ADHD)	1 2 8 9
Acting out, oppositionality and noncompliance	1 2 8 9

FAMILY FACTORS

Role reversal	1	2	8	9
Communication/marital problem between parental figures	1	2	8	9
Coercive pattern/discipline problems between a parent and a child	1	2	8	9
Conflict in the marital/cohabiting/boyfriend/girlfriend relationship, such as verbal fights or silent treatment	1	2	8	9

SOCIAL SUPPORT

Social support from extended family(ies), such as child care, invitations to dinners, emotional support	1	2	8	9
Social support from friend(s), such as child care, invitations to dinners, emotional support	1	2	8	9
Social support from group(s) such as Al-Anon, with issues such as child care invitations to dinners, emotional support	1	2	8	9
Social support from the community such as neighbors, with issues such as child care, invitations to dinners, emotional support	1	2	8	9

FORM C. FOR CASES WITH ANY DOMESTIC VIOLENCE

Part 1----------

Type of Battering:	**A. Mother/ Substitute**	**B. Father/ Substitute**	**C. Ex-Partner and Parent**
Any Previous Partner			
Was ever physically *injured* by	1 2 8 9	1 2 8 9	1 2 8 9
Was ever physically *battered* by	1 2 8 9	1 2 8 9	1 2 8 9
Was ever *emotionally* battered by	1 2 8 9	1 2 8 9	1 2 8 9
Current Partner			
Was ever physically *injured* by	1 2 8 9	1 2 8 9	1 2 8 9
Was ever physically *battered* by	1 2 8 9	1 2 8 9	1 2 8 9
Was ever *emotionally* battered by	1 2 8 9	1 2 8 9	1 2 8 9
History of Battering:			
Ever physically assaulted a child shortly before, during, or shortly after any battering event	1 2 8 9	1 2 8 9	1 2 8 9
Victim was ever referred to a service because of domestic abuse	1 2 8 9	1 2 8 9	1 2 8 9
Victim ever used a domestic abuse service	1 2 8 9	1 2 8 9	1 2 8 9
SAID physical battering is no longer a problem/ minimized it	1 2 8 9	1 2 8 9	1 2 8 9
SAID physical battering never occurred	1 2 8 9	1 2 8 9	1 2 8 9
Ever violated a No-Contact Order: Domestic abuse	1 2 8 9	1 2 8 9	1 2 8 9
Was ever arrested for domestic abuse	1 2 8 9	1 2 8 9	1 2 8 9
Ever called law enforcement for assistance	1 2 8 9	1 2 8 9	1 2 8 9
Victim Tried to Reduce Contact with Any Batterer Before Assessment Began:			
Tried/Got a No-Contact Order for domestic abuse	1 2 8 9	1 2 8 9	1 2 8 9
Told a batterer NOT to come to house	1 2 8 9	1 2 8 9	1 2 8 9
Tried/Stopped a batterer from entering the house	1 2 8 9	1 2 8 9	1 2 8 9

Asked a batterer to leave the house	1 2 8 9	1 2 8 9	1 2 8 9
Tried/Left the house because of a batterer	1 2 8 9	1 2 8 9	1 2 8 9
Tried/Went to shelter because of a batterer	1 2 8 9	1 2 8 9	1 2 8 9
Ended relationship with a batterer	1 2 8 9	1 2 8 9	1 2 8 9

	A	B	C
1.Before the Current Maltreatment: _____ **Date**			
Child was exposed to physical battering by	___	___	___
Child attempted to defend or protect	___	___	___
Asked or used child to defend or protect him/her	___	___	___
2.For the Current Maltreatment: _____ Date			
Child was exposed to physical battering by	___	___	___
Child attempted to defend or protect	___	___	___
Asked or used child to defend or protect him/her	___	___	___
Ever Minimized Impact of Battering on Child:	___	___	___

	A	B	C
SSA would have found person responsible for child maltreatment regardless of battering	1 2 8 9	1 2 8 9	1 2 8 9

Time order between battering event and child maltreatment event: 1 2 3 4 5 6 8 9

Causal relationship between battering event and child maltreatment event 1 2 3 4 5 6 8 9

For the battering event and child maltreatment event rated above, determine if:

A was battered by B	1 2 8 9	B was battered by A	1 2 8 9
A was battered by C	1 2 8 9	B was battered by C	1 2 8 9

APPENDIX B.

RISK FACTORS FOR REPEATED CHILD MALTREATMENT, CODING MANUAL

RISK FACTORS FOR REPEATED

CHILD MALTREATMENT

CODING MANUAL

THE ASSESSOR'S NARRATIVE

This coding manual is revised from a manual developed by Carol Coohey (2000).

The evaluative coding operations are the most important aspect of the data processing procedures. They are also the most complex and difficult aspect and will require considerable care and study to implement successfully.

GENERAL INSTRUCTIONS

Review the Form. Take a few minutes to look over the form. You will notice that it contains three types of questions or items, each of which is answered or coded in a different way.

Open-ended questions. Answer each open-ended question by writing a brief response or recording a date or name in the space provided next to the question.

Pre-coded (closed-ended) questions. Answer each pre-coded question by circling one of the answer choices listed next to the question.

Modified pre-coded (close-ended) questions. Answer each modified pre-coded question by recording the number of the answer you select in the space provided.

Respond to Every Question. It is critical that you record an answer for all the questions on the form. Please do not leave any answer spaces blank.

Estimates. There may be times when you do not know the precise answer to a question, but you are able to make a reasonable estimate. An estimate is always preferable to specifying that the answer is unknown. However, MARK EACH ANSWER WITH AN ASTERISK (*) to indicate that your response is an estimate. Also be sure to explain the basis for your estimate, and indicate which item your explanation concerns.

Additional Space. If you need more space for an answer than has been provided on the form, continue the explanation on a separate sheet of paper and attach it firmly to the data form. ALWAYS LABEL ANY EXTRA SHEETS OF PAPER WITH THE CPS INCIDENT Number and the family's unique identifier, if available.

Not Applicable. If a parent/substitute, other involved person, or child does not exist, code the item 8 Not Applicable. For example, if there are only two children, then the spaces for child c., child d., etc., will be coded 8, because no such person exists.

Unknown. Use Code 9 Unknown if there is insufficient evidence to draw a conclusion. For example, if there is no discussion in the narrative that the mother was or was not physically assaulted by her partner, then the response would be 9 Unknown and NOT 2 No.

KEY DEFINITIONS

Child maltreatment refers to founded allegations of child physical abuse, sexual abuse, and denial of critical care. Refer to the *Child Protective Handbook* for definitions for each type of founded child maltreatment.

A **child maltreatment event** is a single, discrete episode of maltreatment against a child or children. For example, the mother may leave the children home alone one day (first event) and provide inadequate supervision a week later (second event). Both events make up the current incident. If an event occurred as part of a prior incident, then it is NOT considered an event for the current incident.

Child physical assault refers to any physical force used against a child whom s/he is the caretaker of.

The ***assessment period*** is the time between the allegation (cf. report made, medical examination began) and the final determination of whether an abusive incident or condition did or did NOT occur.

The ***current incident*** is the time between the first and last child maltreatment event documented by the assessor to find that child maltreatment has occurred.

A ***prior incident*** is the child maltreatment event or events that were documented by an assessor to find that child maltreatment had occurred before the current incident.

Physical battering refers to any physical force, and its serious threats, used against a person who s/he currently has OR HAS HAD an intimate relationship.

A ***battering event*** is a single, discrete episode of physical assault, and its serious threats, used against one partner on another partner that may have occurred before or after their partnership ended.

Contingent events**.** Events are contingent, if the first event does NOT occur, then it is unlikely or impossible that the second event will occur.

Non-contingent events**.** Events are NOT contingent, if the second event would have occurred regardless of whether the first event occurred. Or conversely, the first event would have occurred regardless of the second event.

A ***partner (or ex-partner)*** refers to someone that a person is or was intimate with (e.g., boyfriend, husband, significant other). To be a couple, the partners do NOT need to be married, living together, a biological parent of the other person's child, or in an exclusive or monogamous relationship.

Mother/substitute: The biological mother, step mother, mother, legal guardian or father's girlfriend/paramour AT THE TIME OF THE CURRENT INCIDENT/ALLEGED ABUSE. This person does not need to living in the home at the time of the current incident BUT SHE DOES NEED TO BE B's CURRENT PARTNER at the time of the current incident.

Father/substitute: The biological father, step-father, father, legal guardian or mother's boyfriend/paramour FOR THE CURRENT INCIDENT**.** This person does not need to living in the home at the time of the current incident BUT HE DOES NEED TO BE B's CURRENT PARTNER at the time of the current incident.

FORM A GENERAL QUESTIONS

Take a few minutes to review the narrative. Note that there are three sections that correspond to the 3 sections on the confirmation form: The main variables in on this form are: Family, adults, children, child problems, incident, reporter, source of information, cooperation, supportive services and mandated services. Each variable is in bold case.

(Assessment) Worker ID#. At the top of the narrative you will find the name of the CPS (child protection services) worker that completed the assessment. Write the assessor's initials. Do NOT code this item Not Applicable or Unknown.

Coder's initials and date.
Write down your initial(s) and the date that the incident was coded.

FJF - Freydís Jóna Freysteinsdóttir

HG – Hrafnhildur Guðjónsdóttir

Incident type.

Use Code 01 if this is a single incidence case.

Use Code 02 if this is a repeated incidences case.

Neighborhood. The neighborhood the family is living at the time of first incident.

Use Code 01 if the case belongs to the Social Service Agency in Skúlagata, Reykjavík.

Use Code 02 if the case belongs to the Social Service Agency in Suðurlandsbraut, Reykjavík.

Use Code 03 if the case beleongs to the Social Service Agency in Hafnarfjörður.

Family ID#. Case number.

FAMILY

Family type I where the child is living at the time of first incident and II where the child is living after the case has been followed for 18 months.

Use Code 01 if parents are married or living together;

Use Code 02 if mother is married or living with someone;

Use Code 03 if father is married or living with someone;

Use Code 04 if mother is single;

Use Code 05 if father is single;

Use Code 06 if mother divorced/cohabitation ended;

Use Code 07 if father divorced/cohabitation ended;

Use Code 08 if both biological and stepchildren live in the household;

Use Code 10 if the child is in foster care;

Use Code 88 Not Applicable;

Use Code 99 Unknown.

Type of housing - where the child is living at the time of first incident.

Use Code 1 if owns apartment/house;

Use Code 2 if rents in the market;

Use Code 3 if rents from Social Service Agency;

Use Code 4 if stays in another's home (býr hjá öðrum);

Use Code 5 if rents from extended family;

Use Code 6 if stays at a halfway house (áfangaheimili);

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Number of times the family has moved (the family the child is living with) during the last year before first incident.

Use Code 00 Didn't move in or out if the assessor, parent/substitute, or other credible source said NOTHING about whether the parent/substitute moved in or out of the house;

Use Code 88 Not Applicable;

Use Code 99 Unknown.

ADULTS

A. Mother/substitute: The biological mother, step mother, or father's girlfriend/paramour when the maltreatment occurred. This person does not need to be living in the home at the time of the current incident BUT SHE DOES NEED TO BE B's CURRENT PARTNER at the time of the maltreatment.

NOTE, THAT THIS PERSON MAY NOT BE LISTED UNDER HOUSEHOLD COMPOSITION by the assessor. Scan the report to determine if the father had a partner at the time of the current incident.

B. Father/substitute: The biological father, step-father, or mother's boyfriend/paramour when the maltreatment occurred**.** This person does not need to living in the home at the time of the current incident BUT HE DOES NEED TO BE A's CURRENT PARTNER at the time of the current incident.

NOTE, THAT THIS PERSON MAY NOT BE LISTED UNDER HOUSEHOLD COMPOSITION by the assessor. Scan the report to determine if the father had a partner at the time of the current incident.

Enter the first, middle (if exists) and last name for A and B.

Use Code 8 Not Applicable if this person does not exists;

Use Code 9 Unknown if the assessor wrote unknown, don't know, or simply failed to include the person's name.

Note, that involvement in the maltreatment is not necessery for the mother/substitute or father/substitute to be include under Items 1A and 1B. **N**ote that it is NOT necessery for A and B to be involved in the maltreatment to be coded in this section. However, anyone who is not classified as A or B must be involved in the maltreatment to be coded in this section--they will be included here as an "Other Involved Person" in the spaces marked with a "C" and "D".

OCCASIONALLY, YOU WILL RUN ACROSS THE FOLLOWING SITUATIONS.

Biological Fathers and Mothers who are Ex-partners. If a natural father/mother is not living in the home, but you later find out that s/he occasionally visits, do not include him or her as a parent/substitute. If s/he was alleged to have maltreated the child, then s/he should be included under "Other Involved Person," then use Code 2 Not Living in Home. Under Item 2, indicate which child s/he is the natural parent of and under **Relation to A or B** choose 05 Mother's ex-partner or 06 Father's ex-partner.

Abandonment. Note that parents/substitutes who have left a child (presumably "temporarily") in the care of another or who are being accused of having abandoned the child are still considered the

legal custodians of this child and should still be coded as the child's parents/substitutes at the time of the maltreatment.

Unclear custody. Unclear custody situations should be decided on the basis of who the legal custodian of the child was at the time of the maltreatment or who had the primary responsibility for the child's care on a regular basis. Thus, for a child who was living with his/her, for example, grandparent at the time of the maltreatment you should code this person as the child's parent/substitute even if the child's mother happened to have contact with him/her but was not living in the same household.

C. Father figure 1 . In C you should include the mother's former partner, who can be the child's father, who the child is not living with, if applicable and any information are given about the parent.

D. Other person 2 In D you should include any other persons (adults or youth) and additional parents if applicable, who were alleged to have committed the MALTREATMENT and who do not fall into categories "A", "B" or "C". REMEMBER "Other Involved Persons" include only those persons believed to have perpetrated maltreatment FOR THE CURRENT INCIDENT. These persons can include baby sitters that lived in the home or an ex-partner (not parent though) who took the child elsewhere for visitation.

If a case includes two parents without custody of a child, then one can be listed as C and the other as D. The list below (p. 5) should clarify the type of people who are classified as Cs. and Ds.

OCCASIONALLY, YOU WILL RUN ACROSS THE FOLLOWING SITUATIONS.

Multiple Other Involved Persons. Note that only two other involved persons may be included for the current incident. If there are more than two other persons involved, code confirmed maltreaters over non-confirmed maltreaters, and those who have more caretaker responsibilities over those with less. Any circumstances that do not conform to these codes should be referred to your supervisor for resolution.

Child perpetrators. It is possible that a child living with his or her parents could be a perpetrator, for example, of a sibling or her own child (if she is a teen parent). Under this circumstance, the child would be included in BOTH Section 1. ADULT, Other involved person, and Section 2. CHILD.

Multi-generation perpetrators. It is possible that a child could be listed as a victim and a perpetrator in the same incident. Under this circumstance, the child would be included in BOTH Section 1. ADULT, Other involved person, and Section 2. CHILD.

Enter the first and last name for C and D.

Use Code 8 Not Applicable if this person does not exists;

Use Code 9 Unknown if the assessor wrote unknown, don't know, or simply failed to include the child's name.

Date of birth.

Use Code 88888888 Not Applicable;

Use Code 99999999 Unknown.

Sex. Indicate the gender of C. and D., if s/he exist.

Use Code 1 Male;

Use Code 2 Female;

Use Code 8 Not Applicable if the person does not exist;

Use Code 9 Unknown.

In-Home. Determine whether each person listed in Section 1 ("A" "B" "C" and "D") was living (although not necesserily present) in the home at the time of first incident.

OCCASIONALLY YOU WILL RUN ACROSS THE FOLLOWING SITUATIONS.

Sexual abuse and denial of critical care cases. THIS IS OFTEN DIFFICULT TO TELL because in cases of sexual abuse, the sexual abuse could have occurred 10 years ago, or in cases of denial of critical care, the denial of critical care could have been spread out over a year. If you cannot tell whether the person was in the home at the time of the alleged abuse, choose 9 Unknown.

Presence of illegal drug cases. For mothers alleged with "presence of illegal drugs," the time period would be the duration of her pregnancy or the time she was using. Consequently, a partner who was in the home during these times would be code 1 Yes "in home," IF she does not have a newer (more recent) partner that was also in the home. Consult with your supervisor, if this latter situation occurs.

Use Code 1 Yes if s/he was living in the home at the time of the current incident;

Use Code 2 No if s/he was NOT living in the home at the time of the current incident;

Use Code 8 Not applicable if this person does not exists;

Use Code 9 Unknown if after considering all the information provided on the data form it is not possible to determine whether or not the person was living in the home, or the assessor indicated that he or she did not know whether s/he was living in the home.

Relation of D. to A. and/or B. This item pertains only to "Other Involved Persons." Therefore, the columns for father and mother/substitute should be coded 88 Not Applicable for this item. Indicate C and D's relationship to "A" and/or "B".

REMEMBER "08" AND "88" AND "09" AND "99" ARE DIFFERENT VALUES. For example, if you mean Not Applicable, write "88" and NOT "8", since that value is assigned to the category Family's care provider. If you mean Family's care provider, write "08" and NOT "8".

If a family's care provider (e.g., baby sitter) falls into any other category, except Other, use that category. For example, if the baby sitter was the mother's mother, choose code 03 Mother's mother.

Use Code 01 Mother's ex-partner's partner if this person is the child's father's current partner;

Use Code 02 Father's ex-partner's partner if this person is the child's mother's current partner;

Use Code 03 Mother's mother;

Use Code 04 Father's mother;

Use Code 05 Mother's ex-partner if this person is the child's father;

Use Code 06 Father's ex-partner if this person is the child's mother;

Use Code 07 Mother or father's child if this person is an adult or minor child of either the mother or the father;

Use Code 08 Family's care provider if this person is the family's baby sitter, day care provider, or a care provider at an out-of-home placement;

Use Code 09 Mother or father's child's boy/girlfriend;

Use Code 10 Mother's brother;

Use Code 11 Father's brother;

Use Code 12 Mother's friend;

Use Code 13 Father's friend;

Use Code 14 Mother's father or Mother's stepfather;

Use Code 15 Father's father;

Use Code 16 Other: Specify;

Use Code 25 Mother's sister;

Use Code 26 Father's sister;

Use Code 30 No relation to parents;

Use Code 88 Not applicable;

Use Code 99 Unknown.

For each individual listed under Item 1, enter his/her date of birth, and gender in the appropriate columns.

Education status of parental figures.

Mother figure:

Use Code 1 if completed elementary school or less;

Use Code 2 if completed trade school degree;

Use Code 4 if completed studentsprof (similar to high school degree and two years of college);

Use Code 5 if completed a University degree;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Father figure (B and C):

Use Code 1 if completed elementary school or less;

Use Code 2 if completed trade school degree;

Use Code 4 if completed studentsprof (similar to high school degree and two years of college);;

Use Code 5 if completed a University degree;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Employment status of parental figures.

Mother figure:

Use Code 01 if employer;

Use Code 02 if self employed;

Use Code 03 if on maternity leave;

Use Code 04 in paid job;

Use Code 05 if unemployed;

Use Code 06 if a homemaker;

Use Code 07 if disabled/a patient;

Use Code 10 if in prison;

Use Code 11 if a student;

Use Code 88 Not Applicable;

Use Code 99 Unknown.

Father figure (B and C):

Use Code 01 if employer;

Use Code 02 if self employed;

Use Code 03 if on paternity leave;

Use Code 04 in paid job;

Use Code 05 if unemployed;

Use Code 06 if a homemaker;

Use Code 07 if disabled/a patient;

Use Code 10 if in prison;

Use Code 11 if a student;

Use Code 88 Non Applicable;

Use Code 99 Unknown.

Number of adults living in the household AT THE TIME OF THE maltreatment described in the CURRENT INCIDENT. Enter the exact number of persons over the age 18 living in the household, regardless of whether they were involved in the maltreatment. Include adult children who are listed under Item 1 and Item 2. Do not use 88 Not Applicable or 99 Unknown for this question.

CHECK AGAIN TO MAKE SURE THE NUMBER OF ADULTS LIVING IN THE HOME IS ACCURATE.

Is or has been on welfare at first incident.

Use Code 1 Yes, if the case record shows that the family is/has been on welfare;

Use Code 2 No, the the case record shows that the family is/has NOT been on welfare;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Financial problems, such as having problems paying bills, bills overdue, at first incident..

Use Code 1 Yes, if the assessor, parent/substitute, or other credible source said that s/he is experiencing financial problems;

Use Code 2 No, if the assessor, parent/substitute, or other credible source said that s/he is NOT experiencing financial problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

CHILDREN

Item 2 consists of a series of questions about A and B's (and C's) children. Begin with the youngest child first, followed by the next youngest child. DO NOT INCLUDE ADULT CHILDREN, BUT DO INCLUDE CHILDREN NOT LIVING IN THE HOME AT THE TIME OF THE MALTREATMENT described in the current incident. Scan the report to make sure all of A and B's children are included.

IF A. AND B. HAVE CUSTODY OF CHILDREN THAT ARE NOT THEIR NATURAL CHILDREN AND THESE CHILDREN'S PARENTS ARE NOT LIVING IN THE HOME, INCLUDE THEM.

IF OTHER ADULTS ARE LIVING IN THE HOUSEHOLD, DO NOT INCLUDE the names of THEIR CHILDREN unless they are victims.

Enter the first and last name for each. If a child is known by a nickname or a middle name, enter both the given name and the nickname or middle name and the last name (*Elizabeth (Betty)* or *Edward (Michael)*, for example.

VERIFY THE THAT THE CHILDREN ARE IN ORDER, YOUNGEST CHILD FIRST.

Large Families. The Confirmation Form provides space for information concerning up to six children per household. If there are more than six children in the household, use the back of the form to continue the listing of children. Be sure to LABEL EACH CONTINUATION FORM with the CPS Incident Number and securely staple it to the first data form.

Use Code 8 Not Applicable if this person does not exists;

Use Code 9 Unknown if the assessor wrote unknown, don't know, or simply failed to include the child's name.

After you have listed all of the children in the household, record the following information for each child.

Children's date of birth. Day-month-year.

Location. For each child, enter the code that best describes where s/he resided AT THE TIME OF maltreatment described in THE CURRENT INCIDENT.

Sometimes, THE INVESTIGATOR WILL SAY THAT A CHILD IS IN PLACEMENT. BUT THE PLACEMENT OCCURRED AFTER THE INCIDENT. YOU NEED TO FIGURE OUT WHERE THE CHILD WAS AT THE TIME OF THE ALLEGED MALTREATMENT.

Use Code 1 In-Home;

Use Code 2 In Placement;

Use Code 3 Other if the child is not living in the home and is not in a placement but their whereabouts are known;

Use Code 8 Not Applicable;

Use Code 9 Unknown if the child's whereabouts are unknown.

Natural child of. Enter the code that describes the child's biological relationship to the adults listed under Item 1.

Use Code 1 Yes;

Use Code 2 No;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Where child stays during the day.

Use Code 1 if child is in school;

Use Code 2 if child is in playschool full time;

Use Code 3 if child is at a day care provider full time;

Use Code 4 if child is in playschool part time;

Use Code 5 if child is at a day care provider part time;

Use Code 6 if child stays at home during the day;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Number of children under 18 living in household. Enter the total number of children under age 18 CURRENTLY living in the household at the time of the alleged maltreatment, regardless of their relationship to the parent/substitutes. INCLUDE, for example, COUSINS AND OTHER UNRELATED CHILDREN.

INCIDENT HISTORY

Incident number. Enter number of incident for this family/case.

BEGIN WITH THE FIRST INCIDENT, FOLLOWED BY NEXT INCIDENT. THE FINAL INCIDENT SHOULD BE THE MOST RECENT INCIDENT THAT HAS OCCURRED WITHIN 18 MONTHS FROM FIRST INCIDENT.

MAKE SURE INCIDENTS ARE IN CORRECT ORDER.

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Intake date. Enter the date (beginning with the day, then month, then year) for each incident.

Use Code 888888 Not Applicable;

Use Code 999999 Unknown.

Disposition. For each incident, enter the number from the code category that describes the finding for each type of maltreatment. Because of the idiosyncrasies in CPS's language over time, choose the category that is closes to the word that the assessor used in her report.

Use Code 1 Founded maltreatment refers to the maltreatment that, upon assessment, CPS determines to have occurred;

Use Code 2 Unfounded maltreatment refers to the maltreatment that, upon assessment, CPS determines to NOT have occurred;

Use Code 6 Undetermined maltreatment refers to the maltreatment that, upon assessment, CPS determines to NOT have sufficient evidence to conclude that the maltreat was either founded or unfounded;

Use Code 8 Not Applicable if there was no second or third allegation of child maltreatment;

Use Code 9 Unknown if you have no information about whether the child was or was not a victim of maltreatment.

Type of maltreatment. For each incident enter the type(s) of maltreatment in this family. Consult your supervisor if you are uncertain about the type of maltreatment. If more than three types of maltreatment occurred, select the type of maltreatment that was confirmed (cf., founded) over a type that was not and/or believed to have produced the most serious adverse effects on the child(ren).

REMEMBER "08" AND "88" AND "09" AND "99" ARE DIFFERENT VALUES. For example, if you mean Not Applicable, write "88" and NOT "8", since that value is assigned to the category Failure to provide adequate clothing. If you mean Failure to provide adequate clothing, write "08" and NOT "8".

REREAD THE NARRATIVE TO VERIFY THAT THE TYPE OF DENIAL OF CRITICAL CARE IS TRULY UNKNOWN.

Use Code 01 Denial of critical care if there is not other information that indicates what type of denial of critical care it was;

Use Code 02 Failure to provide adequate supervision;

Use Code 03 Failure to provide adequate shelter;

Use Code 04 Failure to provide adequate health care;

Use Code 05 Physical Abuse;

Use Code 06 Sexual Abuse;

Use Code 07 Presence of illegal drugs in child;

Use Code 08 Failure to provide adequate clothing;

Use Code 09 Failure to provide adequate food;

Use Code 10 Failure to meet emotional needs necessary for normal development;

Use Code 11 Mental injury;

Use Code 12 Child Prostitution;

Use Code 13 Failure to respond to an infant life-threatening condition;

Use Code 14 Failure to provide mental health care;

Use Code 15 Emotional Abuse;

Use Code 16 Domestic violence;

Use Code 17 Psychological abuse;

Use Code 18 Failure to support adequate school attendance/school homework (children under 13 of age);

Use Code 19 Failure to provide adequate cleanliness;

Use Code 20 Two or more types of maltreatment;

Use Code 88 Not Applicable;

Use Code 99 Unknown.

VERIFY THAT 8 AND 88, 9 AND 99 WERE NOT CONFUSED.

Alleged responsibility for maltreatment. For each incident, enter the code(s) that CPS determined the role each person IN SECTION 1 played in each type of maltreatment.

DO NOT ADD NEW PERPETRATORS TO SECTION 1 THAT YOU FIND OUT ABOUT FROM THE INVESTIGATOR'S RESEARCH ON PREVIOUS INCIDENTS. If there is an alleged perpetrator from a previous incident who is not involved in the current incident, they should be coded "8" Not Applicable.

Use Code 1 Yes if this person was found responsible for the current maltreatment;

Use Code 2 No if this person was NOT found responsible for the current maltreatment;

Use Code 8 Not Applicable if this person is not listed in Section 1;

Use Code 9 Unknown.

Before you complete the remainder of the form, check to be sure that at least one person (parent, substitute, or other adult) is confirmed in the most recent incident. If there is no known perpetrator, refer the case to your supervisor for resolution.

Involved child(ren). Indicate whether each child listed in Section 2 was alleged to have experienced each type of maltreatment. Up to 6 child victims may be coded. If there were more than 6 victims, put an asterisks (*) next to this item and make a notation, indicating the number of victims for each type of maltreatment.

Use Code 1 Yes;

Use Code 2 No;

Use Code 8 Not Applicable if this child does not exist;

Use Code 9 Unknown.

(Approximate) dates of maltreatment. Determine which day, month and year the child maltreatment began and ended. DO NOT evaluate events that the assessor later determined to be false, invalid, or unsupported by the evidence.

BEGIN BY READING THE SECTIONS "DETERMINATION OF WHETHER ABUSE DID OR DID NOT OCCUR" AND "ASSESSMENT OF CHILD'S SAFEY" TO DETERMINE WHICH EVENTS WERE ULTIMATELY CONSIDERED ABUSIVE. ALTHOUGH OTHER SECTIONS MAY INCLUDE INFORMATION ABOUT WHAT CPS'S CONSIDERED ABUSIVE, THESE SECTIONS REQUIRE THE WORKER TO CITE FACTORS FOR THEIR FINDING. DO NOT INCLUDE EVENTS THAT WERE NOT CONSIDERED ABUSIVE BY CPS.

Use numerical codes for month and year. For example, if there was a single maltreatment event in September of 1996, then:

15092000	to	15092000
Month/Year	to	Month/Year

In addition, use the following codes as appropriate for the month and year:

Examples:

If unclear what day the maltreatment started, put either 01 or 15 as the day, depending on which day it is closer to.

If started "sometime in the beginning of summer of 1998, " then,

0106*1998 to

Note the use of an asterisk (*) to denote that 06 is an estimate.

If a couple of month ago, then two months before the intake date. Use an asterisk (*) to indicate that this is an estimate.

If a few of month ago, then three months before the intake date. Use an asterisk (*) to indicate that this is an estimate.

If several of month ago, then four months before the intake date. Use an asterisk (*) to indicate that this is an estimate.

If you have no information related to the month, then write 99.

If the maltreatment is chronic with no known start and ending date, then code:

999999 to date of incident.

If started "years ago, in April," then,

15049999 to

If the maltreatment is continuous, ongoing, chronic, etc., and you can NOT determine what month and year the maltreatment began, then the start date would be 99/9999 and the end date would be the intake month and year:

99999999 to [intake month and year]

If there are two people found responsible for one incident that involved multiple child maltreatment events, you will identify the earliest and latest child maltreatment event. For example, the mother was using crack around Christmas of 1997. The child was born 15091998. The child was substance affected and the mother was founded on this allegation. She started using again on 15111998. She went into treatment on 15011999. The father was using crack during and after the mother's pregnancy. He gave the child to the grandmother on 15021999. Both are charged with inadequate supervision. Since the use of crack during the mother's pregnancy was already included in a prior incident, do NOT use this time period. The maltreatment occurred shortly after the time of the child's birth 15091998, because the father was using and a caretaker of the child at this time, and ended when the father gave the child to the grandmother, 15021999.

Use code 88888888 Not Applicable if there was NOT a second or third type of maltreatment;

Use code 99999999 Unknown if there is no information to estimate which month and year the maltreatment occurred.

NIS severity of rating (for current maltreatment). Enter the code that best describes the severity of each form of maltreatment experienced by each child. Base the severity evaluation on the totality of information in the narrative.

BEGIN BY READING THE SECTIONS "DETERMINATION OF WHETHER ABUSE DID OR DID NOT OCCUR" AND "ASSESSMENT OF CHILD'S SAFETY" TO DETERMINE WHICH

EVENTS WERE ULTIMATELY CONSIDERED ABUSIVE. ALTHOUGH OTHER SECTIONS MAY INCLUDE INFORMATION ABOUT WHAT CPS'S CONSIDERED ABUSIVE, THESE SECTIONS REQUIRE THE WORKER TO CITE FACTORS FOR THEIR FINDING. DO NOT INCLUDE EVENTS THAT ARE NOT CONSIDERED ABUSIVE BY CPS.

If there is more than one *child maltreatment event* associated with each type of child maltreatment, then rate each child maltreatment event, and then choose the highest (most severe) rating. **Do NOT** evaluate events that the assessor later determined to be false, invalid or unsupported by the evidence.

> ***Child Maltreatment Event.*** A child maltreatment event is a single, discrete episode of maltreatment involving a child or children. For example, the mother may leave the children home alone one day (first event) and provide inadequate supervision a week later (second event). Both events make up the current incident, if they are reported after both incidences have occurred. If an event occurred as part of a prior incident, then it is NOT considered an event for the current incident. However, if the first incident is reported, and than another incident is reported a week later, than they are coded as two incidences.

If you are NOT sure whether to code the maltreatment as a 2 or 3, code it as 2.

First Type of Maltreatment:

Use Code 1 Fatal if the child died or the maltreatment of the child is believed to be the cause of *death* (or a major contributing factor);

Use Code 2 Serious injury/Condition if the child's *condition or injury or impairment was life threatening or serious enough to cause significant long term impairment* of physical, mental or emotional capacities, or to require professional treatment aimed at preventing significant long term impairment.

Examples of serious injury/harm to a child:

a. loss of consciousness, including drowning; stopping breathing; seizures; broken bones;

b. disease, illness, injury, or other physical condition which is serious enough to require hospitalization, includes poisoning and frost bite if hospitalization is required;

c. child was/is prostituting; chronic and serious delinquency; chronic and disabling drug/alcohol abuse included but NOT necesserily limited to drug addiction or drug withdrawal symptoms; sexual acting out; or other maladaptive behavior patterns impairing the child's emotional development;

d. depression, anxiety, eating disorders or other emotional conditions serious enough to require professional psychiatric (or counseling) care;

e. learning disabilities or loss of schooling serious enough to require special education services;

f. professionally diagnosed cases of failure to thrive or malnutrition;

g. all third degree burns and second degree burns which are relatively extensive;

h. diagnosed symptoms of drug withdrawal or the need for treatment for this problem, including positive drug screens for infants when symptoms are noted.

Use Code 3 Moderate injury/Condition if the child has a behavior problem or physical, mental or emotional injury or condition *serious enough to persist in observable form* (including either pain or impairment) *for at least 48 hours.* Includes chronic truancy (at least 5 days on average per month); physical symptoms (e.g., STDs) or injury (e.g., tears) related to sexual acts NOT requiring hospitalization; positive drug screens for infants when no symptoms are noted, poisoning, frost bite, and other observed problems that do NOT meet the criteria for Code 2;

Use Code 4 Probable impairment if codes 1 to 3 do NOT apply, and there are *no obvious injuries or problems*, but in view of the extreme or traumatic nature of the maltreatment and the surrounding circumstances, *it is probable* (more likely than NOT) *that the child's* physical, mental, or emotional *health or development has actually been injured or impaired* (for example, perpetrator punched or kicked young child; child said to suffer from chronic hunger; child was sexually abused more than once or by more than one perpetrator). This is considered "circumstantial evidence" of harm;

Use Code 5 Endangered if none of the above codes can be applied. The child's health or safety was seriously *endangered, but the child appears NOT to have been harmed;*

Use Code 8 Not Applicable if there was NOT a second or third incident OR the child was NOT maltreated;

Use Code 9 Unknown if the assessor has alleged harm but none of the above codes is justified by the evidence in the narrative (that is, the evidence is NOT sufficient either in detail or in apparent reliability). Under very unusual circumstances you will choose this category.

Most serious injury. For each child in the family that was injured, determine the most serious type of injury. If there was more than one injury to a child, use the order and values (in parentheses below) as a guide for choosing the most severe injury. If an injury with a lower value seems to be more severe than another injury with a higher value, then choose the type of injury with the lower value. For example, if a child had two injuries and one injury was life threatening (e.g., nearly froze to death) and

the another injury with a higher value was not life threatening, then choose, for example, 09 Freezing/Exposure over 11 Permanent eye injury, even though 09 is a lower value than 11.

Do NOT confuse the location of the injury with the injury. For example, "a head injury" is NOT "Brain damage." A head injury could be a cut or abrasion on the forehead.

Use Code 01 Hyperemia if the surface tissue is red (an excessive flow of blood in any part of the body) and last 24 hours or more (e.g., welts, marks, hand prints, abrasions, scratches, redness due to hair pulling; or if the assessor said the only injury was "pain or tenderness");

Use Code 02 Bruises (cf. petechia) if the surface tissue is flat and discolored;

Use Code 03 Contusions if the skin remains unbroken but the injury is greater than hyperemia or a bruise. For example, a lump or bump;

Use Code 04 Black eye, bloody lip, bloody nose;

Use Code 05 Sprains/Dislocations;

Use Code 06 Wounds/Cuts/Lacerations/Punctures if the skin is cut or torn, or pierced with a sharp point (include bite marks and hair pulling, **if** there was a puncture or wound that bled);

Use Code 07 Broken or chipped teeth;

Use Code 08 Ruptured eardrum;

Use Code 09 Freezing/Exposure ;

Use Code 10 Bone fractures (excluding skull);

Use Code 11 Permanent eye injury, including retinal damage;

Use Code 12 Burns/Scalding, including blisters and ulcers;

Use Code 13 Internal Injuries: Abdominal (e.g., spleen, liver, intestines) or chest injuries or other central nervous system damage;

Use Code 14 Malnutrition/Dehydration;

Use Code 15 Poisoning;

Use Code 16 Subdural Hemorrhage or Hematoma, if a copious discharge of blood from a ruptured blood vessel below the skin, OR a tumor or swelling formed by the effusion of blood;

Use Code 17 Skull fracture;

Use Code 18 Smothering/**Drowning**;

Use Code 19 Shaken or slammed baby syndrome;

Use Code 20 Brain damage;

Use Code 21 Death

Use Code 88 Not Applicable if this child does NOT exists OR this child was NOT PHYSICALLY injured;

Use Code 99 Unknown if there is no credible evidence to draw a conclusion about the type of injury that a child sustained. Since all injuries must be documented, do NOT use this category to indicate that there were no apparent injuries.

Assessment of safety. The assessor is asked to determine if all children are safe in the home.

Determine which response best describes the assessor's assessment of safety:

Use 1 No concern if the assessor said there are no concerns or there are low concerns about ALL the children's future safety, OR there is no concern because the perpetrator does not or will have contact with the child (e.g., There is a concern when he is around the father; his father, however, does not currently have access to him).

Examples:

He is *safe* in his mother's home.

He is considered *safe*.

She appears to be *safe* at this time.

He is believed to be *safe* in the mother's home.

The child is no longer in the home and therefore is *safe*.

The children *do not appear to be in any imminent or immediate danger*.

The child does *not* appear to be in *danger*.

Use Code 2 Concern if the assessor has some concerns about any of the children's safety.

Sometimes the assessor's concern is expressed in terms of the likelihood of reoccurrence. If the assessor says that the risk of reoccurrence is *moderate* or *high*, and does NOT qualify his/her statement, then Use Code 2 Concern.

If the perpetrator and child currently DO NOT have contact and future contact is contingent on beginning or completing services, then Use Code 2 Concern.

If the assessor says that a child was removed from the home by CPS during the assessment, then Use Code 2 Concern.

Examples:

I have *some concerns* about the child's safety.

I do have *some concerns* in regards to this child's safety.

I have *continuing concerns*.

There are *continuing concerns*.

The *risk of reoccurrence is moderate/high*.

Use Code 3 No Concern with Qualification if the perpetrator and child have contact, and the assessors says that as long as the perpetrator begins or completes service requirements or follow through with other CPS recommendation (e.g., not allow partner in home), then s/he has no concerns;

Use 9 Unknown if there is no credible evidence to draw a conclusion.

A child left/was removed by adult other than CPS shortly before or during the assessment period. The assessment period is the time between the allegation and the final determination of whether an abusive incident or condition did or did NOT occur.

USE CODE 1 YES if a child left (e.g., ran away, went to stay with grandma or a friend) or the child was removed by an adult other than CPS (e.g., grandma, own mother) at the time of the incident;

USE CODE 2 NO if no child left/was removed by an adult other than CPS at the time of the incident;

USE CODE 9 UNKNOWN if there is no credible evidence to draw a conclusion about whether a child left/was removed by an adult other than CPS;

A child left/was removed by CPS shortly before or during the assessment period. The assessment period is the time between the allegation and the final determination of whether an abusive incident or condition did or did NOT occur.

USE CODE 1 YES if a child was removed by CPS at the time of the incident;

USE CODE 2 NO if no child was removed by CPS at the time of the incident;

USE CODE 9 UNKNOWN if there is no credible evidence to draw a conclusion about whether a child left/was removed by an adult other than CPS.

REPORTER

In this section, refer to the the “report sheet” and the year report "Barnaverndarstofa".

The child itself.

Use Code 1 Yes if the child itself reported the incident;

Use Code 2 No if the incident was NOT reported by the child itself;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Parental figures.

Use Code 1 Yes if the incident was reported by parental figures;

Use Code 2 No if the incident was NOT reported by the parental figures;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Member of extended family.

Use Code 1 Yes if the incident was reported by member(s) of extended family (including a child 18 years of age or older);

Use Code 2 No if the incident was NOT reported by member(s) of extended family;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Neighbors.

Use Code 1 Yes if the incident was reported by neighbors;

Use Code 2 No if the incident was NOT reported by neighbors;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Another social service agency/child protective services (only applicable if the incident occurred in different area from where the family lived).

Use Code 1 Yes if the incident was reported by another CPS;

Use Code 2 No if the incident was NOT reported by another CPS;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Police.

Use Code 1 Yes if the incident was reported by the police;

Use Code 2 No if the incident was NOT reported by the police;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Doctor, nurse, hospital or health care agency.

Use Code 1 Yes if the incident was reported by a doctor, nurse, hospital or health care agency;

Use Code 2 No if the incident was NOT reported by a doctor, nurse, hospital or health care agency;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

School/playschool/day care provider.

Use Code 1 Yes if the incident was reported by school/playschool/day care provider;

Use Code 2 No if the incident was NOT reported by school/playschool/day care provider;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Other than specified above.

Use Code 1 Yes if the incident was reported by other;

Use Code 2 No if the incident was NOT reported by other;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

SOURCE OF INFORMATION

In this section, refer to case files and the year report "Barnaverndarstofa".

The child itself.

Use Code 1 Yes if information was sought from the child itself;

Use Code 2 No if information was NOT sought from the child itself;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From parental figures.

Use Code 1 Yes if information was sought from parental figures;

Use Code 2 No if information was NOT sought from the parental figures;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From member of extended family.

Use Code 1 Yes if information was sought from member(s) of extended family;

Use Code 2 No if information was NOT sought from member(s) of extended family;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From neighbors.

Use Code 1 Yes if information was sought from neighbors;

Use Code 2 No if information was NOT sought from the neighbors;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From another social service agency/child protective services.

Use Code 1 Yes if information was sought from another CPS;

Use Code 2 No if information was NOT sought from another CPS;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From police.

Use Code 1 Yes if information was sought from the police;

Use Code 2 No if information was NOT sought from the police;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From a doctor, nurse, hospital or a health care agency.

Use Code 1 Yes if information was sought from the area of health care;

Use Code 2 No if information was NOT sought from the area of health care;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From school/playschool/day care provider.

Use Code 1 Yes if information was sought from school/playschool/day care provider;

Use Code 2 No if information was NOT sought from school/playschool/day care provider;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

From other than specified above.

Use Code 1 Yes if information was sought from other;

Use Code 2 No if information was NOT sought from other;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child problems

Some of the following items on child problems can be found on the year report "Barnaverndarstofa". Other items should be based on the assessor's narratives and other case files, such as police reports and reports from schools.

Child put him/herself in physical danger, such as by cutting him/herself or making a suicide attempt.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has put him/herself in physical danger;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child has NOT put him/herself in physical danger;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child misuses alcohol/substances (use same criteria as with adult misuse of alcohol/substances).

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child misuses alcohol/substances;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child does NOT misuse alcohol/substances;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child harms other children physically, such as hitting, kicking or biting.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has physically harmed other children;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child has NOT physically harmed other children;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child harms other children sexually, such as by touching genitals.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has harmed other children sexually;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child has NOT harmed other children sexually;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child diagnosed with internal problems, such as depression or anxiety, or it seems the child suffers from internal problems.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has internal problems;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child does NOT have internal problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child has difficulties in school, for example has low grades, or is frequently absent from school (13 years old or older).

Use Code 1Yes if the assessor, parent/substitute, or other credible source said that the child has school problems;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child does NOT have school problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child has broken the laws, for example by stealing or damaging property.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has broken laws;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child has NOT broken laws;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

COOPERATION OF PARENTAL FIGURES

Was available for all interviews at the agreed upon times.

Use Code 1 Yes if the parent/substitute was available for all interviews at the agreed upon times called prior to or during the scheduled time to say s/he had to cancel, and was available for subsequent interviews at the agreed upon times OR if the assessor said NOTHING about whether the parent/substitute was available for all interviews at the agreed upon times;

Use Code 2 No if the parent/substitute was NOT available for all scheduled interviews at the agreed upon times, and the parent/substitute made no effort to contact the assessor to prior to or during the scheduled interviews (i.e., assessor got stood up);

Use Code 8 Not Applicable if this parent/substitute does NOT exist OR the parent/substitute was NOT interviewed;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Minimized other's abusive or threatening behavior to his/her child. Evaluate all maltreatment events associated with the current maltreatment. **DO NOT** evaluate events that the assessor later determined to be false, invalid, or unsupported by the evidence.

For parents founded for **failure to protect**, you will be rating that parent. For example, if the mother is founded for failure to protect from sexual abuse, we want to know if she minimized B's sexually abusive behavior toward her children and not whether B minimized the mother's failure to protect.

If the other person *denied* (cf. did not believe) that the perpetrator abused or was a threat to his/her child, then Use Code 1 Yes.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute did NOT think that the other's behavior was abusive or a threat to the child (cf. was nothing wrong with his/her behavior), OR if the assessor said that s/he minimized the other's abusive behavior or threat to child;

Examples:

When confronted with evidence that her partner sexually abused her child, she said "it's nothing - just a pat on the butt to wake her up and that's it."

Both parents failed to perceive that there would be a potential danger to their son, if they were using crack at the same time they were watching him.

She said that things were blown out or proportion.

He said what she did was NOT abuse.

She said she really didn't see why CPS was involved.

The assessor said that they do not understand the severity of their actions.

The assessor said I am concerned as to whether they understand the seriousness and the extent to which this can lead them to Juvenile Court and the ultimate safety of their children.

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the parent/substitute thought that the other person's behavior was abusive or a threat, or was wrong, to his/her child;

Use Code 8 Not Applicable if this parent/substitute does NOT exist, was the only person who maltreated the child, OR was NOT interviewed;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

SAID victim's behavior led to THE ABUSIVE OR NEGLECTFUL BEHAVIOR. A lot of times the parent talks about problems or behaviors that the child has that s/he finds irritating or difficult. We are not trying to measure this. What we are trying to get at with this question is: Is the parent saying that the child's behavior contributed to him or her, for example, hitting the child, locking them out of the house, not being able to protect them from a sex offender, etc.

Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute said OR SUGGESTED THAT the child's behavior or action led to/CAUSED THE PARENT/SUBSTITUTE TO ABUSE OR NEGLECT him/her;

Examples:

S/he was disrespectful, throwing a tantrum, had stayed out all night, tried to hit me, out of control, mouthy, whiny, wasn't doing what s/he was suppose to do; tried to call the police, hit someone else.

Use Code 2 No if the parent/substitute said the child's behavior or action DID NOT lead to him/her being abused OR SAID NOTHING ABOUT WHETHER THE CHILD'S BEHAVIOR LED TO ABUSE;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

SAID s/he was responsible for the abusive or neglectful behavior. Evaluate all of the statements made by the parent/substitutes who were found responsible for child maltreatment. Do NOT evaluate statements made by others. For example, his wife said he was sorry.

When the parent is founded for **failure to protect**, you are trying to determine if s/he thinks s/he is responsible for failing to protect his/her child from sexual abuse. Remember that we are not saying that she should be taking responsibility for someone else's abuse or that it is fair that s/he is being held accountable for it. The fact is, in a **failure to protect case**, the worker is saying s/he is responsible and is interested in whether the parent is taking responsibility for that behavior.

DO NOT evaluate events that the assessor later determined to be false, invalid, or unsupported by the evidence.

Use Code 1 Yes if the parent/substitute's responses during the assessment amounted to an acknowledgment that s/he contributed to or caused ALL of the child maltreatment events that the assessor said contributed to the finding;

Use Code 2 No if the parent/substitute's responses during the assessment amounted to a denial of ONE OR MORE of the child maltreatment events that the assessor said contributed to finding;

Use Code 8 Not Applicable if this parent/substitute does NOT exist, the parent/substitute was NOT interviewed, OR the assessor s/he was NOT responsible for the maltreatment;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Was willing to do something so that maltreatment would not recur. If the parent/substitute either made efforts to change his/her attitudes, skills, or behaviors so that maltreatment would NOT recur. Here we are trying to determine if the parent/substitute is willing or motivated to do anything so that maltreatment will NOT recur, however minimal, NOT whether you believe s/he will be successful or that the action s/he takes is sufficient to reduce the problem.

You should not automatically code this item Yes just because the parent accepts services. If, for example, s/he reluctantly signed a service application, the assessor has doubts about whether s/he will follow through because of his/her overall low level of cooperation, etc., then consider using Code 2 No or 9 Unknown.

Evaluate all parent/substitutes regardless of whether s/he was found responsible for maltreatment.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute was willing to do something so that maltreatment would NOT recur;

Examples:

S/he cleaned up the house,

S/he said that the situation would NOT occur in the future,

S/he made inquiries about or agreed to or began services.

Use Code 2 No assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT willing to do anything so that maltreatment would NOT recur;

Use Code 8 Not Applicable if this parent/substitute does NOT exist OR the parent/substitute was NOT interviewed;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Was offered/referred to ANY service.

Use Code 1 Yes if the assessor or another service provider offered or referred the parent/substitute or his/her child to a service. If the parent/substitute denies the need for services or accepts service, then you can assume s/he was offered services;

Use Code 2 No if s/he was NOT offered services OR the assessor said NOTHING about whether s/he was offered or referred to a service;

Use Code 8 Not Applicable if this parent/substitute does NOT exist or was not interviewed;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Accepted/agreed to ANY service.

Use Code 1 Yes if assessor said the parent/substitute accepted any CPS or other community service for him/herself or his/her children or signed a CPS application form for services;

Use Code 2 No if assessor explicitly stated s/he refused or declined to participate in any services;

Use Code 8 Not Applicable if this parent/substitute was NOT offered a service,does NOT exist or was not interviewed;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Explanation for NOT accepting a service.

Use Code 1 Gives a credible reason according to the assor's narratives for not accepting services;

Use Code 2 Does NOT give a credible reason for not accepting services;

Use Code 8 Not Applicable if this parent/substitute

Was NOT interviewed,

Was NOT offered a service,

Does NOT exist, OR

Accepted services;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion or no explanation was provided.

The case was submitted to the Child Protection Committee.

Use Code 1 Yes if the case was submitted to the Child Protection Committee;

Use Code 2 No the case was NOT submitted to the Child Protection Committee;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

TYPES OF SERVICES OFFERED/MANDATED TO THE FAMILY

Counseling on upbringing and child's care by a child protection worker. When parents are interviewed by a child protection worker, it is assumed that the child protection worker gives the parents directions and counceling on upbringing and child's care in relation to the particular incident.

Use Code 1 Yes if parents received counceling on upbringin and child's care by a child protection worker;

Use Code 2 No if parents/substitute did NOT receive counceling on upbringing and child's care by a child protection worker;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Family provided a family adviser working 20 to 30 hours per month with the family.

Use Code 1 Yes if the family received a family adviser;

Use Code 2 No if the family did NOT receive a family adviser;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Family provided a youth adviser working 20 to 30 hours per month with the youngster.

Use Code 1 Yes if a youngster in the family received a youth adviser;

Use Code 2 No if a youngster in the family did NOT receive a youth adviser;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Family provided a supportive family who takes care of the child/children one or two weekends per month.

Use Code 1 Yes if the family received a supportive family;

Use Code 2 No if the family did NOT receive a supportive family;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child received counseling or therapy following the incident.

Use Code 1 Yes if child received counseling or therapy;

Use Code 2 No if child did NOT receive counseling or therapy;

Use Code 8 Not Applicable;

Use Code 9Unknown.

Child/children in the family provided child care in playschool or at a day care provider.

Use Code 1 Yes if a child/children in the family was/were provided a space in playschool or child care at a day care provider;

Use Code 2 No if child/children was/were NOT provided a space in playschool or child care at a day care provider;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

The family provided housing.

Use Code 1 Yes if housing was delivered to the family or the family was put on a waiting list for housing;

Use Code 2 No if housing was NOT delivered to the family or the family was not put on a waiting list for housing;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child provided a placement in a farm during part of the summer.

Use Code 1 Yes if child receives placement at a farm;

Use Code 2 No if child did NOT receive placement at a farm;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Parents assisted in receiving appropriate treatment for illness, alcohol or drug problems or other personal problems.

Use Code 1 Yes if parents received support in receiving appropriate treatment;

Use Code 2 No if parents did NOT receive support in receiving appropriate treatment;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child received short term treatment (intake) at Stuðlar, Árvellir, Deild 33 A, BUGL, vistheimili.

Use Code 1 Yes if child received short term treatment;

Use Code 2 No if child did NOT receive short term treatment;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child received long term treatment (á vegum Barnaverndarstofu).

Use Code 1 Yes if child received long term treatment;

Use Code 2 No if child did NOT receive long term treatment;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Parents provided a temporary foster care placement for their child/children or group home, while they are for example resting or in treatment.

Use Code 1 Yes if children placed in temporary foster care with parental agreement;

Use Code 2 No if child/children was/were NOT placed in foster care with parental agreement;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child provided a permanent foster care home (until the child is 18 years old), with parents agreement.

Use Code 1 Yes if child placed in a permanent foster care with parental agreement;

Use Code 2 No if child is NOT placed in a permanent foster care with parental agreement;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

MANDATED SERVICES

If the parent(s) have not agreed to use any services, following a founded child maltreatment report, they might be required to accept other types of services, depending on the level of seriousness of the maltreatment.

Supervision of the home.

Use Code 1 Yes if supervision of home was mandated;

Use Code 2 No if supervision of home was NOT mandated;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Directions given concerning the child's care and conditions, such as day care, school attendance, health care, treatment or training.

Use Code 1 Yes if directions given concerning the child's care;

Use Code 2 No if directions were NOT given concerning the child's care;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Required that child/ren are removed from home to insure the child's safety, or to require doctor's examination, place the child/ren in hospital or other institutions, in order to examine the child/ren carefully.

Use Code 1Yes if child/children was/were removed from home;

Use Code 2 No if child/children was/were NOT removed from home;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Child's custody removed from parents and child placed in permanent foster care.

Use Code 1 Yes if child/children's custody was/were removed from parents;

Use Code 2 No if child/children's custody was/were NOT removed from parents;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Decided that it is not allowed to remove the child from the country.

Use Code 1 Yes if child/children is not allowed to be removed from the country;

Use Code 2 if NO such decision is made;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Perpetrator was asked to leave the home by CPS.

Use Code 1 Yes if perpetrator was asked to leave the home;

Use Code 2 No if perpetrator was NOT asked to leave the home;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

FORM B. ECOLOGICAL FACTORS

Adult problems

Was Using Alcohol or Drugs at the Time of the Current Maltreatment

Evaluate all parent/substitute's use of alcohol or drugs at the time of the maltreatment. All mothers who were coded 07 Presence of an illegal drug, drug affected infant, under the item "type of maltreatment" must have been using a substance during the time of the maltreatment. The meconium drug screen or test will determine the type of substance.

Alcohol.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that s/he was using alcohol at the time of the current maltreatment;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

(Meth)Amphetamines.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute was using amphetamines (e.g., pep pills, speed, bennies, whites, ecstasy) or methamphetamines (e.g., ice, crystal, crank) at the time of the current maltreatment;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Cocaine.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was using cocaine, crack, or some derivative of (e.g., snow, flake, crack) at the time of the current maltreatment;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Marijuana/Hashish (THC).

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was using marijuana or hashish (include "Meconium drug screen was positive for THC, pot, weed) at the time of the current maltreatment;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Narcotic analgesics.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was using heroin (cf. horse, smack), morphine, methadone, or opium at the time of the current maltreatment;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Anti-depressant, anti-anxiety, anti-psychotic agent.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was *abusing* tranquilizers (including sleeping pills), or *using* anti-psychotics (neuroleptics), anti-depressants (analeptics), and anti-anxiety agents (anxiolytics) at the time of the current maltreatment;

Examples:

Lithium, Prozac

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Other drug.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was using another drug not included in the forementioned categories or it is unknown which drug s/he was using at the time of the current maltreatment (e.g., LSD, PCP, other hallucinogen. acid, angel dust, hog, buttons, cactus);

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he was NOT using;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he was using.

Has a history of alcohol/drug related problems. Determine whether the parent/substitute had a history of alcohol/drug related problems. Do NOT include dealing or selling drugs as a problem, unless the seller is using them and the drug interferes with his/her ability to parent, work, etc.

Do not automatically code drug use as a problem. Refer to coding rules for clarification. Do code drug or alcohol use that contributed to the current child maltreatment event as a problem.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute's use of alcohol or drug use has interfered with or had a negative affect on his or her ability to:

Parent,

Work,

Operate a motor vehicle (e.g., had an accident),

Sustain relationships (e.g., broke up over; stopping was a condition of staying in home; hit her when he was using), or

Be a law abiding citizen (e.g., was put in jail because of drinking and disorderly conduct; got in a fist fight at the bar), or

b. The assessor, interviewee, or other credible source said s/he has a problem or issue with drugs or alcohol or needs/got treatment for;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that the parent/substitute's use of alcohol or drug use has NOT interfered with or had a negative affect on his or her ability to parent, work, operate a motor vehicle, or relationships or (b) the assessor said s/he does NOT have a problem with drugs or alcohol;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Was ever treated for drug or alcohol abuse. Do NOT include non-abusing partners who are in a co-dependency group, since they are NOT the one who are being treated for drug or alcohol abuse.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute is currently or has received treatment for his/her drug or alcohol abuse;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that the parent/substitute has NOT received treatment for drug or alcohol abuse;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Mental Health Problems.

Do NOT infer that participation in a group (e.g., BEP, AA, parenting class, self-esteem workshop) amounts to a mental health problem. Do NOT include a drug/alcohol problem, use of the drug Antabuse, or other treatment for drug or alcohol abuse for this item. Do NOT rely on an estranged partner's, (or partner who there is a history of conflict or domestic abuse), evaluation of the other partner's mental health.

Depression.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was depressed or if the parent/substitute has been diagnosed as depressed, at the time when the maltreatment occurred;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that the parent/substitute is NOT depressed,and no recent diagnosis indicated a depression;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he is depressed.

Anxiety.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was suffering from anxiety or if the parent/substitute has been diagnosed with anxiety, at the time when the maltreatment occurred;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that the parent/substitute does NOT suffer from anxiety, and no recent diagnosis indicated an anxiety;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he suffers from anxiety.

Borderline Personality Disorder.

Use Code 1 Yes if the parent/substitute has been diagnosed with borderline personality disorder or if the assessor suspects the parent/substitute has that diagnosis;

Use Code 2 No if the parent/substitute has NOT been diagnosed with borderline personality disorder or if the assessor does NOT suspect the parent/substitute has such diagnosis;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has borderline personality disorder.

Antisocial Personality Disorder.

Use Code 1 Yes if the parent/substitute has been diagnosed with antisocial personality disorder or if the assessor suspects the parent/substitute has that diagnosis;

Use Code 2 No if the parent/substitute has NOT been diagnosed with antisocial personality disorder or if the assessor does NOT suspect the parent/substitute has such diagnosis;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has antisocial personality disorder.

Other mental illnesses - not specified.

Use Code 1 Yes if the parent/substitute has been diagnosed with other types of mental illnesses or if the assessor suspects the parent/substitute has other mental illnesses;

Use Code 2 No if the parent/substitute has NOT been diagnosed with other mental illnesses or if the assessor does NOT suspect the parent/substitute has such diagnosis;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has other mental illnesses.

Mental deficiency.

Use Code 1 Yes if the parent/substitute has been tested, and has an IQ below 85 or if the assessor suspects the parent/substitute has a mental deficiency;

Use Code 2 No if the parent/substitute has NOT been tested and the assessor does NOT suspect the parent/substitute has a mental deficiency;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has a mental deficiency.

A lack of impulse control (hvatvísi). Examples of lack of impulse control include, the parent screams/yells in the interview or evidence that a parent has hit his/her spouse or a child when angry.

Use Code 1 Yes if the parent/substitute seems to have a lack of impulse control from the assessor's narratives;

Use Code 2 No if the parent/substitute does NOT seem to have a lack of impulse control from the assessor's narratives;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has a lack of impulse control.

Chronic physical illness, such as cancer and heart disease.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute suffers from chronic physical illness, based on the assessor's narratives;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that parent/substitute does NOT suffers from chronic physical illness;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he suffers from chronic physical illness.

Gambling problems.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute has gambling problems;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that parent/substitute does NOT have gambling problems;

Use Code 8 Not Applicable if s/he does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion about whether s/he has gambling problems.

A lack of empathy for the target child.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent lacks empathy for the target child;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the parent does NOT lack empathy for the target child;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Has been physically abused as a child.

Use Code 1 Yes if it seems that parent has been physically abused, based on the assessor's narratives;

Use Code 2 No if the parent does NOT seem to have been physically abused based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Has been sexually abused as a child.

Use Code 1 Yes if it seems that parent has been sexually abused, based on the assessor's narratives;

Use Code 2 No if the parent does NOT seem to have been sexually abused based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Has been neglected as a child.

Use Code 1 Yes if it seems that parent has been neglected, based on the assessor's narratives;

Use Code 2 No if the parent does NOT seem to have been negelcted based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Has been subjected to more than one type of maltreatment in childhood.

Use Code 1 Yes if it seems that parent has been subjected to more than one type of maltreatment, based on the assessor's narratives;

Use Code 2 No if the parent does NOT seem to have been subjected to more than one type of maltreatment based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Is receiving governmental assistance, such as health benefits, unemployment benefits or welfare.

Use Code 1 Yes if the adult is currently receiving governmental assistance;

Use Code 2 No if the adult is currently NOT receiving governmental assistance;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Moves in and out of A house during the last year.

Use Code 01 Yes, did move in or out if the assessor, parent/substitute, or other credible source said that the parent/substitute moved in or out of the house;

Use Code 02 No, Didn't move in or out if the assessor, parent/substitude, or other credible sourse said the the parent/substitute did NOT move in or out of the house;

Use Code 8 Not Applicable.

Use Code 9 If Unknown.

Ever arrested, convicted, and/or incarcerated for a non-domestic abuse charge. If you are unable to determine the nature of the charges or reason for conviction or incarceration, then code 1 Yes. If the person is on probation, then Code 1 Yes, since the person would have been convicted if s/he was on probation.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute was arrested, convicted, and/or incarcerated for any non-domestic abuse charge either in the past or present;

Use Code 2 No if the assessor, parent/substitute, or other credible source said NOTHING about any arrests, convictions and/or incarcerations for non-domestic abuse charge;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown.

CHILD ASSAULT

For the next two items you will determine the severity of the assault(s) used by each parent/substitute against any child at any time.

Include all assaults-those that used to find a prior incident or the current one AND include all assaults that were NOT used to find maltreatment. Also include child assault that may have happened before current assessmen, if the assessor, parent/substitute, or other credible source said that the parent/substitute has assaulted a child. Here we are trying to get a sense of the magnitude or seriousness of the parent/substitute's use of force independent of whether it is classified by CPS as abusive.

There are several potential problems in determining whether his or her actions constituted a "minor assault" and/or a "serious assault". Read all of the problematic circumstances (below) before making your determination.

Problematic circumstance. Occasionally, different witnesses will disagree on the severity of the assault. Under these circumstances, use the following coding rules.

Under these circumstances, use the following coding rules:

a. If the perpetrator denies an assault or injury or reports a minor assault, and the victim or other witness confirms an assault or injury or severe assault, then disregard the perpetrator's account.

b. If the perpetrator and victim deny an assault or injury ,or report a minor assault, and another credible witness confirms an assault or injury, or severe assault, then disregard the perpetrator and victim's account. A credible witness is someone who has nothing or little to gain or lose from the outcome of the assessment compared to the perpetrator or victim.

c. If the perpetrator and victim deny an assault or injury or report a minor assault, and the assessor concludes that neither perpetrator nor victim is being truthful, then disregard the perpetrator and victim's account in favor of the assessor's conclusions.

Problematic circumstance. Sometimes it will be difficult to determine whether a child was hit with an open or closed hand. Consider other evidence to determine whether the hit was minor or severe. <u>Only</u> use these coding rules, if it is <u>unclear</u> whether the parent/substitute used an open hand (a slap) or closed hand (a punch):

a. If the hit resulted in an injury, classify it as severe.

b. If the child was hit multiple times during a single event, and it was more likely than not that s/he could have been injured, then classify it as severe.

c. If the child was hit with such force that they were knocked to the ground, went flying, etc., then classify it as severe.

Problematic circumstances. Under rare circumstances, you can overrule the witnesses account of the assault if there is other contextual information that suggests the assault was severe.

For example,

She said she *touched* his neck and that accounts for the red marks. This behavioral description suggests that the child was choked-a severe assault.

He said he *tapped* her on the back of the head, and s/he lost her balance and fell backward hitting her head on something.

She *smacked* him in the mouth, and his tooth was loose.

Ever physically assaulted a child: *Minor* assault. Include ANY minor assaults against ANY child at ANY time. Minor assaults include:

Threw something at him/her

Pushed, grabbed, or shoved him/her (cf. slammed, pinched, pulled, poked, dragged, nudged, touched, wrestled, got in a scuffle)

Slapped (with an open hand) or spanked him/her (cf. back-handed, cracked, tapped, smacked)

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute ever used a minor assult on a child;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he NEVER used a minor assult;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Ever physically assulted a child: *Severe* assult. Include ANY severe assults against ANY child at ANY time. Severe assults include:

Kicked, bit, or hit with a fist (closed hand) (cf. slugged him/her)

Hit or tried to hit with something (e.g., stick, paddle, shoe, cord, belt)

Beat him/her up (hit them a lot at one time)

Burned or scalded him/her

Threatened him/her with or used a knife or gun

Kidnapped, confined, bound, or had food, shelter, clothing, shower, or toilet by a partner

Choked him/her

Held him/her under or over some noxious element (hung him/her over a balcony; held under water)

Forced him/her to stand, sit, or kneel in a position that caused great discomfort or pain

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the parent/substitute ever used a severe assault on a child;

Use Code 2 No if the assessor, parent/substitute, or other credible source explicitly stated that s/he NEVER used a severe assault;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Ever sexually assaulted a child. Include ANY sexual act against ANY child at ANY time. If the parent was founded for sexual abuse in the current incident, then code him/her 1 Yes. Sexual acts include:

Exhibitionism

Fondling

Digital penetration

Oral sex

Genital contact

Vaginal or anal intercourse

Use Code 1 Yes if assessor, parent/substitute, or other credible source said that the parent/substitute ever sexually assaulted the child;

Use Code 2 No if the parent/substitute, assessor, or other credible source explicitly stated that s/he NEVER sexually assaulted a child;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Ever violated a No-Contact Order with child. A No-Contact order was filed to restrict or regulate contact between a child and a parent/substitute, and that parent/substitute violated it.

Problematic circumstance. Sometimes it is difficult to determine if the parent/substitute violated the specific conditions of the Order. Under this circumstance, use this coding rule: If the parent/substitute talked to, touched, or was in close enough proximity to the child that the child could hear them, then code 1 Yes;

Use Code 1 Yes if assessor, parent/substitute, or other credible source said that the parent/substitute ever violated a No-Contact (cf. restraining order);

Use Code 2 No if the parent/substitute, assessor, or other credible source explicitly stated that s/he NEVER violated one;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Child Vulnerabilities

Child vulnerabilities describe a characteristic related to the child, which is a risk factor for child maltreatment. Thus, children with such characteristics, are more likely to be maltreated than other children. However, some of these factors may be in part reaction to maltreatment, such as acting out. However, not all children react to maltreatment in that way.

Premature birth. A birth is considered premature if the child is born earlier than one month before due date.

Use Code 1 Yes if assessor, parent/substitute, or other credible source said that the child was born prematurely;

Use Code 2 No if assessor, parent/substitute, or other credible source said that the child was NOT born prematurely;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Mental retardation.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child is mentally retarded or the child has been diagnosed as mentally retarded;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child being mentally retarded;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Disability.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has a handicap or if the child has been diagnosed with a handicap;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child having a handicap;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Learning problems, such as dyslexia or delayed language development.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has learning problems, or has been diagnosed with learning problems;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child having learning problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Chronic health problems.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has chronic health problems, or if the child has been diagnosed with chronic health problems;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child having chronic health problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Difficult temperament.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has a difficult temperament;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child having a difficult temperament;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Poor social skills.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has poor social skills;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child having poor social skills;

Use Code 8 Not Applicable;

Use Codeif Unknown if there is no credible evidence to draw a conclusion.

Hyperactivity. Child has attention deficit and hyperactivity disorder (ADHD).

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child is hyperactive or if the child has been diagnosed with hyperactivity;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about the child being hyperactive;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Acting out, oppositionality and noncompliance.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child acts out, is oppositional or noncompliant, or if the child has been diagnosed oppositional defiant disorder or conduct disorder;

Use Code 2 No if assessor, parent/substitute, or other credible source said NOTHING about these problems existing in the child;

Use Code 8 Not Applicable;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

FAMILY FACTORS

Role reversal. Child takes physical and/or emotional responsibility of parent and/or takes exessive responsibility of younger sibling(s).

Use Code 1 Yes there appears to be a role reversal in the family based on the assessor's narratives;

Use Code 2 No if there does NOT appear to be a role reversal in the family in the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Communication problem/marital problem between parental figures. This applies for parental figures living in the home and parental figures where one lives in the home and the other not, since both forms are likely to effect the child/children.

Use Code 1Yes if there appears to be a communication problem/marital problem between parental figures based on the assessor’s narratives ;

Use Code 2 No if there does NOT appear to be a communication problem/marital problem between parental figures, based on the assessor’s narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Coercive pattern and/or discipline problem between a parent and a child.

Use Code 1 Yes if there appears to be a coercive pattern and/or discipline problem in the family, based on the assessor’s narratives;

Use Code 2 No if there does NOT appear to be a coercive pattern and/or discipline problem in the family, based on the assessor’s narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Conflict in the marital/cohabiting/boyfriend/girlfriend relationship, such as fighting or silent treatment.

Use Code 1 Yes if there appears to be conflict in the adult relationships, based on the assessor's narratives;

Use Code 2 No if there appears NOT to be conflict in the adult relationships, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

SOCIAL SUPPORT

Social support from extended family(s), such as child care, invitations to dinners, emotional support.

Use Code 1Yes if it appears that the family receives social support from a extended family, based on the assessor's narratives;

Use Code 2 No if it does NOT appear that the family receives social support from the extended family, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Social support from friends, such as child care, invitations to dinners, emotional support.

Use Code 1 Yes if it appears that the family receives social support from friends, based on the assessor's narratives;

Use Code 2 No if it does NOT appear that the family receives social support from friends, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Social support from any kind of groups such as Al-Anon, with issues such as child care, invitations to dinners, emotional support.

Use Code 1 Yes if it appears that the family receives social support from a group;

Use Code 2 No if it does NOT appear that the family receives social support from a group, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Social support from the community such as neighbors, with issues such as child care, invitations to dinners, emotional support.

Use Code 1 Yes if it appears that the family receives social support from the community, based on the assessor's narratives;

Use Code 2 No if it does NOT appear that the family receives social support from the community, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

FORM C. FOR CASES WITH ANY DOMESTIC VIOLENCE

General Instructions:

This instrument has four parts.

1. Part 1 provides several different definitions of battering. Read each definition carefully to determine if battering occurred.

2. In part 2, we are trying to determine whether a parent is being held responsible for child maltreatment, because OF PARTNER BATTERING.

3. After determining whether battering was used to find the parent responsible for child maltreatment, PART 3 asks the question: Would the assessor have found the parent responsible for child maltreatment, if PARTNER BATTERING DID NOT OCCUR.

4. Finally, in part 4, you are being asked to determine how one battering event is related to one child maltreatment event.

When we refer to "battering," we mean "physical battering" BY A PARTNER. There is one exception to this rule, and it is the item called "emotional battering."

TYPE OF BATTERING

For the next two items you will determine the severity of the assault used by OR against each parent by a partner. There are several potential problems in determining whether the action constituted a "minor assault" and/or a "serious assault." Read all of the problematic circumstances (below) before making your determination.

Problematic circumstance. There are several items related to the type of assault in this section. Occasionally, different witnesses will disagree on the severity of the assault. Under these circumstances, use the following coding rules:

a. If the perpetrator denies an assault or injury, or reports a minor assault and the victim or other witness confirms an assault or injury or severe assault, then disregard the perpetrator's account.

b. If the perpetrator and victim deny an assault or injury, or report a minor assault and another credible witness confirms an assault or injury or severe assault, then disregard the perpetrator and victim's account. A credible witness is someone who has nothing or little to gain or lose from the outcome of the assessment, whose statements are consistent, and/or who was told about the abuse, was present during it, or observed the injury/harm after it.

c. If the perpetrator and victim deny an assault or injury, or report a minor assault, and the assessor concludes that neither perpetrator nor victim is being truthful, then disregard the perpetrator and victim's account in favor of the assessor's conclusions.

d. If you are unable to determine the credibility of a witness, consult with your supervisor.

Problematic circumstances. Under rare circumstances, you can overrule the witnesses account of the assault if there is other contextual information that suggests the assault was severe.

For example,

She said she *touched* his neck and that accounts for the red marks.

He said he *tapped* her on the back of the head, and s/he lost her balance and fell backward hitting her head on something.

She *smacked* him in the mouth, and his tooth was loose.

Was ever physically *injured* by (any previous partner) (current partner). DO NOT consider whether the injury was non-accidental or unintended. Simply code whether the parent/substitute was injured by his/her partner.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he ever sustained one of the following injuries:

Brain damage, acute head injury, skull fracture, subdural hemorrhage or hematoma, poisoning, abdominal or chest injuries or other central nervous system damage, burns/scalding, bone fractures, sprains/dislocations, freezing/exposure, wound/cuts/punctures, abrasions/welts, eye injury, hyperemia (e.g., scratches, hand prints, marks), smothering, ruptured eardrum, broken teeth, hair pulled out, bruises, a miscarriage, etc.

Use Code 2 No if the assessor, parent/substitute, or other credible source said s/he was NOT physically injured by a partner;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

***Was* ever physically *battered* by a (any previous partner) (current partner).**

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said s/he was ever physically battered by a partner. The following evidence may be used to determine that physical battering occurred:

a. Anyone said that there was *domestic abuse*, domestic abuse issues, a *physical argument, violence, domestic disturbance, physical altercation,* or *physical aggression.*

Problematic circumstance. Note that sometimes people use the phrase *domestic violence or abuse* to refer to child maltreatment. If the person is referring to child maltreatment only, then it does NOT fit under this definition of partner battering.

b. Any injury to a parent/substitute.

c. Any minor physical aCPSult of a parent/substitute.

d. Any severe physical aCPSult of a parent/substitute.

e. Any referral of a parent/substitute to a domestic abuse specialist (e.g., Susan O'Toole) or specialized service for victims of domestic abuse (e.g., domestic abuse shelter [Madge Phillips Center], advocacy, crisis intervention, social services, treatment, counseling, education, or training).

f. Any police or court involvement, including:

1. Any time the police were called to the house because a parent/substitute was being battered or were called to the house for another reason, and then, discovered a parent/substitute was being battered. Do NOT include if the police were called to the house because the children had been maltreated,

2. Any No-Contact Order between a parent/substitute and his/her PARTNER,

3. Any arrest of a parent/substitute for battering or aCPSult against a partner,

4. Any conviction of a parent/substitute for battering, and

5. Any incarceration of a parent/substitute for battering.

Use Code 2 No if the assessor, parent/substitute, or other credible source said s/he was NOT physically battered by a partner;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

The following statements, by themselves, should NOT be considered as evidence for physical battering (the use of physical force or its *serious* threats):

Statement	**Why NOT?**
He was *abusive* to her when they lived together	No evidence of physical force Exception: A police officer made statement
She needs services due to the *trauma* to herself	It is NOT clear what or who caused the trauma
She was *very frightened* of him; she is *fearful* of what the man might do	No evidence of physical force; she could be frightened because she reported him to the police for child sexual abuse
She said he is *threat*ening; he threatened to *hurt* her	No evidence of physical force; same as above. Does not fall into the category of a serious threat
He said she *hurt* him	Possibly. Refer to other contextual information
He said there will be a bitter *confrontation* when she gets out of jail, and he wanted a No Contact Order	It is NOT clear if the No Contact Order is to keep the partner from the child or the father
He says she has a *problem controlling her anger* and takes it out on him	No evidence of physical force
She says he has a *problem controlling her anger* and takes it out on her	No evidence of physical force
The child said they *fight* every night and she pulls the covers over her head and that *scares* her	No evidence of physical force
He had *hurt* her a good many times in front of the children	Probably physical, since it is inferred the hurt could be seen. If it can be seen, it is more likely than NOT that the hurt is physical
The child said they did more than *talking fighting*	Probably; discuss with your supervisor
He was *mentally abusive*	NOT physical force

Was ever *emotionally* battered by (any previous partner) (current partner). Emotionally battered refers to any statement or action that is used against a person that is likely to create fear that persists beyond a discrete battering event.

Include all emotional battering by any partner, past or present--even battering that was part of a previous incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said:

a. S/he is or was mentally or emotionally abused by him/her or was mentally cruel.

b. S/he is or was afraid of him/her or worried about what s/he might do to him/her or his/her children (cf. terrified or extremely frightened or).

Examples:

She seemed very afraid of talking with her partner in the vicinity.

c. S/he was or is hiding or has moved to get away from his/her physically abusive behavior.

d. S/he says s/he is stalking, harassing, or threatening him/her

e. S/he says s/he has nightmares or trouble sleeping, because of the physical battering.

The parent/substitute, assessor, or other service provider said the alleged batterer:

a. Kidnapped, confined, bound, or withheld food, shelter, clothing, shower, or toilet from the parent/substitute.

b. Threatened or tried to kill or beat up the parent/substitute or his/her children (e.g., used hands, gun, knife, motor vehicle).

Examples:

He threatened to beat her up, and he had previously broken her arm.

He forced her to hit the child; he said if she didn't, he would beat her.

c. Frequently used verbal insults or called names (e.g., crazy, nuts) to humiliate, or treated the parent/substitute in a dehumanizing or demeaning way.

Examples:

My dad calls my mom the "B word."

Use Code 2 No if the assessor, parent/substitute, or other credible source said s/he was NOT emotionally battered;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

HISTORY OF BATTERING

Physically assaulted a child shortly before, during, or after any battering event.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the child was assaulted;

Use Code 2 No if the assessor, parent/substitute, or other credible source said NOTHING about the child being assaulted;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Victim was ever referred to a domestic abuse specialist or specialized service for domestic abuse or if CPS recommended in their report that s/he get services because of battering.

If the assessor writes that s/he recommends that the mother receive counseling, (for example), because of domestic abuse, then Use Code 1 Yes for this question. We know that the parent receives a copy of the report; so, we know that s/he knows that this type of service is being recommended and probably would be funded or arranged for by a worker.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute was ever referred to a domestic abuse specialist or specialized service for victims of domestic abuse (e.g., domestic abuse shelter);

Use Code 2 No if the assessor, parent/substitute, or other credible source said the parent/substitute was NEVER referred to a domestic abuse specialist or specialized service for victims of domestic abuse;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Victim ever used a domestic abuse service.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute ever used a domestic abuse specialist or specialized service for victims of domestic abuse (e.g., domestic abuse shelter);

Use Code 2 No if the assessor, parent/substitute, or other credible source said the parent/substitute NEVER used a domestic abuse specialist or specialized service for victims of domestic abuse;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

SAID (to assessor) physical battering is no longer a problem versus **SAID physical battering never occurred.** Remember that if the parent was not interviewed, then Use Code 8 Not Applicable. If the parent said that **physical battering never occurred** but there is evidence that it is occurring in his/her current relationship, then automatically code the question **said physical battering is no longer a problem/minimized it 1** Yes.

Use Code 1 Yes if the parent/substitute said to the assessor that the battering had occurred, but it was no longer a problem, a major problem, or the problem (cf., minimized);

Examples:

Yes, he has hurt me, but my child is most of my problem.

It may have been a problem in the past but he has stopped drinking.

I haven't pushed her in a long time, maybe 3 or 4 months.

Use Code 2 No if the parent/substitute said to the assessor that the battering had occurred, and it is still a problem OR THE PARENT/SUBSTITUTE WAS

INTERVIEWED AND S/HE SAID NOTHING ABOUT WHETHER BATTERING WAS OR WAS NOT A CURRENT PROBLEM;

Use Code 8 Not Applicable if

there was no battering;

THE PARENT/SUBSTITUTE WAS NOT INTERVIEWED;

THE PARENT/SUBSTITUTE SAID PHYSICAL BATTERING NEVER OCCURRED;

this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

SAID (to the assessor) physical battering never occurred.

Use Code 1 Yes if assessor, other parent/substitute, child, or other credible source said that battering occurred, but the parent/substitute said to the assessor that physical battering had never occurred;

Examples:

They both denied that domestic violence occurred.

Use Code 2 No if assessor, other parent/substitute, child, or other credible source said that battering occurred, and the parent/substitute also said that the physical battering had occurred OR THE PARENT/SUBSTITUTE WAS INTERVIEWED AND S/HE SAID NOTHING ABOUT WHETHER BATTERING DID OR DID NOT OCCUR;

Use Code 8 Not Applicable if

there was no battering;

THE parent/substitute does NOT exist;

THE PARENT/SUBSTITUTE WAS NOT INTERVIEWED;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Violated a No-Contact Order for domestic abuse. Sometimes it is difficult to determine if the parent/substitute violated the Order. Under this circumstance, use this coding rule: If the parent/substitute talked to, touched, or was in close enough proximity to the victim for the victim to hear the parent/substitute, then code 1 Yes.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute who had a No-Contact Order filed against him/her violated it;

Use Code 2 No if the assessor, parent/substitute, or other credible source said the parent/substitute did NOT violate a No-Contact Order;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Was ever arrested for domestic abuse. If the parent/substitute was convicted or incarcerated for domestic abuse, then you can assume that s/he was arrested for domestic abuse.

Domestic abuse means that the involved parties were (a) married and/or living together, (b) divorced/separated, (c) the victim and perpetrator have a mutual child, whether they have lived together or not.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute has an arrest record for partner battering either in the past or at the time of the alleged child maltreatment (e.g., assault of a partner or domestic abuse);

Use Code 2 No if the assessor, parent/substitute, or other credible source said the parent/substitute does NOT have an arrest record for battering;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Ever called law enforcement for assistance because of physical battering.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said the parent/substitute ever called law enforcement (e.g., police, district attorney, judge, probation officer, parole officer) for assistance because of physical battering;

Use Code 2 No if the assessor, parent/substitute, or other credible source said the parent/substitute NEVER called law enforcement for assistance because of physical battering;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

TRIED TO REDUCE CONTACT WITH ANY BATTERER/STOP BATTERING

This series of questions refers to all of the parent's batterers-not just the current one. Because we do not necesserily know about all of the parent's batterers, you should use 2 No only if the assessor or mother states that s/he has NEVER [took this action] to reduce contact with any ...

Tried/Got a No-Contact Order for domestic abuse versus **Tried/Stopped a Batterer from Entering the House.** If a parent gets a no-contact order, then s/he is trying to stop the battering from entering house, BUT we wrote the second question to really get at another separate action by the parent. Use Code 1 Yes for both items, if the mother got a no-contact order AND he violated it by coming to the house and she wouldn't let him in.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by getting a No-Contact Order (cf., restraining order);

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by getting a No-Contact Order;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Told batterer not to come to house before the assessment began.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by telling the batterer to NOT come to the house;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by telling the batterer to NOT come to the house;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Tried to stop/Stopped batterer from entering the house before the assessment began. Do include any attempts by the parent/substitute to physically stop the batterer from entering the house or any requests to others to stop the person from entering the house (e.g., asked child to lock the doors; called neighbor to come over and prevent him/her from entering).

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by trying to stop him/her from entering the house;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by trying to stop him/her from entering the house;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Asked batterer to leave the house before the assessment began.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by asking the batterer to leave the house;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by asking the batterer to leave the house;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Tried to leave/Left the house because of battering/batterer before the assessment began.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by leaving the house;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by leaving the house;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Tried to go/Went to a shelter because of battering/batterer before the assessment began.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by going to a shelter;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try stop partner battering by going to a shelter;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Ended all contact with batterer before the assessment began. For this item do NOT include "tried" to end all contact with batterer. We will be using other item to determine if the parent/substitute made other attempts to reduce contact with batterer.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute tried to stop partner battering by ending all contact with the batterer;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that before the assessment began the parent/substitute did NOT try to stop partner battering by ending all contact with the batterer;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Child was exposed to any physical battering by the parent/substitute BEFORE the current child maltreatment incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child was present during the battering or could have reasonably concluded that an assault took place, because of what s/he heard. Include events where a child was involved in the battering event or suffered an injury because of it;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child was NOT present during the battering or could NOT have reasonably concluded that an assault took place;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Child attempted to defend or protect this parent/substitute from being battered BEFORE the current child maltreatment incident. Do NOT include events where a child was accidentally involved in the partner battering

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that a child attempted to defend or protect this parent/substitute from being battered.

Examples:

She called the police

He physically intervened

He went to get a neighbor

She locked the door.

Use Code 2 No if the assessor, parent/substitute, or other credible source said that a child did NOT attempt to defend or protect this parent/substitute from being battered;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Asked child (or used the child) to defend or protect him/her from being battered any time BEFORE the current child maltreatment incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that this parent/substitute asked the child to defend or protect him/her from being battered any time BEFORE the current child maltreatment incident;

Examples:

Asked

She told him to go lock the door.

He yelled at the child to call the police.

He stated he heard his mother getting hit and he came out the bedroom and jumped on his stepfather.

He called the police.

Used

The mother picked up the child so that father would NOT hit her.

She used the child as a human shield.

Use Code 2 No if the assessor, parent/substitute, or other credible source said that this parent/substitute did NOT ask the child to defend or protect him/her from being battered any time BEFORE the current child maltreatment incident;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

For the Current Incident

Child was exposed to any physical battering by the parent/substitute DURING the current incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child was present during the physical battering;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child was NOT present during the physical battering or could NOT have reasonably concluded that an assault took place;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

A child attempted to defend or protect this parent/substitute from being battered DURING the current child maltreatment incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that a child attempted to defend or protect this parent/substitute from battering;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that a child did NOT attempt to defend or protect this parent/substitute from battering;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Asked child (or used the child) to defend or protect him/her from being battered any time DURING the current child maltreatment incident.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that this parent/substitute asked the child to defend or protect him/her from being battered any time DURING the current child maltreatment incident;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that this parent/substitute did NOT ask the child to defend or protect him/her from being battered any time DURING the current child maltreatment incident;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Minimized the impact of witnessing/seeing physical battering (between the partners) on child.

Ever Minimized Impact of Battering on Child: COLUMN A. You will need to evaluate ever statement that the parent made related to battering.

Remember that "Ever minimized impact of battering on child" means just that. If the parent is minimizing battering in general, then do not code 1 Yes. What you're looking for sounds something like this: "she doesn't seem to realize the affect that it is having on her children ... .. she seemed surprised when I told her that the child was scared when they got in to it," or "she said that the child only saw them in a physical fight once but the child says it happens all the time."

If there is nothing about minimizing the impact of battering on the CHILD or you conclude that s/he is not minimizing the impact of battering on the CHILD, then you code 2 No. REMEMBER, we are not talking about minimizing the impact of battering on the parent who is being battered or minimizing battering in general. If the parent was not interviewed, then you will not be able to evaluate what s/he said about battering. Therefore, you code this item 8 Not applicable. In COLUMN TWO, you can use any statement by the assessor to find out if s/he think the parent is minimizing the impact of battering on the child.

Use Code 1 Yes if the parent/substitute said the physical battering had little or no impact on child and/or if there is credible evidence that the children witnessed physical battering, but the parent/substitute denied it;

Example:

Both parents seem to minimize the domestic abuse in the home.

Use Code 2 No if the parent/substitute did NOT say that witnessing physical battering had little or no impact on child, OR s/he stated that witnessing battering had an adverse effect on his/her child;

Use Code 8 Not Applicable if

There was no battering,

The parent/substitute does NOT exist, or

The parent/substitute was not interviewed;

Use Code 9 Unknown.

CPS would have found person responsible for child maltreatment, regardless of battering.

Although CPS used battering as a factor in finding maltreatment, the alleged maltreatment would have probably still been confirmed because it met other criteria.

Use Code 1 Yes if the assessor documented that criteria other than battering were the major reasons for finding the child maltreatment;

Use Code 2 No if the assessor said that battering was a or the major reason for finding the child maltreatment;

Use Code 8 Not Applicable if battering was NOT present, the parent/substitute does not exists, OR parent/substitute was NOT found responsible for child maltreatment;

Use Code 9 Unknown if there is insufficient evident to draw a conclusion.

Relationship between Child Maltreatment Event and Battering Event

Instructions:

1. Use the criteria specified for PHYSICAL BATTERING the items listed in Part 4.

2. Choose one founded child maltreatment event and one *battering event*, and then determining how they are related. To choose a child maltreatment and battering event, make a notation next to each single, discrete episode of child maltreatment (cf. each event) that was documented by the assessor and used to find child maltreatment and each battering event identified by the assessor throughout the entire narrative. Do NOT use child maltreatment events that were part of prior incident. Use all battering events.

a. If there was more than one founded child maltreatment event associated with a battering event, choose the maltreatment event that is *causally* related to the battering event over one that is NOT.

b. If there are no founded child maltreatment events that are causally related to a battering event, then choose the child maltreatment event that is most *proximate* in time to the battering event over one that is less proximate.

Time order between physical battering event and child maltreatment event.

Use Code 1 Before if the battering event occurred more than 12 hours before the founded child maltreatment event began;

Example:

There were one or more previous incidents of partner battering, but they do appear to be related to the current maltreatment.

Use Code 2 Shortly before if the battering event occurred within 12 hours of when the founded child maltreatment event began;

Example:

If the child was forced or encouraged into the position of defending or protecting one of the partners, exposing the child to life-threatening or health threatening condition, then the battering event occurred before the child maltreatment event;

Use Code 3 Simultaneously if the battering event occurred at the exact same moment as the child maltreatment event.

Under unusual circumstances, the battering event and child maltreatment event may occur simultaneously. For example, if in the course of threatening his/her partner's life or health, the person endangered a child held or protected by the other partner, then the events occurred simultaneously. If on the other hand the domestic abuse began before the person was holding the child, then the battering event occurred before the child maltreatment event.

Do not use Code 3 Simultaneous without consulting with your supervisor. If the two events are proximate in time, then either the battering occurred before (2) or after (4) the child maltreatment or it is unclear which occurred first (6).However, there may be a situation where the two events occurred simultaneously.

Use Code 4 Shortly after if the battering event occurred within 12 hours after the founded child maltreatment event ended;

Use Code 5 After if the battering event occurred more than 12 hours after the founded child maltreatment event ended;

USE CODE 6 PROXIMATE IF THE BATTERING EVENT AND THE CHILD MALTREATMENT EVENT OCCURRED WITHIN 12 HOURS OF ONE ANOTHER, BUT IT CAN NOT BE DETERMINED WHICH OCCURRED FIRST;

Use Code 8 Not Applicable if there was no battering, if this parent/substitute does NOT exist or the battering was reported as a child maltreatment incident;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Causal relation between physical battering event and child maltreatment event.

1. Study these definitions:

***Contingent Events*.** Events are contingent, if the first event does NOT occur, then it is unlikely or impossible that the second event will occur.

***Non-Contingent Events*.** Events are NOT contingent, if the second event would have occurred regardless of whether the first event occurred. Or conversely, the first event would have occurred regardless of the second event.

2. A causal relationship refers to two events that are linked or contingent in time. Determine if the events are contingent.

Use Code 1 Battering caused if the battering occurred before the child maltreatment and it is contingent with the child maltreatment;

For example:

The child's mother was being hit and the child was assaulted after s/he tried to intervene to protect the mother;

The father beat up the mother. She fled the house. The father went to the mother's house looking for her. He demanded that her child, who answered the grandmother's door, tell him where she was. The child was choked.

She got beat up and fled the home (battering), leaving the children with her drunken boyfriend, an *Unsuitable Caretaker*.

A child called the police, because his father was hitting his mother (battering), and the father beat him up because he called (p*hysical Abuse*).

Use Code 2 Child maltreatment caused if the child maltreatment occurred before the battering, and it is contingent with the battering;

For example:

A mother left the child with the father who was drunk and did NOT provide adequate supervision (*Inadequate Caretaker*), a fight ensued because CPS came to their house, and one partner hit the other (battering);

The child was being hit, and the mother was battered after she intervened to protect the child from assault (or being locked out or tied up, NOT fed, etc.);

Use Code 3 Neither if the two events (battering and child maltreatment) are NOT contingent;

For example:

There were one or more previous incidents of partner battering, but they do appear to be related to the current maltreatment.

A mother left her children home alone or in the car (*Unattended*), when she went into a bar to confront her partner and his drinking. He beat her up in the parking lot (battering). In this example, the events are proximate in time but NOT causally related. The supervision problem occurred before the battering started;

The parents were intoxicated and could NOT supervise the child. Later that evening, they got into a fight and hit each other. The supervision problem occurred before and independent of the battering started; the supervision problem did NOT cause them to hit each other.

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

Mother/substitute was physically battered by B. Refer to the definition for physical battering.

Use Code 1 Yes if mother/substitute was physically battered by B;

Use Code 2 No if mother/substitute was NOT physically battered by B;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is NOT credible evidence to draw a conclusion.

Mother/substitute was physically battered by C. Refer to the definition for physical battering.

Use Code 1 Yes if mother/substitute was physically battered by C;

Use Code 2 No if mother/substitute was NOT physically battered by C;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is NOT credible evidence to draw a conclusion.

Father/substitute was physically battered by A. Refer to the definition for physical battering.

Use Code 1 Yes if father/substitute was physically battered by A;

Use Code 2 No if father/substitute was NOT physically battered by A;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is NOT credible evidence to draw a conclusion.

Father/substitute was physically battered by C. Refer to the definition for physical battering.

Use Code 1 Yes if father/substitute was physically battered by C;

Use Code 2 No if father/substitute was NOT physically battered by C;

Use Code 8 Not Applicable if there was no battering OR if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is NOT credible evidence to draw a conclusion.

Use Code 9 Unknown if there is NOT credible evidence to draw a conclusion.

APPENDIX C

MORE SPECIFIC CODING RULES

MORE SPECIFIC CODING RULES

Child diagnosed with internal problems, such as depression or anxiety, or it seems the child suffers from internal problems.

Barn verið greint með innri vandamálum, t.d. þunglyndi, kvíða eða svo virðist sem barnið þjáist af innri vandamálum. Byggja þetta annað hvort á greiningu sálfræðings, eða ef fram kemur í öðrum upplýsingum málsins, t.d. frá skóla eða í frásögn foreldris að barnið sýni merki þunglyndis, kvíða eða annarrar vanlíðunar.

Use Code 1 Yes if the assessor, parent/substitute, or other credible source said that the child has internal problems;

Use Code 2 No if the assessor, parent/substitute, or other credible source said that the child DOES NOT have internal problems;

Use Code 8 Not Applicable;

Use Code 9 Unknown.

Communication problem/marital problem between parental figures. This applies for parental figures living in the home and parental figures where one lives in the home and the other not, since both forms are likely to effect the child/children.

Samskiptavandi eða hjónabandsvandkvæði milli foreldra, hvort sem þeir búa saman eða ekki, þar sem hvoru tveggja er líklegt til að hafa áhrif á barnið. Ath: ef samskipti eru lítil fellur það ekki undir samskiptavanda, heldur einingis ef um *ágreining* er að ræða.

Use Code 1Yes if there appears to be a communication problem/marital problem between parental figures based on the assessor's narratives ;

Use Code 2 No if there DOES NOT appear to be a communication problem/marital problem between parental figures, based on the assessor's narratives;

Use Code 8 Not Applicable if this parent/substitute does NOT exist;

Use Code 9 Unknown if there is no credible evidence to draw a conclusion.

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