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Outcomes Research Report #6

Recurrence of Child Maltreatment In Oklahoma

OKDHS Children and Family Services Division

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Executive Summary

In Oklahoma's Child and Family Services Review, maltreatment recurrence was identified as an "Area Needing Improvement". Oklahoma's State Data Profile for 2000, used in the CFSR, documents a maltreatment recurrence rate of 11.7%, nearly twice the national standard of 6.1%. The intent of this research was to examine the effectiveness of CPS intervention on re-referral or future confirmed reports. A later report will examine the impact of services on maltreatment recurrence.

Recurrence Rate Trends, 1999-2001

The federally defined maltreatment recurrence rate in Oklahoma's has steadily improved over the last four years for which data are available. The rates from 1999, 2000, and 2001, were 12.7%, 11.8%, 11.7%, and 9.8%, respectively. This is a cumulative improvement of 2.9% over the four years. Areas 2, 4, and 6 have the lowest (best) maltreatment recurrence rates at 7.8%, 8.6% and 7.5%, respectively. These same areas have shown the most improvement from 1999 to 2001. Areas 1, 3, and 5 experienced relatively high rates of recurrence and only modest improvements over the four years tracked.

Expanded Recurrence Analyses

In addition to replicating the federal recurrence measure for Oklahoma, one section of this research report takes a broader perspective on recurrence by looking at re-referral and subsequent confirmations for screened-in "index" reports regardless of their disposition (i.e. confirmed, unconfirmed, assessment, or closed/no finding).

Re-referral Rates. Re-referral was measured at six and twelve months following the "index" or first report for each unique child. Two-thirds of re-referrals occurred within 6 months of the index report. Differences in re-referral rates among the four disposition categories were relatively small at both 6 and 12 months. When comparing administrative areas, the re-referral rates are quite similar with the exception of Area 6. Area 6 had the best, or lowest, rate (18.6%) compared to Area 1's highest, or worst, rate (26.1%).

Subsequent Confirmations. In contrast with re-referral rates, there was a difference in the subsequent confirmation rate between children with a confirmed index report and children with other dispositions. Children with a confirmed index report were twice as likely to have a subsequent confirmed report in 6 months (10.2%) as children with dispositions of assessment, un-confirmed, or closed/no finding (4.0%, 4.6%, and 3.2% respectively). Again, two-thirds of the subsequent confirmations within a year occurred in the first six months. Among administrative areas, the same pattern of re-referrals holds true for the rate of subsequent confirmation. With the exception of Area 6, the lowest (best) rate, the other areas are remarkably similar, varying by less than 1%. The same differences hold up when the data are examined by index disposition.

Artifacts Affecting Maltreatment Recurrence Rates. Artifacts of recording abuse/neglect reports can affect the accuracy of the recurrence rate. To test for this potential problem, researchers excluded reports that occurred within 10 days of the index report as suggested by Oklahoma staff. With one important exception, the results showed few differences between the analysis using all screened in reports and the analysis that excluded reports occurring within 10 days of the index report. The one

exception was that the subsequent confirmation rate for substantiated index reports was 14.2% lower (better) when the 10-day rule was applied. The number of subsequent conformations dropped from 1,129 of all reports (10.2% rate) to 969 when the 10-day rule was applied (8.8% rate). In other words, the recurrence rate may be inflated by data recording artifacts. Assessment, unconfirmed and closed/no finding index dispositions were 3.7%, 4.3%, and 2.9% respectively— showing little difference from the results using all reports.

Preliminary Conclusions and Recommendations

1. Federal maltreatment recurrence rate is improving but still above the federal standard. Areas 1, 3, and 5 have shown the most improvement in annual maltreatment recurrence rates. Identifying the factors contributing to this success should provide some guidance in specific action steps to take. However, efforts for program improvement should not be limited to these three administrative areas. Even the best performing area (Area 6 at 7.5%) is 1.4% over the federal standard.

2. Re-referral and subsequent confirmation rates show little variance. The results of this study provide evidentiary support for one of the state's strategies to improve maltreatment recurrence rates in its Program Improvement Plan (PIP). The PIP states that the agency will revisit its "Risk/Safety Assessment and Safety Planning instruments and procedures." Current procedures may provide little decision-making guidance to workers on the risk of future maltreatment. The maltreatment recurrence literature supports the use of an empirically based Risk/Safety Assessment protocol. The state may want to consider further

research to validate the Safety Assessment instrument currently in use for determining risk of future maltreatment.

Possible artifacts of recording reports of maltreatment is indicated. A more exhaustive study of reporting artifacts in Oklahoma would be useful. However, some immediate steps could be taken to address this problem, such as: 1) brief training for line-level staff and supervisors on policies and procedures related to recording this information in KIDS; 2) supervisory review of cases with a subsequent report within 10 days to insure the reports were recorded properly; 3) an item added to the case review process that could be checked to see if reports and findings were recorded properly.

3. Further research on recurrence of maltreatment is indicated. Further studies of recurrence and the findings in this report are needed. The next report in this series will examine time to recurrence and identify the predictors of recurrence using epidemiological or event history statistical procedures. The third recurrence report is designed to provide a better understanding of the impact of service interventions on recurrence rates.

I. Introduction

The Adoption and Safe Families Act of 1997 (ASFA) declares child safety "paramount" in child welfare services. Under ASFA, one of two major child safety outcome measures is to reduce the recurrence of abuse and neglect once a child has come to the attention of the child welfare system.[1] Maltreatment recurrence is a measure intended to evaluate the effectiveness of child protection interventions. The purpose of this study is to provide information on maltreatment recurrence in Oklahoma in an effort to inform the state's program improvement efforts.

In Oklahoma's Child and Family Services Review, conducted in 2003, maltreatment recurrence was identified as an "Area Needing Improvement". Oklahoma's State Data Profile for 2000, used in the CFSR, documents a maltreatment recurrence rate of 11.7 percent, nearly twice the national standard of 6.1 percent. Oklahoma's recurrence rates for 1999, 2000, and 2001, were 11.8%, 11.7%, and 9.8%, respectively.

Nationally, states' maltreatment recurrence rates ranged from 3.0% to 12.9 % among the 33 states reporting case level data to the National Child Abuse and Neglect Data System (NCANDS) in 2000. The national recurrence rate for 2000 was 8.6%. Nationwide, out of 312,516 unique child victims, 26,898 experienced at least one additional incident of confirmed child maltreatment during the six months following the first incident of maltreatment. In 2000, ten of the 33 states reporting met or exceeded the federal standard of 6.1%.

This report provides data on two pieces of a larger effort to evaluate maltreatment recurrence in Oklahoma. The first section of this report will replicate the

[1] The other safety measure is Safety in Foster Care.

federal measure to examine four-year trends statewide and for administrative areas. The second section of this report expands analysis of the phenomena of recurrence beyond the relatively narrow window imposed by the federal measure. Toward this end, this report examines both re-referrals and recurrences in light of the disposition type of the first report in the year 2000. The report includes an evaluation of the rate at which children have subsequent reports (re-referral) and subsequent confirmed (substantiated) reports following the first report in 2000 regardless of its disposition. This first or "index" report in 2000 may not be the first report for a given child or family. The true first report may have occurred in a year prior to 2000 and thus is not included in this analysis. The CPS experience of each unique child will be evaluated at 6 and 12-month intervals for re-referral and recurrence, organized by the disposition (finding) of the index report.

This research report expands on topics addressed in Research Report #5, *Child Protective Services in Oklahoma*. This report is the first in a series of three on maltreatment recurrence. The second recurrence report will examine time to recurrence and identify predictors of recurrence using epidemiological or event history statistical procedures. The third recurrence report will incorporate administrative data on services to families and children to supplement NCANDS data in order to provide a better understanding of the impact of service interventions on recurrence rates in Oklahoma.

II. Definition of Recurrence

The federal definition of maltreatment recurrence is the percentage of children who had a second confirmed report of abuse or neglect within six months of an initial or index confirmed report (NRCCM, 2003). Since the federal NCANDS files contain only

data for reports during a single calendar year, the federal measure uses the first confirmed report during the first six months of each year as an "index" report. From that index report, the measure is computed as the percent of children who had another confirmed report within six months of the index report. The federal recurrence rate is calculated by dividing the number of children with a second confirmed report within six months of a confirmed index report by the total number of children with a confirmed index report during the first six months of the year. Six months was selected as the window of observation for the federal recurrence measure not only because analysis is currently tied to annual data files, but also because research (NRCCM, 2003) has shown that recurrence is most likely within six months of the initial maltreatment.

It is evident from the recurrence literature that neither the research nor the practice communities have settled on a single common definition of "recurrence" of child maltreatment (Fluke, Yuan & Edwards, 1999). This lack of consensus requires caution when making comparisons among studies and summarizing existing knowledge of recurrence. Researchers have employed definitions of recurrence that vary in terms of restricting recurrence to events involving the same maltreatment type or events involving the same perpetrator. Other researchers have argued that re-reporting, regardless of disposition, should be considered as recurrence of child maltreatment.

DePanfilis & Zuravin (1999a) observed that recurrence rates were highly related to definitions of recurrence. For example, the more broadly recurrence is defined (e.g. re-referred vs. re-confirmed), the higher one would expect recurrence rates to be. They also observed that the longer the period of time over which cases are observed for

recurrence, the higher recurrence rates tend to be. In this report, both of these observations are tested using Oklahoma's NCANDS data.

Elsewhere, DePanfilis & Zuravin (1998) noted another problem with the definition and measurement of recurrence. Recurrence within 30 days (as high as 25% of all recurrences) may be an artifact of assessment and investigation. In other words, co-occurring maltreatment types (e.g. physical abuse and neglect) may be identified at different times (e.g. during investigation or assessment) and recorded as discrete (and thus recurring) events. The second (or recurring) report may actually reflect additional information revealed during assessment or investigation rather than an additional or new incident of child maltreatment. To evaluate the impact of "assessment artifacts" on recurrence rates in Oklahoma, additional analyses were conducted excluding reports made within 10 and within 30 days following the index report. The 10-day exclusion was suggested by Oklahoma administrators, in light of Oklahoma's child protection investigation procedures. The 30-day exclusion was suggested by the literature.

While this report expands on the federal measure by examining the possibility that an assessment artifact may be falsely inflating recurrence rates, it nonetheless remains faithful to the basic federal definition of recurrence and currently accepted methods of analysis. The examination of trends in recurrence rates follows the federal definition precisely. The second section of this report alters the timeframe in which recurrence is observed by including all children with a report of child abuse or neglect at any time during the 2000 calendar year.[2] This analysis then follows those children for six and twelve months following the index report (first report in the year) by including

[2] The federal measure only follows children with confirmed index reports during the first six months of the year.

2001 NCANDS data in the analysis file. The second section of this report also examines both recurrence and re-referral. Re-referrals are defined as second reports following index reports, regardless of the disposition of either report.

III. Measuring Recurrence

Definitions of maltreatment recurrence are greatly affected by the unit of measure adopted for a particular study. Recurrence rates will vary considerably among studies that focus on recurrence rates among child victims, recurrence rates among families, and recurrence rates by the same perpetrator (NRCCM, 2003). Additionally, recurrence rates will vary between studies that define any type of confirmed or indicated maltreatment as a recurrence versus studies that define recurrence exclusively as a recurrence of the same type of maltreatment as the initial occurrence.

English, Marshall, Brummel & Coghlan (1998) argue that any measure of recurrence is likely to be an underestimate of actual rates of recurrence of maltreatment. They also suggest that studies based on confirmed reports of maltreatment may yield different predictors than studies based on re-referrals of maltreatment, and they suggest that both statuses be examined.

The federal measure is based on confirmed recurrences of confirmed cases of child maltreatment of unique child victims within six months of the initial occurrence in the calendar year. As such, the federal outcome only measures the first recurrence within six months following a confirmed report during the first six months of a calendar year. This method of constructing "recurrence" does not consider incidents of maltreatment that may have occurred in prior years and it does not include the

possibility of multiple incidents of maltreatment for the same child occurring within the same calendar year. It also does not account for children with their first confirmation in a year if that confirmation is in the last half of the year (e.g. July-December).

The definitions of four key terms are important to understanding the analyses summarized in this report: re-referral, index report, recurrence, and subsequent confirmation. A re-referral is a screened in report of child maltreatment that chronologically follows a prior screened in report of child maltreatment. There is always the possibility that the index (first) report is not the actual first report for a given child. Thus, a distinction is made here to refer to the first report in the available data set or year being studied as the index report to help both researchers and readers remember the possibility of reports preceding the timeframe of the available data. The term subsequent confirmation is similar to the previously described definition of recurrence, but with one important difference. A recurrence is defined as a second confirmed report following an index confirmed report. This report will look at recurrence in two timeframes, six and twelve months. A subsequent confirmation is a confirmed report following an index report of any disposition.

IV. Methodology

As mentioned earlier, this report relies on analyses of Oklahoma's annual NCANDS submissions to the federal government. These annual files are validated and returned to the states as SPSS compatible data tables. W.R. McDonald & Associates developed the SPSS syntax for deriving the six federal outcome measures from the NCANDS files as well as the AFCARS files. Recurrence is the only outcome measure

of the six federal measures derived solely from the NCANDS report. For the most part, the syntax developed for this report follows or builds upon the syntax developed by W.R. McDonald & Associates (WRM). Syntax developed by the KU research team was employed to convert the NCANDS county codes into FIPS codes so that each case could be assigned to the appropriate area to support administrative area analyses.

For the first analysis, recurrence trends in Oklahoma over four years by administrative area, the WRM syntax was followed without modification to confirm that researchers were correctly applying the syntax to the appropriate data files. For all four years, Oklahoma's recurrence performance was precisely replicated. Then, recurrence performance rates were calculated by administrative area for each of the four years. To replicate the federal measure, analyses included only those children who experienced a confirmed report of child abuse or neglect during the first six months of the calendar year. An incident of recurrence is considered to have occurred only when one of the included children experienced a subsequent confirmed report of abuse or neglect with six months of the index report.

The NCANDS files include every screened-in report in Oklahoma for a particular reporting year. Reports can be counted as family reports by sorting cases by report number. Researchers might use this report count if the research question at hand were framed around the family as the unit of measure. For the purpose of this analysis, each report for each child is a unit of measure. Individual reports are represented in the NCANDS SPSS file as individual records. There is an individual record for each child in each report screened in for investigation during the report year. In order to conduct recurrence analyses it is necessary to "roll up" data from subsequent report records to

include the data for all relevant subsequent reports in the same report record with the index incident for each child with more than one report.

The SPSS 'roll-up" or "lag" procedure uses the child ID to create new variables that will, with the help of the next procedure, place all the relevant data elements about each report on the same line or record as the index report. This process makes it possible for researchers to order the report information in such a way that they can describe the CPS experience of each child in a single record and then analyze the multiple report data in those unique child records to describe the CPS experiences of all children in Oklahoma in a given year. Without this process, comparisons between different events for the same child would not be distinguishable from comparisons between events for different children.

The roll up process requires first that all reports be sorted by child identification number. Then the reports are sorted by report date. At this time the entire file is sorted by individual child identification numbers, with all reports for each child grouped together in chronological order. That is, if a child had three reports during 2000, all three reports would be listed consecutively in the data file, with the first report listed first, and subsequent reports listed in chronological order.

A handful of Oklahoma children experienced over ten reports of child maltreatment during 2000 and 2001, but only the first four reports for any unique child were included in this analysis. The numbers of children with five or more reports were not large enough to support statistical analysis. This process of including the data for all screened in reports of child abuse and neglect for an individual child in a single record supports three functions: the calculation of the federal outcome measure of recurrence

for the trend analyses, the expanded analyses of recurrence included in this report, and the epidemiological analyses that will generate the next report on recurrence.

The calculation of report position is the key to this process. Using WRM's federal syntax to calculate a report position (the chronological order position) for each additional report filed on a child's behalf allows researchers to manipulate the data once they have been aggregated by SPSS into a single record for each unique child. By using the report position variable to identify whether a given report is the first (and perhaps only) report for a child (or the third or fourth, etc.), researchers can, for example, examine the relationship between the disposition of the first report and the incidence of second reports. In future recurrence reports, researchers will use this capability to measure the time between reports in light of a variety of potential predictors of recurrence.

To produce the data for the tables summarizing four-year recurrence trends in Oklahoma by administrative area, crosstabs were run to categorize a dichotomous variable for recurrence (0=No; 1=Yes) by administrative area. The crosstabs procedure provides recurrence rates in percentages for each area for each year. The procedure also provides a statistical test to determine if recurrence performance rates differ among administrative areas at a statistically significant level.

For the second analysis in this report, unique children experiencing a re-referral (subsequent screened in report) or subsequent confirmed report within six and twelve months, the data for the tables were also obtained using the crosstabs procedure. However, in this case the dichotomous variables were "subsequent screened in report with 6 months," "subsequent screened in report within 12 months," "subsequent confirmed report within 6 months," and subsequent confirmed report within 12 months."

A "time to" variable was obtained by calculating the number of days between report dates. The "time to" variable was then collapsed into the categorical variables above. Re-referrals or recurrences more than 365 days after the index report were not included in the analysis. Although this analysis is restricted to children with index reports falling within the 2000 report year, the data file contains both 2000 and 2001 NCANDS reports so that all children with an index report at any time during the 2000 report year can be followed for twelve months following that report.

As mentioned, this analysis expands on the federal recurrence measure in several ways. First of all, all children with screened in reports in 2000 are included in the analyses, in contrast to only children with confirmed reports during the first six months of the calendar year for the federal outcome measure. Secondly, the rate of re-referrals or subsequent reports, regardless of disposition of either report, is calculated for all unique children. Thirdly, for both re-referrals and subsequent confirmed reports, each case is followed for twelve months from the index report.

IV. Findings

This report summarizes two analyses of the phenomenon of recurrence in Oklahoma's child welfare system. The first analysis is a trend analysis of recurrence rates, as defined by the federal measure, by administrative area for the years 1998 through 2001. These are the years for which researchers had validated NCANDS files. The second analysis augments our analysis of the recurrence rate for Oklahoma for the year 2000 beyond the federal measure by including re-referral and recurrence rates at

both six and twelve months from the 2000 index report. Consistent with other reports in this series, these analyses are then repeated for each administrative area in the state.

1. Recurrence Rate Trends, 1998-2001

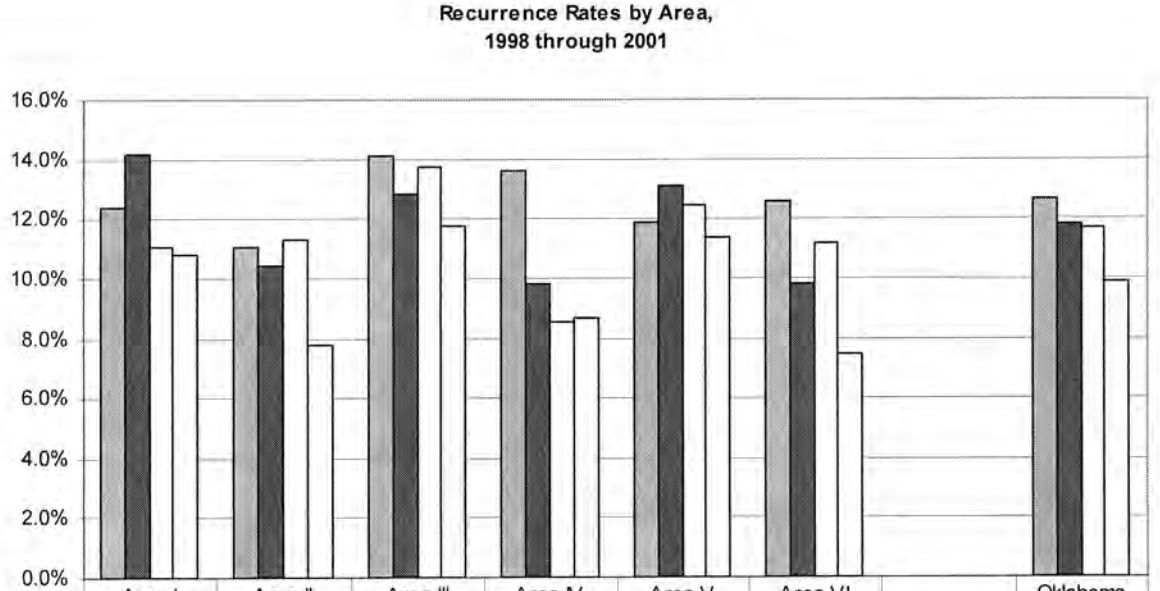
As summarized in Chart 1, Oklahoma's recurrence rate (see cluster on far right of chart) has steadily decreased over the four years included in this analysis. The cumulative improvement from 1998 through 2001 is 2.9%. While at first glance the 2.9% difference between 1998 and 2001 may seem to be relatively small, it is more significant when considered in terms of the federal standard of 6.1%. In 1998 Oklahoma's recurrence rate was more than 100% higher than the federal standard. By 2001, Oklahoma's recurrence was just under 50% higher than the federal standard, a substantial improvement. This analysis of recurrence data is a first step in gaining a better understanding of the factors affecting recurrence rates in Oklahoma. In so doing, Oklahoma administrators will be able to allocate child protection resources most effectively and continue the trend of reducing rates of recurrence in Oklahoma.

Chart 1 (below) graphically demonstrates that all six administrative areas in Oklahoma have experienced improvements (or decreases) in recurrence rates between 1998 and 2001. In Chart 1, shorter columns are indicative of lower rates of recurrence of child maltreatment. Improvements by area have not been as consistent as the statewide recurrence rates indicate. The following are observations about area performance:

- Areas 2, 4 and 6 have the best (lowest) recurrence rates at 7.8%, 8.6%, and 7.5%, respectively. These areas have shown substantial improvement from 1998 to 2001.

- Although overall rates have decreased over the four years, Areas 1, 3, and 5 have consistently experienced relatively high rates of recurrence and more modest improvements in recurrence rates.

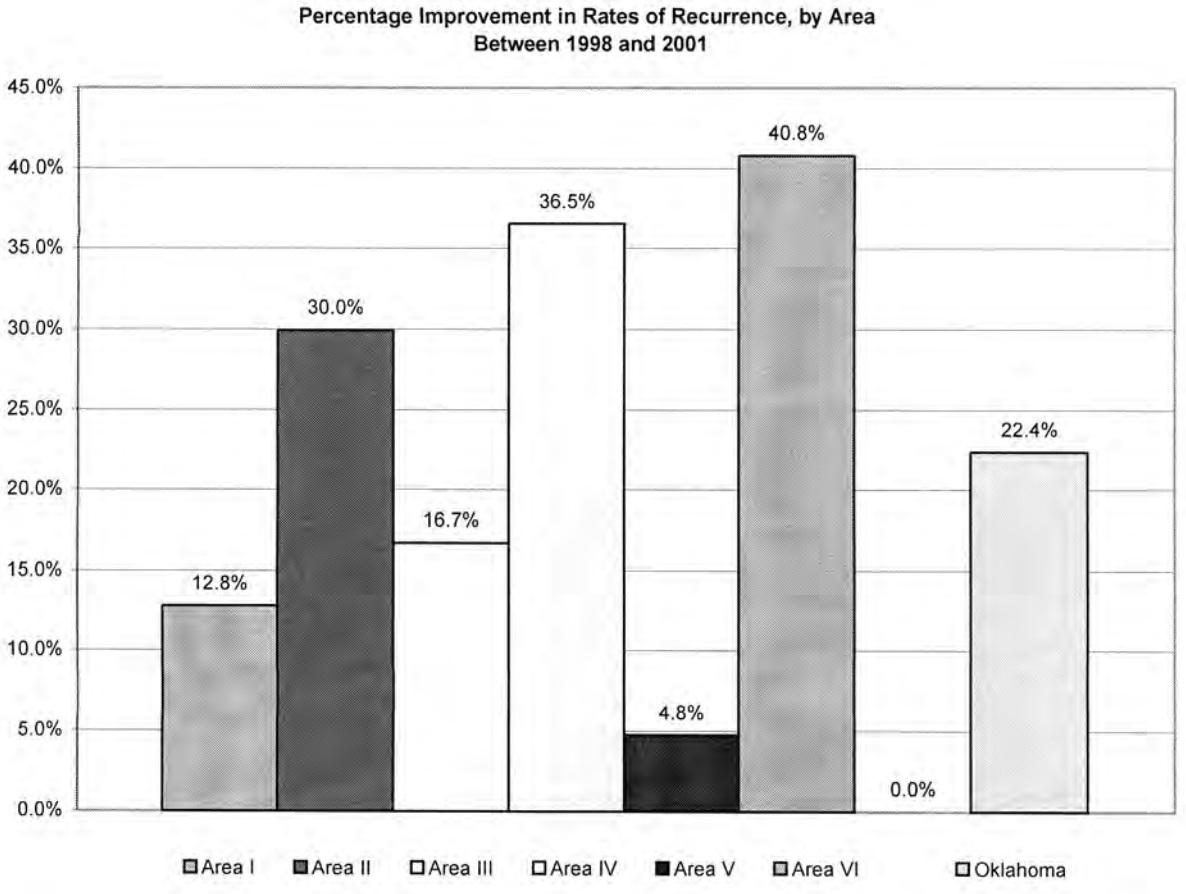
Chart 1



	Area I	Area II	Area III	Area IV	Area V	Area VI		Oklahoma
1998	12.4%	11.1%	14.1%	13.6%	11.9%	12.6%		12.7%
1999	14.2%	10.4%	12.8%	9.8%	13.1%	9.8%		11.8%
2000	11.1%	11.3%	13.7%	8.5%	12.5%	11.2%		11.7%
2001	10.8%	7.8%	11.7%	8.6%	11.4%	7.5%		9.8%

Chart 2, below, summarizes the level of improvement in recurrence rates between 1998 and 2001 by administrative area. In Chart 2, shorter columns are indicative of less improvement over the four-year period and taller columns (bars) are indicative of more improvement in recurrence rates over the four-year period.

Chart 2



Following are observations about the area differences represented in Chart 2:

- The three areas with the best (highest) improvement in recurrence rates over the four-year period (Areas 2, 4 and 6) are the same three areas with the best (lowest) recurrence rates in 2001.
- Area 1 had a 2001 recurrence rate of 10.8% (3rd best) and a four-year improvement rate of 12.8% (5th best).
- Although Area 2 has a modest four-year improvement rate of 30.0% (3rd best), its 2001 recurrence rate is the second best (lowest) in the state for 2001, 7.8%.

- Area 3 had a 2001 recurrence rate of 11.7% (5th best) and a four-year improvement rate of 16.7% (4th best).
- Area 5 has gone from the second best recurrence rate in 1998 to a 2001 recurrence rate of 11.4% (worst). This is reflected in Area 5's four-year improvement rate of only 4.8%, the lowest among the six administrative areas.
- Areas 4 and 6 showed the most improvement in rates of maltreatment recurrence between 1998 and 2001, 36.5% and 40.8% respectively.
- Area 4 had the third lowest recurrence rate for 2001, 8.6%.
- Area 6 had the lowest (best) recurrence rate for 2001, 7.5% and showed the most improvement.

Table1, below, summarizes the data represented in Charts 1 and 2 in a different format. Table 1 is offered to help the reader evaluate the differences in area performance by rank order as displayed in Charts 1 and 2. The performance of administrative areas is ranked from 1 (best) to 6 (worst) for 1998 maltreatment recurrence rates, 2001 maltreatment rates, and improvement from 1998 to 2001.

Table 1

Area Rank Order on Maltreatment Recurrence

Service Area	Maltreatment Recurrence Rate		Improvement
	1998	**2000**	
Area 1	**3** 12.4%	**4** 10.8%	**5** 1.6%
Area 2	**1** (best) 11.1%	**2** 7.8%	**3** 3.3%
Area 3	**6** 14.1%	**5** 11.7%	**4** 2.4%
Area 4	**5** 13.6%	**3** 8.6%	**2** 5.0%
Area 5	**2** 11.9%	**6** 11.4%	**6** 0.6%
Area 6	**4** 12.6	**1** (best) 7.5%	**1** (best) 5.1%

2. Expanded Recurrence Analyses

The second part of the analysis begins with all unique child screened-in reports during the report year, 2000, and goes beyond the federal definition of the recurrence measure in two ways. First, it expands on the federal measure by including all unique children with screened in reports at any time during 2000, in contrast to the federal measure, which includes only children with confirmed reports of abuse or neglect during the first 6 months of the report year. Secondly, the analysis extends the federal measure by tracking both subsequent confirmation and re-referral within six and twelve month periods. The year 2000 is the focus of this analysis so that all screened-in cases of child maltreatment can be followed for the full twelve months afforded by the addition of the 2001 data file.

The first three columns of Table 2 summarize the dispositions of the index (first) screened in report of child maltreatment for all unique children with screened in reports of child maltreatment during the 2000 reporting year. In 2000, 48,463 unique Oklahoma

children experienced at least one screened in report of child maltreatment. Among those index reports, 22.8% were confirmed, 20.6% received an alternative or assessment disposition, 48.8% were unconfirmed, and 7.9% were closed with no finding.

Table 2			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
Subsequent Report >1 Day after Index Report			Re-referral (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of Index Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1975 17.9%	2750 24.9%	1129 10.2%	1467 13.3%
Assessment	20.6	9961	1452 14.6%	2215 22.2%	403 4.0%	669 6.7%
Unconfirmed	48.8	23660	3744 15.8%	5505 23.3%	1085 4.6%	1765 7.5%
Closed/No Finding	7.9	3806	474 12.5%	717 18.8%	120 3.2%	223 5.9%
Total	100.0	48463	7645 15.8%	11187 23.1%	2737 5.6%	4124 8.5%

The third and fourth columns of data summarize the number and percent of those children with at least one screened in report of child maltreatment who experienced at least one more screened in report of child maltreatment within six and twelve months of the index report. The number of children with a report within twelve months includes those children with a report within six months. That is, the six-month group is a subset of the twelve-month group. The last two columns summarize the number and percent of unique children who experienced a subsequent confirmed report of child maltreatment,

regardless of the disposition of the index report (first in 2000), within six and twelve months of the index report. Because these files were constructed differently than those used for the federal measure, none of the rates in the tables and charts in this section will match the federal recurrence outcome for 2000.

Analysis of Re-Referral Rates

Following are findings of the analyses for subsequent report (re-referral rates) summarized in Table 2:

- For both the six-month group and the twelve-month group, differences in re-referral rates among index (first) report dispositions are relatively small at both 6 and 12 months. For the six-month group, the range between highest and lowest rates is only 5.4%. For the twelve-month group, this range is only 6.1%.
- A little more than two-thirds (68.3%) of the re-referrals in 12 months occurred within 6 months.
- Nearly one fourth of the children (23.1%) with a screened in report of child maltreatment during 2000 were the subject of a subsequent screened in report within 12 months of the index report.
- As expected, children with confirmed first reports in 2000 had the highest rates of re-referral at both 6 (n=1975, 17.9%) and 12 (n=2750, 24.9%) months.
- Children with unconfirmed index reports experienced the next highest rate of re-referral at both 6 (n=3744, 15.8%) and 12 (n=5505, 23.3%) months.

- Children with assessment dispositions had slightly lower rates of re-referral at both 6 (n=1452, 14.6%) and 12 (n=2215, 22.4%) months.
- Predictably, children with closed/no finding dispositions had the lowest rates of re-referral at both 6 (n=474, 12.5%) and 12 (n=718, 18.8%) months.

Analysis of Subsequent Confirmed Reports

The last two columns in Table 2 summarize subsequent confirmed reports following an initial report of any disposition. This analysis expands on the federal measure by examining the rates of subsequent confirmed reports for all dispositions compared to the federal recurrence measure's reliance on only confirmed reports. The differences among index report dispositions are much clearer for subsequent confirmed reports than they were for subsequent screened in reports (re-referrals).

- Children with confirmed index (first) reports experienced a subsequent confirmed report at more than twice the rate of children with any other index report disposition at both six months (n=1129, 10.2%) and 12 (n=1467, 13.3%) months.
- There are relatively small differences in the rates for subsequent confirmed reports between the assessment and unconfirmed index report groups. At six months, the confirmation rate was 4.6% (n=1085) for the group with an unconfirmed index report and 4.0% (n=403) for the group with an "assessment" index report. At twelve months, the confirmation rate was 7.5% (n=1765) for the unconfirmed index report group and 6.7% (n=669) for the assessment index report group.

- Children with index dispositions of closed/no finding had the lowest subsequent confirmation rate at both 6 (n=120, 3.2%) and 12 (n=223, 5.9%) months.
- The overall rate of subsequent confirmed reports increased by less than three percent between six months and twelve months. In other words, over two-thirds of the subsequent confirmed reports occurred during the first six months following the index report.

This expanded analysis of maltreatment recurrence rates in Oklahoma supports Depanfilis & Zuravin's findings (1999a) that broader definitions of recurrence yield higher recurrence rates. In this case, the definition of recurrence was broadened by the length of time for which index reports were observed for recurrence (from the 6 months of the federal measure to 12 months). Expanding the definition of maltreatment recurrence to include re-referral or (re-reporting) also increased the recurrence rate. The overall recurrence rate was also affected by broadening the definition to include subsequent reports and subsequent confirmations for index reports of all four possible dispositions. As expected for all of these analyses, recurrence rates were higher than the rates calculated by the federal outcome measure methodology.

Impact of Investigation Artifacts on Maltreatment Recurrence Rates

As noted earlier, some researchers (DePanfilis & Zuravin, 1998) have suggested that recurrence rates may be exaggerated by investigation and assessment artifacts. That is, during the investigation and assessment phase of a CPS case, new information may come to light regarding another incident or an additional type of child maltreatment. In Oklahoma, practice dictates that these reports be merged with the original allegation.

If any information gathered in the course of investigation and assessment is recorded as a separate report of child maltreatment, the data may indicate a recurrence that is not truly a recurrence but rather an artifact of the investigation and assessment process.

Oklahoma staff have also expressed concern about the impact of recording practices on state maltreatment recurrence rates. An example of this would be two reports on the same child a few days apart alleging the same or similar maltreatment and circumstances. Policies affecting how these two reports are recorded and worker adherence to those policies can both have significant impact on maltreatment recurrence rates. Oklahoma policies and procedures dictate that circumstances involving multiple reports or allegations arising during an investigation be handled in the following ways:

- If two or more reports on the same child or family involve the same or similar circumstances (e.g. both reports allege neglect) and are close in time to one other, all related reports should be treated as one report (not recorded as a separate report).
- If two or more reports occur close in time but are reports of different types of child maltreatment (e.g. one for physical abuse and one for neglect), the reports should be recorded as separate reports. If both reports are confirmed, the later report will be counted as a recurrence.
- Information that comes to light during investigation and assessment about a type of maltreatment not included in the initial report should be recorded in the investigation but should not be a separate report.

To evaluate the impact of assessment and investigation artifacts on rates of maltreatment recurrence in Oklahoma, Oklahoma child welfare staff requested an analysis that excludes reports occurring within 10 days of the index report. The analysis on re-referrals and subsequent confirmed reports was re-run excluding any report that occurred within 10 days of the index report. This analysis is summarized in Table 3.

Table 3			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
Subsequent Report >10 Days After Index Report			Re-Referral (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of Index Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1768 16.0%	2543 23.0%	969 8.8%	1306 11.8%
Assessment	20.6	9961	1318 13.2%	2081 20.9%	370 3.7%	632 6.3%
Unconfirmed	48.8	23660	3431 14.5%	5192 21.9%	1009 4.3%	1680 7.1%
Closed/No Finding	7.9	3806	441 11.6%	684 18.0%	112 2.9%	213 5.6%
Total	100.0	48463	6958 14.4%	10500 21.7%	2460 5.1%	3831 7.9%

While the number of children changes, the rates summarized in Table 3, excluding reporting within 10 days, were similar to the rates summarized in Table 2, excluding reports within 1 day. Children with a confirmed index report experienced a subsequent confirmed report at twice the rate of children with any other index report disposition. As in the previous analysis, small differences were found in the rates for

subsequent confirmed reports between the assessment and unconfirmed index report groups.

As expected, there was a drop in the total number of reports when reports received within 10 days were excluded from the analysis. To assess the impact of investigation and assessment artifacts on the federal outcome, Table 4 summarizes the differences between excluding reports within 24 hours (as required by the federal recurrence measure) and excluding reports within 10 days as suggested by Oklahoma administrators.

Table 4

Percentage Drop in Re-report and Subsequent Confirmation Rates by Excluding Reports Occurring Within 10 Days

Measure Used	Number of Unique Child Reports Excluding Reports Occurring Within		Percent Difference
	24 hours (Consistent with Federal Outcome Measure)	10 days (As Suggested by Oklahoma DHS Staff)	
Re-report Rate	1975 17.9%	1768 16.0%	-10.5%
Subsequent Confirmation	1129 10.2%	969 8.8%	-14.2%

Table 4 shows that for confirmed index reports the re-report rate drops by 10.5% and the subsequent confirmation rate drops by 14.2% when reports occurring within 10 days of the index report are excluded from the analysis. When analyzing all reports regardless of the disposition of the index report, the re-report rate drops by 9% and the subsequent confirmation rate drops 10.1% (not shown in table). The differences may be artifacts of data recording or they may stem from other sources. While the affect of time from the index report to recurrence will be evaluated in a later report, tables

showing the affect of excluding 30 and 60 days are included in Appendix A for the curious reader.

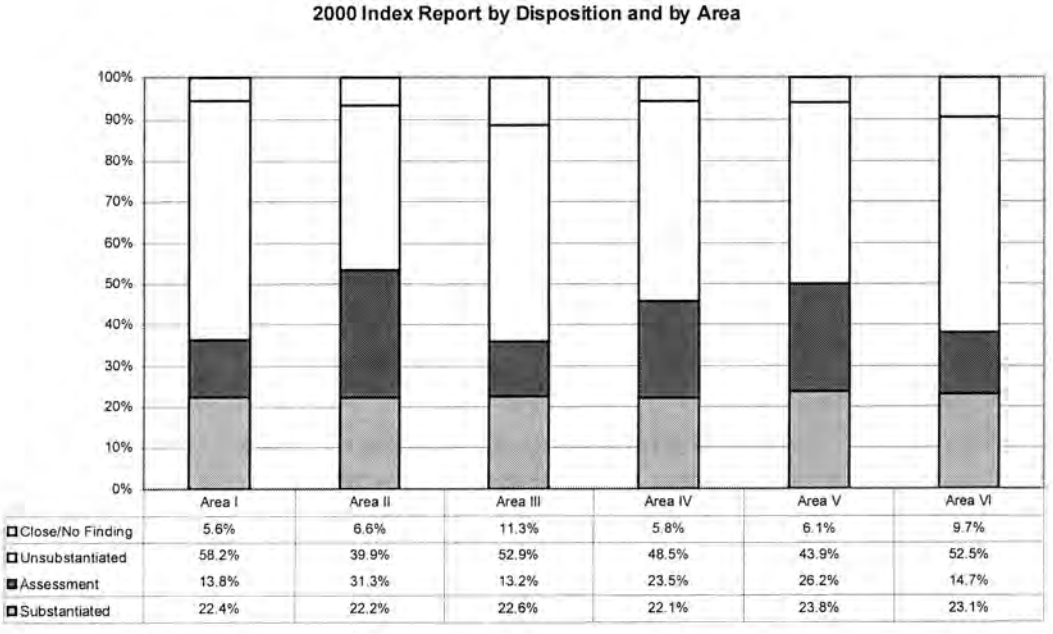
Comparing Dispositions by Administrative Area

Chart 3 summarizes the index report dispositions for 2000 by administrative area. The chart clearly demonstrates the uniformity of confirmation rates across administrative areas. A less than two per cent difference separates the area with the highest confirmation rate, Area 5, from the area with the lowest confirmation rate, Area 4.

The closed/no finding disposition is fairly consistent in four areas (Areas 1, 2, 4, and 5) with a difference of less than one percent between the highest and the lowest closed/no finding disposition rates. Areas 3 and 6 have much higher closed/no finding disposition rates. The lowest Close/No Finding rate was Area 1 (5.6%) and the highest rate was in Area 3 (11.3%). These differences may be related to the more mobile nature of the urban populations represented in these two administrative areas.

Greater differences were found among areas for assigning cases to the assessment track (referred to as a disposition in this report). Areas 2, 4, and 5 (rural areas) assign cases to Assessment at higher rates--ranging from ten to twenty percent higher than Areas 1, 3, and 6 (urban areas except for Area 1). The relationship between the assessment disposition and recurrence will be further explored in the research report evaluating the impact of services on recurrence rates.

Chart 3

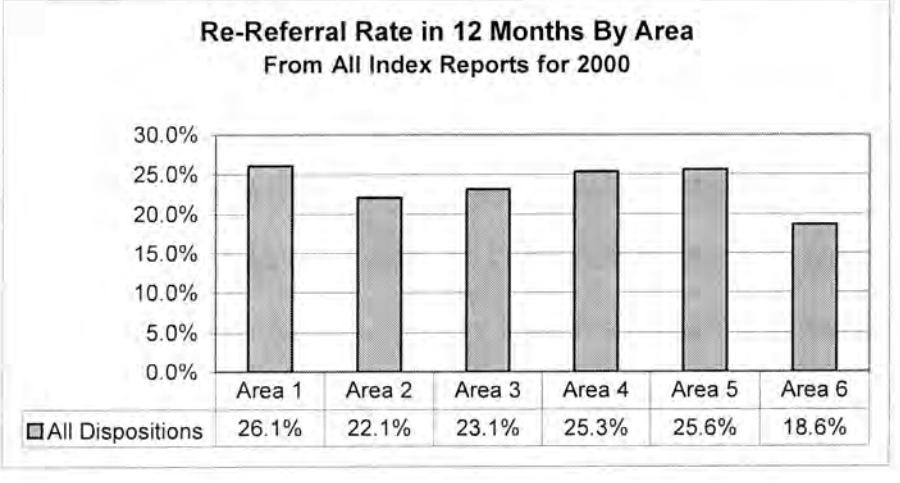


	Area I	Area II	Area III	Area IV	Area V	Area VI
Close/No Finding	5.6%	6.6%	11.3%	5.8%	6.1%	9.7%
Unsubstantiated	58.2%	39.9%	52.9%	48.5%	43.9%	52.5%
Assessment	13.8%	31.3%	13.2%	23.5%	26.2%	14.7%
Substantiated	22.4%	22.2%	22.6%	22.1%	23.8%	23.1%

Re-Referral Rates by Area

Chart 4 summarizes re-referral rates within twelve months by administrative area for all unique child index reports in 2000. As noted earlier, the difference in re-report rates in 12 months between administrative areas is relatively small. Area 6 shows the lowest re-report rate at 18.6%.

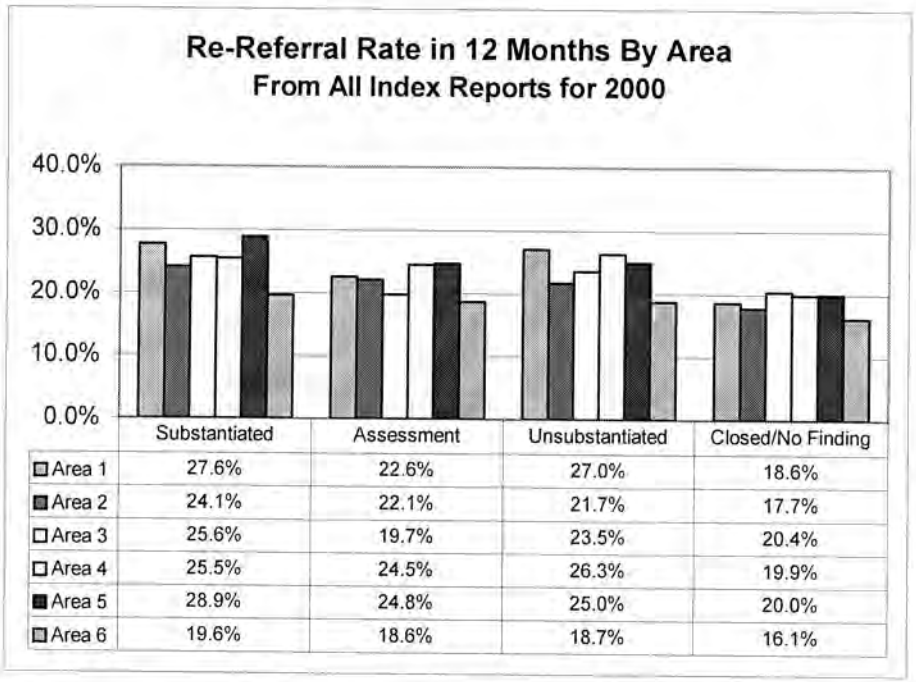
Chart 4



	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
All Dispositions	26.1%	22.1%	23.1%	25.3%	25.6%	18.6%

Chart 5 below shows the same re-referral data by the four disposition categories reported to NCANDS. While there is generally a higher rate of re-referral among the confirmed index report group, the re-referral rate between dispositional categories is remarkably similar. Given the lower rate of re-referral in Area 4, this area stands out in each of the other dispositional categories as well. For confirmed index reports, Area 6's re-referral rate was 19.6%, 9% less than the highest area rate (Area 5, 28.9%).

Chart 5



	Substantiated	Assessment	Unsubstantiated	Closed/No Finding
Area 1	27.6%	22.6%	27.0%	18.6%
Area 2	24.1%	22.1%	21.7%	17.7%
Area 3	25.6%	19.7%	23.5%	20.4%
Area 4	25.5%	24.5%	26.3%	19.9%
Area 5	28.9%	24.8%	25.0%	20.0%
Area 6	19.6%	18.6%	18.7%	16.1%

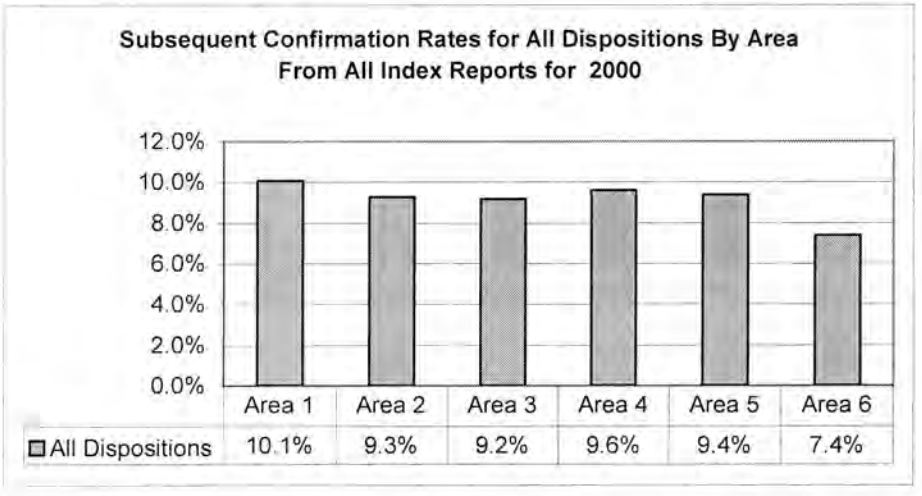
Area 6, with the lowest (best) re-referral rate in 2000, had the 4th best recurrence rate (federal outcome measure) in 2000 of 11.2%. However, the area with lowest recurrence rate (best) in terms of the federal measure (Area 4, 8.5%) had one of highest rates of re-referral (subsequent reports) for all index report dispositions. These relationships are summarized below in Table 4.

Table 4	2000 Re-referral Rate (%)	2000 Subsequent Confirmed Report[3] Rate (%)	2000 Federal Recurrence Rate (%)
Area 1	**26.1 (worst)**	**10.1 (worst)**	11.1
Area 2	22.1	9.3	11.3
Area 3	23.1	9.2	13.7
Area 4	25.3	9.6	**8.5 (best)**
Area 5	25.6	9.4	**12.5 (worst)**
Area 6	**18.6 (best)**	**7.4(best)**	11.2

Subsequent Confirmation Rate

Chart 6 depicts the rate of subsequent confirmed reports within twelve months (of the index report) for 2000 for all dispositions by area. With the exception of Area 6, overall subsequent confirmation rates are relatively consistent between areas. The lowest (best) rate is Area 6 at 7.4% and the highest is Area 1 at 10.1%. The other areas vary by less than 1%.

Chart 6



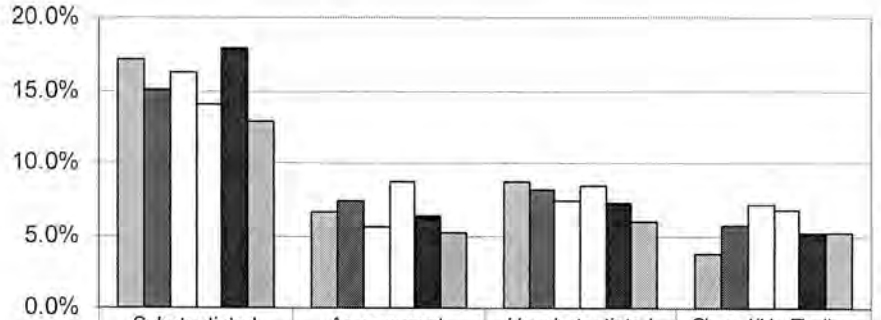
Unlike the re-referral rates shown in Chart 5, Chart 7 demonstrates a notable difference in the subsequent confirmation rate for children with a confirmed index report

[3] Subsequent to index report.

as compared to the other three possible index report dispositions. Children with assessment or unconfirmed dispositions were far less likely to experience a subsequent confirmed report of child maltreatment within twelve months of their index report. It is also notable that the subsequent confirmation rates for the assessment and unsubstantiated index disposition groups were remarkably similar. The closed/no finding index disposition group was the least likely to have a subsequent confirmed report. Area 3 had a higher subsequent confirmation rate for closed/no finding index cases (7.1%) than for assessment cases (5.6%), and Area 6 had the same rate for closed/no finding and assessment index disposition cases (both 5.2%).

Chart 7

Subsequent Confirmation Rate By Area
From All Index Reports for 2000



	Substantiated	Assessment	Unsubstantiated	Closed/No Finding
Area 1	17.1%	6.7%	8.8%	3.7%
Area 2	15.1%	7.3%	8.1%	5.8%
Area 3	16.3%	5.6%	7.5%	7.1%
Area 4	14.0%	8.6%	8.4%	6.7%
Area 5	17.9%	6.4%	7.2%	5.2%
Area 6	12.9%	5.2%	6.0%	5.2%

3. Preliminary Conclusions and Recommendations

1. Oklahoma's rate of child maltreatment recurrence is improving but has yet to meet the federal standard.

The Federal recurrence of maltreatment rate statewide has improved each year since 1999. At 9.8% in 2001, the maltreatment recurrence rate is 3.7% over the federal standard of 6.1%. In 2001, that 3.7% difference represents 231 children who experienced multiple incidents of child maltreatment. Areas 2, 4, and 6 have the lowest (best) maltreatment recurrence rates at 7.8%, 8.6% and 7.5%, respectively. These same three areas have shown the most improvement from 1999 to 2001. Areas 1, 3, and 5 experienced higher rates of recurrence and only modest improvements over the four years tracked.

Recommendation. The largest gains to be made in recurrence rates are in Areas 1, 3, and 5. Identifying the factors contributing to relatively better performance in Areas 2, 4, and 6 should provide some guidance about specific action steps to improve performance in the other three areas (Areas 1, 3, and 5). However, efforts for program improvement should not be limited to these three areas. Even the highest performing area (Area 6 at 7.5%) is 1.4% away from meeting (above) the federal standard.

2. Re-referral and subsequent confirmation rates show little variation.

With few exceptions, relatively small differences exist in re-referral and subsequent confirmation rates among index report dispositions and or among administrative areas. Two exceptions should be noted. Area 6 shows noticeable differences from the other areas on both measures. Secondly, children with confirmed index reports are more than twice as likely to have a subsequent confirmed report.

Of particular interest were the small differences that exist between assessment and unsubstantiated cases. If assessment cases are considered lower risk, the data did not show substantive differences. Future research will examine this difference in light of predictors of recurrence and the impact of service on recurrence rates.

Recommendation. The results of this study provide support for one of the state's strategies to improve maltreatment recurrence rates found in the Program Improvement Plan (PIP). The PIP states that the agency will revisit its "...Risk/Safety Assessment and Safety Planning instruments and procedures." Current procedures may be providing little decision-making guidance to workers trying to determine the likelihood (risk) of future maltreatment or re-report. It will be important to revisit this conclusion when more is known about the impact of services in an upcoming research report. The maltreatment recurrence literature provides additional support for the adoption of an empirically based Risk/Safety Assessment protocol. The state may want to consider further research to validate the Safety Assessment instrument currently in use for determining risk of future maltreatment.

3. Possible artifact of recording reports of maltreatment is indicated.

This study provides some evidence that workers may not be recording reports in accordance with agency policy and procedures. When reports occurring within 10 days of the index report were excluded from the analysis, the recurrence rate dropped by 10.2% to 8.8%, a 14.2% difference.[4] Reports occurring within 10 days of a prior report are often related to the prior report. Oklahoma has procedures in place to limit the impact of duplicated reports on recurrence rates. This analysis raises questions about how well those procedures are followed in day-to-day practice.

[4] We examined the subsequent confirmation rate for confirmed index reports. These rates are not the same as the federal recurrence rate for Oklahoma due to methodological differences described in the methodology section of this report.

Recommendation. A more in-depth study of reporting artifacts could be useful. However, some immediate steps could be taken to address this problem, such as: 1) brief training for line-level staff and supervisors on policies and procedures related to recording this information in KIDS; 2) supervisory review of cases that have a subsequent report within 10 days of another report to insure the data was recorded properly; 3) an item added to the case review process that could be checked to see if reports and findings were recorded properly; and 4) a KIDS flag or report generated out of KIDS that asks supervisors to review suspect cases.

4. Further research on recurrence is indicated.

More in-depth studies of recurrence rates and other findings in this report are planned. The next report will examine time to recurrence and identify the predictors of recurrence through epidemiological and event history statistical procedures. This will provide a more detailed analysis of the predictors of the length of time to recurrence. The planned report should also provide some insights into which groups of children or families are most at risk for future maltreatment.

The third recurrence report planned will provide a better understanding of the impact of service interventions on recurrence rates. This report will look at the difference in maltreatment recurrence rates between children who receive services and those who do not.

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Appendix A

Subsequent Report 0 Days after First Report			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
			Re-report (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of First Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	2012 18.2%	2787 25.3%	1388 12.6%	1726 15.6%
Assessment	20.6	9961	1472 14.8%	2235 22.4%	405 4.1%	672 6.7%
Unconfirmed	48.8	23660	3802 16.1%	5563 23.5%	1106 4.7%	1787 7.6%
Closed/No Finding	7.9	3806	476 12.5%	719 18.9%	122 3.2%	226 5.9%
Total	100.0	48463	7762 16.0%	11304 23.3%	3021 6.2%	4411 9.1%

Subsequent Report >1 Day after First Report			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
			Re-report (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of First Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1975 17.9%	2750 24.9%	1129 10.2%	1467 13.3%
Assessment	20.6	9961	1452 14.6%	2215 22.2%	403 4.0%	669 6.7%
Unconfirmed	48.8	23660	3744 15.8%	5505 23.3%	1085 4.6%	1765 7.5%
Closed/No Finding	7.9	3806	474 12.5%	717 18.8%	120 3.2%	223 5.9%
Total	100.0	48463	7645 15.8%	11187 23.1%	2737 5.6%	4124 8.5%

Subsequent Report >10 Days after First Report			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
			Re-report (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of First Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1768 16.0%	2543 23.0%	969 8.8%	1306 11.8%
Assessment	20.6	9961	1318 13.2%	2081 20.9%	370 3.7%	632 6.3%
Unconfirmed	48.8	23660	3431 14.5%	5192 21.9%	1009 4.3%	1680 7.1%
Closed/No Finding	7.9	3806	441 11.6%	684 18.0%	112 2.9%	213 5.6%
Total	100.0	48463	6958 14.4%	10500 21.7%	2460 5.1%	3831 7.9%

Subsequent Report >30 Days after First Report			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
			Re-report (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of First Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1431 13.0%	2206 20.0%	745 6.8%	1076 9.7%
Assessment	20.6	9961	1108 11.1%	1871 18.8%	303 3.0%	562 5.6%
Unconfirmed	48.8	23660	2919 12.3%	4680 19.8%	877 3.7%	1539 6.5%
Closed/No Finding	7.9	3806	379 10.0%	622 16.3%	103 2.7%	199 5.2%
Total	100.0	48463	5837 12.0%	9379 19.4%	2028 4.2%	3376 7.0%

Subsequent Report >60 Days after First Report			Number and Percentage of Unique Children Experiencing A Subsequent Report of Child Maltreatment Between January 2, 2000 and December 31, 2001			
			Re-report (Subsequent Screened in Report)		Subsequent Confirmed Report	
Disposition of First Report in 2000	Unique Children with at Least 1 Screened in Report of Child Maltreatment during 2000		Within 6 Months or Less	Within 12 Months or Less	Within 6 Months or Less	Within 12 Months or Less
	% of Total	Number				
Confirmed	22.8	11036	1039 9.4%	1814 16.4%	510 4.6%	834 7.6%
Assessment	20.6	9961	874 8.8%	1637 16.4%	227 2.3%	475 4.8%
Unconfirmed	48.8	23660	2266 9.6%	4027 17.0%	666 2.8%	1287 5.4%
Closed/No Finding	7.9	3806	273 7.2%	517 13.6%	75 2.0%	169 4.4%
Total	100.0	48463	4452 9.2%	7994 16.5%	1478 3.0%	2765 5.7%