

# Comparing Children's and Caseworkers' Reports of Physical Violence

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Stacey Nofziger,<sup>1</sup> Rachel E. Stein,<sup>2</sup>  
and Nicole L. Rosen<sup>3</sup>

## Abstract

In cases of suspected child maltreatment, the caseworkers' evaluations of the harm and risk to the child are vital in determining if children are being abused and ultimately whether services are provided to the family. These evaluations are dependent on information caseworkers are able to uncover during their investigation, but may not reflect the experiences of the child. Using data from the National Survey of Child and Adolescent Well-Being (NSCAW-I), this study first compares how consistent children's claims of physical victimization are with caseworkers' assessments of harm, severity of risk, and whether there is physical abuse occurring. Second, we examine whether any discrepancies are influenced by the demographic characteristics of the child. Based on cross-tabulations, mean tests of difference, and one-way ANOVA, we find a high degree of overlap in children's reports of violence with caseworkers' reports of harm, the potential for risk, and the presence of physical abuse. However, there are also important differences. Among children who reported acts of physical violence occurred "lots of times," 23% of the cases were viewed by the caseworker as causing "no harm" to the child and over 60% were not regarded as physical abuse. The

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<sup>1</sup>University of Akron, OH, USA

<sup>2</sup>West Virginia University, Morgantown, USA

<sup>3</sup>Penn State Erie, The Behrend College, USA

## Corresponding Author:

Stacey Nofziger, Department of Sociology, Olin 247, University of Akron, Akron, OH 44325-1905, USA.

Email: Sn18@uakron.edu

children's age and sex are both significant predictors of discrepancies, with more discrepancies between caseworkers and young children or teens as well as boys. Implications of this study are that additional training is needed to help caseworkers build rapport with the children. We also suggest that Child Protective Services (CPS) should implement alternative ways for children to report their experiences other than face-to-face interviews with caseworkers.

**Keywords**

child abuse, physical abuse, violence exposure, Child Protective Services

Child Protective Services (CPS) agencies serve as the primary means by which maltreated children and their families receive help. In 2014, over 6.6 million children in the United States were reported to CPS for suspected maltreatment, with an estimate of 702,000 of these cases being substantiated (U.S. Department of Health and Human Services [USDHHS], 2016). A much larger number of children who are being abused and neglected never come to the attention of CPS (Sedlak et al., 2010). When families are not reported, or a reported case is not substantiated by a CPS investigation, children are at risk of being unprotected and remaining in an unsafe environment (Brown, Cohen, Johnson, & Salzinger, 1998; Cross & Casanueva, 2009; Fuller & Nieto, 2009).

The outcome of every case that is reported to CPS is largely dependent on the recommendation of the caseworker who conducts the investigation. A substantial body of literature examines what influences caseworkers' decisions to substantiate a case (e.g., Berger, Slack, Waldfogel, & Bruch, 2010; Cross & Casanueva, 2009; DeRoma, Kessler, McDaniel, & Soto, 2006; Dettlaff et al., 2011; English, Marshall, Coghlan, Brummel, & Orme, 2002; Vitale, Squires, Zuckerbraun, & Berger, 2010). Missing from the literature is a comparison between what caseworkers personally believe occurred and the reports from the children who are involved. The current study provides a first step to address this gap in the literature by determining if the caseworker's perceptions are consistent with experiences of physical victimization reported by the child.

**Uncovering Childhood Maltreatment**

Maltreatment of children occurs primarily within the home, with over 91% being perpetrated by parents (USDHHS, 2016). The private nature of this maltreatment makes it very difficult to uncover. Caseworkers often have to

sift through potentially conflicting reports from people who may intentionally be trying to hide information to determine whether maltreatment occurred. While each state and agency has its own specific policies and practices, there are some standard procedures throughout the United States for investigating alleged maltreatment to guide the caseworker in this process. In most cases, an investigation is conducted to determine (a) if maltreatment has, or is likely, to occur and (b) whether the family needs services to minimize future risk and what type of services would be most useful (USDHHS, 2016). During the investigation, the caseworker interacts with the family, both through home visits and interviews with parents, other adults who have contact with the child, including the person who made the report, teachers or doctors, as well as the alleged victim (Child Welfare Information Gateway, 2013). Within the investigation process, caseworkers are supposed to rely on their training to gather information in a way that is unbiased and that provides accurate information. However, what caseworkers do in the field is often not consistent with their training or with what research indicates are the best practices for eliciting information during a forensic interview.

Research on appropriate investigative interview techniques with child victims makes fairly consistent recommendations. These include using open-ended questions (as opposed to yes/no or leading questions), following specific steps during the interview starting with developing rapport with the child, allowing the child to be the one to volunteer information about any abuse, not introducing information that is not revealed by the child, and using standardized risk assessment tools to minimize error introduced by subjective evaluations by caseworkers (Baird, Wagner, Healy, & Johnson, 1999; Freeman & Morris, 1999; Lee, Sobeck, Djelaj, & Agius, 2013; Warren, Woodall, Hunt, & Perry, 1996; B. Wood, Orsak, Murphy, & Cross, 1996). In spite of this, research on whether caseworkers use these practices, even after specific training that highlights their importance, shows that caseworkers regularly fail to follow these recommendations. For example, Freeman and Morris (1999) found that while training that was specifically about how to conduct appropriate and effective interviews did increase caseworker knowledge, it had very little impact on their practices and made no improvement in their ability to acquire correct information during a mock interview.

Caseworkers are trained to use standardized assessment tools in the field to objectively identify indicators of risk; however, there is great variation in how the tools are actually implemented. Lee and colleagues (2013) found that in spite of being trained to use the standardized tools to evaluate the risk to the child, caseworkers complained that such tools were problematic and ineffective in the field, and admitted that they routinely did not use them in their investigation. The mismatch between the objective measure of risk

generated by these tools and the reality of the home visit is often referenced by caseworkers as problematic (Vitale et al., 2010). Even when these standardized assessments are used, the discretion granted to caseworkers in the field allows the tool to be used in a subjective way (Berger et al., 2010; DeRoma et al., 2006; Vitale et al., 2010).

A similar break between theory and practice occurs in developing rapport with alleged victims. Nearly every guide related to interviews includes the importance of developing rapport “to increase children’s willingness to interact and their ability to relate important information” (Warren et al., 1996, p. 233). However, in studying interviews conducted by caseworkers, the attempts to develop a good rapport with the child were minimal and ineffective (Warren et al., 1996). Caseworkers say they believe it is important to establish rapport to get accurate information, but argue that pressures related to time and resources often make this step, and ultimately conducting a thorough investigation, difficult to achieve (Lee et al., 2013).

Beyond the challenge of having caseworkers follow their training when they are in the midst of an investigation, it is also difficult to ascertain if the material they are getting from interviews is accurate. This is especially true for information given by young children. This may not be related to caseworker training or practices but instead a result of children’s inability to relay accurate information. Younger children are often viewed as less competent in relating their experiences than older victims because they are susceptible to suggestion from adults and have difficulty reconstructing events (Brown et al., 1998; Bruck, Ceci, & Hembrooke, 1998; Fergusson, Horwood, & Woodward, 2000). Even so, younger children are perceived as more trustworthy in reporting events of abuse, whereas teenagers and young adults are viewed as more likely to lie (Brown et al., 1998; Bruck et al., 1998; Campbell, Menaker, & King, 2015).

Research on caseworkers’ interview techniques and the ability and willingness of children to accurately report abuse indicate that getting good information during an investigation by CPS may be very difficult. This is evident in research that compares various forms of officially documented maltreatment with self-reports. One study compared whether three groups agreed on whether there was maltreatment and the level of severity if maltreatment was detected (McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995). The three groups were researchers who read the files of active CPS cases, the caseworkers, and the adolescent victims. Generally, there was agreement on the existence and severity of the maltreatment but there were important differences. The most pronounced differences were between reports provided by the adolescents and the “official” sources of the social workers and researchers. In approximately 20% of the cases where the adolescent said there was

physical maltreatment, the official views indicated there was no physical abuse. In contrast, between 14% and 15% of the cases where one of the official reporters indicated there was emotional abuse, the child said there was not (McGee et al., 1995). These differences could be due to interpretations of events or the standards required by official sources to classify physical violence in the home as maltreatment.

The challenges in determining the reliability of children's reports of victimization and the lack of consistency in caseworker interview techniques raise serious concerns about the ability of a CPS investigation to garner accurate information. Having incomplete information ultimately may leave the child in a dangerous situation. The current project attempts to assess whether there are serious discrepancies between the information gathered by caseworkers and the reports of children about their experiences of victimization. This project uses a nationally representative sample of children who were reported to CPS for alleged maltreatment. While not a truly national sample of all children, these data include suspected maltreatment rather than being limited to children or adults with a confirmed history of abuse or neglect. Thus, we are able to examine children's self-reports about victimization and compare these with the caseworkers' perceptions of the case. We are also able to assess whether the characteristics of the child effect whether there is a difference between the caseworkers' assessment and the children's self-reports.

Two hypotheses guide our study. First, we hypothesize that there will be a high level of consistency between children's self-reports and caseworkers. However, if discrepancies exist, we expect that the child will report higher victimization than indicated by the caseworker's assessments. Our reasoning is that caseworkers are limited by the rules and definitions used by their agency for deciding if the child is harmed and how serious the risk is. Even though they are asked about their personal views, these standards will influence their perceptions. In addition, caseworkers may not be able to develop an adequate level of trust with the child, who then only gives the caseworker partial information that results in the caseworker underestimating the amount of violence that occurred.

Our second hypothesis is that the characteristics of the child will influence whether there is discrepancy in caseworkers' and children's reports. Based on past research, we expect that there will be a greater difference between caseworkers' and children's reports for both the youngest children and the oldest age groups. This hypothesized curvilinear relationship is expected because of the expected lack of competence for young children to self-report victimization and the belief shown in past work that teenagers lie about victimization.

## **Data and Method**

The data used for this study come from the first cohort of the National Survey of Child and Adolescent Well-Being (NSCAW-1). The sample was drawn from all children who were referred to CPS over a 15-month period starting in October of 1999. The children in the NSCAW were selected from 92 different sampling units in 97 counties across the country. This study was the first longitudinal national probability sample of this population. The data were collected by the USDHHS over five waves with the last being completed in December of 2007 and were intended to examine a wide variety of positive and negative outcomes for these children. One unique characteristic of these data is that they were collected from several key individuals in the children's lives, including the children themselves, the caseworker, current caregiver, teacher, and former caregiver for each respondent. Children's ages ranged from birth to 15 years old at the time of the sample collection (see Dowd et al., 2002 for more information on data collection and characteristics of the full sample).

For the current study, data are drawn from both the caseworker interviews and the child self-report interviews at Wave 1. We use this wave as it is closest to the initial report to CPS and would presumably have the least difficulties related to children's recall of events and the caseworkers' impressions. Interviews with the child began between 40 and 63 days after the close of the investigation and caseworkers completed in-person interviews an average of 101 days after the investigation (Dowd et al., 2002). The full NSCAW sample of children who were referred to CPS during the sampling frame was 5,504. This sample was narrowed for the current analyses both by the age of respondents and the availability of caseworker data. Specifically, we eliminated 404 cases where there was no interview from the caseworker. In addition, as we were interested in children's own reports of physical victimization, we limited our sample to children who were aged 5 years or older as this was the age group eligible to complete the CAPI (computer-assisted personal interviewing), which included the questions related to physical victimization. Limiting the data to those who were aged 5 years or older and dropping the cases without caseworker information left a final sample of 2,751 children and adolescents (see Table 1 for demographic breakdown of our sample).

The working sample for this study consists of 53% girls and 47% boys. The sex distribution of our sample is consistent with national CPS data, which finds that girls have a slightly higher victimization rate and account for 50.7% of all victims (USDHHS, 2016). Our sample ranged from ages 5 to 16, with a mean age of 9.8 years. While the sample was initially collected of children up to 15 years old, Wave 1 was collected up to 2 months after the

**Table 1.** Demographic Characteristics of Sample.

	<i>n</i>	%
Sex		
Male	1,289	46.9
Female	1,462	53.1
Age		
5	230	8.4
6	280	10.2
7	264	9.6
8	272	9.9
9	274	10.0
10	252	9.2
11	267	9.7
12	244	8.9
13	284	10.3
14	285	10.4
15	98	3.6
16	1	0.0
Race		
NH White	1,244	45.2
NH Black	828	30.1
Hispanic	461	16.8
Other	210	7.6

Note. NH = non-Hispanic.

close of the investigation. Thus, one 15-year-old included in the sample turned 16 prior to the Wave 1 data collection. Nationally, the majority of abused and neglected children are younger than 5 years old, with the percentage of victims decreasing with age (USDHHS, 2016). To see if the age distribution of national data was comparable to our sample, we used data from the national “Child Maltreatment 2014” report (USDHHS, 2016) and computed the average age of victims within the same age frame as our sample. Based on this computation, the national average age of maltreated children who are aged between 5 and 15 is 9.5 years (USDHHS, 2016), which is very close to our sample mean. In terms of racial classifications, the largest group in our sample is non-Hispanic White (45%), with a substantial percent reporting they are non-Hispanic Black or Hispanic (30% and 17% respectively). This is again very similar to national data. According to the most recent CPS data, 44% of victims of maltreatment are White, 23% Hispanic, and 21% African

American (USDHHS, 2016). Based on these numbers, our sample slightly over-represents African Americans and under-represents Hispanics, but it does reasonably reflect the diversity of the population of children who are abused and neglected in the United States.

### *Measuring Child Victimization*

The current study assesses if caseworkers' perceptions of the home situations and children's self-reported physical victimization are consistent. We do not expect there to be absolute agreement, with children reporting no victimization whenever caseworkers indicate there is no harm or risk. Instead, we examine how big of a discrepancy there is between the data provided by the caseworker and the child. We focus on physical victimization both because this is the second most common form of maltreatment identified by CPS, after neglect (USDHHS, 2016), and due to the type of material that was available in the self-report interviews. Children were not asked questions that would allow us to determine if they were being neglected, such as not having enough food or a lack of medical attention. Other forms of abuse, such as sexual abuse, is reported by the children but is limited to those who are 11 or older. By restricting our investigation to physical violence, we are able to draw on the surveys of children who were as young as 5 years old.

*Caseworker assessments.* The caseworker interview included questions regarding their opinions about the case in addition to the official outcomes of the investigation. Using caseworker's own views can provide important information about victimization that is occurring even if there is not adequate evidence to be ruled as a substantiated case of maltreatment. The lead in to the questions used in our study states, "For the next set of questions, please do not be concerned with whether or not the report was substantiated when offering your responses." The first two items asked the caseworker to describe the "level of harm to the child," and the "severity of risk" to the child, "regardless of the outcome of the investigation." The possible responses were *none*, *mild*, *moderate*, and *severe* (coded as 1 to 4 indicating increased victimization). The third survey question used in the current study asked the caseworker to indicate all the types of maltreatment that he or she believed had occurred. If the caseworker indicated he or she believed that physical abuse had occurred, we coded a "Physical Abuse" variable as 1 (0 for all others).

*Children's reports.* We examined data from children who were aged 5 years and older and completed the CAPI module on "exposure to violence" to compare their self-reports of victimization with the caseworkers' reports. Within



this module, the children indicated whether within the past year a parent or other adult in the home committed any of five different physically violent acts against them: threw something at them, shoved them, slapped them, beat them up, or pointed a weapon, like a gun or knife, at them. Children reported how often they had experienced each form of violence (0 = *never*, 1 = *one time*, 2 = *a few times*, 3 = *lots of times*). We conducted descriptive and bivariate analyses for these individual types of victimization and created a measure representing “Total Victimization” that added the reported frequency for all five acts of violence (range of 0 to 15 with mean of 1.78).

*Comparing children and caseworkers.* There are several ways that caseworkers and children may not match on the level of reported violence. For example, the child could report no victimization on any of the five types of violence included in the data but the caseworker could believe there is physical abuse. This type of discrepancy may occur for a number of reasons. For example, the child may be unwilling to report victimization when he or she completed the survey or the caseworker may have additional information about specific acts of physical abuse that were not represented in the child’s survey, such as whether the child had been burned or choked by a parent or caregiver. Therefore, the difference may be an indication of more complete information held by the caseworker. However, there can also be cases of the child reporting greater victimization than indicated by the caseworker. The child may be more willing to report victimization in the context of a survey than in a face-to-face interview with a caseworker. Children may have also experienced forms of violence not included in the CPS investigation, particularly if the investigation focused on neglect or a different form of abuse and did not ask the child about physical violence during the interview process.

While any type of discrepancy is potentially important, our greatest concern is that victimization experienced by children is not being identified, leaving them at risk for continuing harm. Therefore, for the current study, we measure the discrepancy between caseworker and children’s reports that is created when caseworkers indicate there is no problem occurring in the home but children report being the victim of physical violence. To measure this form of discrepancy in reporting, we first recoded the caseworker assessments into three dichotomous variables: NoHarm, NoRisk, and NoAbuse. Using the caseworker’s report of the “level of harm to the child,” we coded NoHarm as one if the caseworker reported there was “none” and zero if they reported any of the other three responses of “mild,” “moderate” or “severe.” We used the same process to develop the “NoRisk” variable, based on the caseworker’s description of the “severity of risk” to the child. Again, “NoRisk” was coded as 1 if the caseworker indicated there was “none” and

0 for the other three response categories (mild to severe). The NoAbuse variable used for the analysis was based on the question that asked the caseworker to list all types of maltreatment he or she believes had occurred and is coded as 1 if he or she did not indicate physical abuse was present and 0 for all other responses. These variables are compared with the total victimization measure provided by the children in several analyses to examine how much total violence was reported by the child in the instances where the caseworker reported he or she did not believe there was any harm, risk, or abuse.

The choice to dichotomize the caseworker variables was to provide the clearest statement of potential discrepancies of caseworker and child reports. If we used the four levels from the caseworker of none to severe, it would add a high level of complexity in deciding whether a caseworker and child were in agreement about the maltreatment. For example, a caseworker may report "mild" risk and the child that one type of act occurred five times. Whether or not this is a discrepancy is very difficult to ascertain. By comparing how much violence the child reports with cases where the caseworker indicated there is NoAbuse, NoHarm, and NoRisk, our analyses allow us to see how often the most potentially harmful discrepancies exist.

## **Analysis**

This study provides a comparison of what the caseworkers reported they believed was true after their investigation with the children's own reports of physical victimization in the home. Using the data provided by the caseworkers and the children and adolescents in the NSCAW-I, we conduct a series of descriptive and bivariate analyses to present a picture of how well the caseworkers' understandings of the situation match with what the children report. We also conduct a test of the means and ANOVA to assess whether the difference in reporting varies based on the characteristics of the child, specifically his or her sex and age.<sup>1</sup>

Our findings are presented in three sections. First, we examine the violent experiences of the children and adolescents as they report them. Second, we provide a series of comparisons of these reported experiences with the caseworkers' impressions. Finally, we explore whether the differences examined in the second section vary depending on the characteristics of the children.

## **Findings**

Table 2 displays the child's reports of physical victimization in the past year by type of violent act and frequency of occurrence. The majority of the respondents report no acts of victimization (between 72.8% and 92.5%).

**Table 2.** Violent Victimization Reported by Children.

Frequency by Type of Violence					
No. of Times Adult . . .	Never	One Time	A Few Times	Lots of Times	Total
Threw something	1,976	220	163	168	2,527
Shoved	1,937	248	165	177	2,527
Slapped	1,845	277	198	214	2,673
Beat up	2,118	141	125	147	2,531
Pointed weapon	2,356	99	35	56	2,546

Total Victimization Reported by Child				
	Frequency	%	M	SD
Zero	1387	57.7	1.78	3.04
One	261	10.9		
Two	163	6.8		
Three	156	6.5		
Four	86	3.6		
Five	65	2.7		
Six	72	3.0		
Seven	43	1.8		
Eight	26	1.1		
Nine	45	1.9		
Ten	26	1.1		
Eleven	19	0.8		
Twelve	27	1.1		
Thirteen	12	0.5		
Fourteen	4	0.2		
Fifteen	13	0.5		

Being slapped is the most common type of violence reported by children, with 31% reporting such an event happened at least one time in the past year. Being beaten up and threatened with a weapon are relatively rare, with only 16.3% and 7.5% of the sample reporting these acts occurred. However, for those who did report they experienced violence, these were often repeated occurrences. For example, of the 551 respondents who claimed they had something thrown at them, 30% said this occurred “lots of times.” Similarly, while a small percentage of children reported they were beaten up, nearly 36% of those indicated it happened “lots of times” and for the 190 children

**Table 3.** Comparison of Caseworker Reports of No Harm, Risk, or Abuse With Children's Self-Reports That Each Type of Violent Victimization Occurred "Lots of Times."

Child Report "Lots of Times"	Caseworker Assessment					
	No Harm (Total N = 608) <sup>a</sup>		No Risk (Total N = 410)		No Physical Abuse (Total N = 1,887)	
	<i>n</i>	Child %	<i>n</i>	Child %	<i>n</i>	Child %
Threw something (total <i>n</i> = 168)	39	26.1	28	21.5	106	63.1
Shoved (total <i>n</i> = 177)	48	22.6	22	15.6	106	59.9
Slapped (total <i>n</i> = 214)	48	24.6	24	13.9	129	60.3
Beat up (total <i>n</i> = 147)	25	18.5	16	12.9	92	62.6
Pointed weapon (total <i>n</i> = 56)	14	26.4	8	33.0	36	64.3

<sup>a</sup>Total N is the number of cases with No Harm, No Risk and No Abuse reported by the caseworker.

who indicated they had a weapon pointed at them, a total of 29% reported this happened "lots of times."

For the additive measure of total victimization, 57.7% of the respondents reported they never experienced any of these types of violence. While most respondents reported no or low levels of violent victimization, 286 (14.5% of the sample) had scores greater than one standard deviation above the mean of 1.78. A total of 13 respondents (.5% of the sample) reported the highest level of victimization, which means that they reported experiencing all five acts "lots of times."

This first stage of our analysis shows that most children investigated by CPS do not report being the victim of violent events in their homes. However, for approximately 43% of the sample, the child indicated at least one of these events occurred one or more times. We would expect that those reporting higher total victimization, in the form of multiple forms of victimization or regular occurrences, would be most likely to be considered to be harmed and at risk by the caseworker.

### *Comparison of Child Reports With Caseworker Reports*

The remaining analyses compare child reports of victimization with caseworker impressions. For Tables 3 and 4, children's reported victimization is

**Table 4.** Comparison of Total Victimization Reported by Child With Caseworker Assessments.

Total Violence	Caseworker Assessment					
	No Harm		No Risk		No Physical Abuse	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Zero	327	60.4	229	62.7	989	59.1
One	52	9.6	36	9.9	183	10.9
Two	33	6.1	25	6.8	117	7.0
Three	39	7.2	25	6.8	108	6.5
Four	22	4.1	9	2.5	51	3.0
Five	16	3.0	8	2.2	46	2.7
Six	10	1.8	8	2.2	50	3.0
Seven	8	1.5	5	1.4	27	1.6
Eight	4	0.7	2	0.5	18	1.1
Nine	11	2.0	8	2.2	27	1.6
Ten	2	0.4	1	0.3	18	1.1
Eleven	2	0.4	2	0.5	7	0.4
Twelve	6	1.1	3	0.8	15	0.9
Thirteen	4	0.7	1	0.3	10	0.6
Fourteen	1	0.2	1	0.3	1	0.1
Fifteen	4	0.7	2	0.5	7	0.4
Total	541		365		1,674	

compared with caseworkers’ opinions about the case. Tables 5 and 6 provide the findings from a series of *t* tests and ANOVA that examine whether and how children’s demographic characteristics of sex and age affect the discrepancies between caseworker and children’s reports.

For our sample, there were 608 cases in which the caseworker reported “no harm,” 410 cases where the severity of risk was “none,” and in 1,887 cases the caseworker’s opinion was that there was no physical abuse. Table 3 provides the cross-tabulation results of the variables NoHarm, NoRisk, and NoAbuse, with the children’s reports of experiencing each type of victimization the maximum amount of “a lot of times.” This is therefore the most likely situation when children are at continued risk of victimization as they report multiple events but the caseworker believes there was no problem in the home.

While a relatively small number of children reported each type of violence occurred “lots of times,” the caseworker reported there was NoHarm or NoRisk in at least 12% of these cases. For example, 25% of the children that

**Table 5.** Independent *t* Test of Total Victimization for Each Caseworker Assessment by Sex of Child.

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i> Test
NoHarm				
Female	266	1.45	2.60	-1.52
Male	275	1.84	3.30	
NoRisk				
Female	185	1.44	2.68	-0.16
Male	180	1.48	2.90	
NoAbuse				
Female	929	1.48	2.74	-2.41*
Male	745	1.82	3.03	

\**p* < .05.

**Table 6.** One-Way ANOVA for Total Victimization for Each Caseworker Assessment by Age of Child.

Assessment	<i>df</i>	<i>M</i> <sup>2</sup>	<i>F</i>	<i>p</i>
NoHarm	10	36.33	4.34	.000
NoRisk	10	28.04	3.90	.000
NoAbuse	12	97.53	12.78	.000

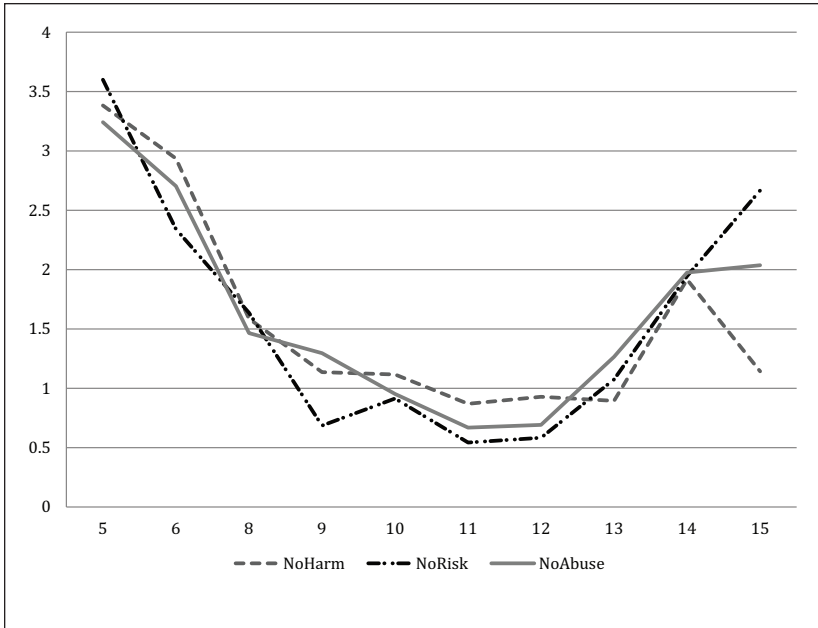
reported they had a weapon pointed at them “lots of times” were coded as NoHarm by the caseworker, and in approximately 11% of the cases where a child reported having been beaten up “lots of times,” the caseworker assessment was coded as NoRisk. There is more discrepancy for the measure of NoAbuse. For each specific type of violence, in approximately 60% of the cases where a child reported it occurred “lots of times,” the caseworker reported there was NoAbuse. For example, the caseworker indicated there was no physical abuse in 36 of the 56 cases (64%) where a child reported having a weapon pointed at them “lots of times.” The apparent discrepancies between what the child is reporting and caseworker’s report of NoAbuse may be based on the use of the term “abuse” rather than something more general like victimization or violence. For caseworkers, the term may have specific meanings that are limited to what is necessary to classify a case as abuse. Thus, although they are asked their opinions, regardless of the official outcome of the case, their personal meaning of the word abuse is likely to be very specific and strongly connected to official definitions.

Table 4 uses the “total victimization” measure that combines the frequency of all five forms of victimization reported by the child and compares this with the variables of NoHarm, NoRisk, and NoAbuse. In most cases where the caseworker reported no problems, the child also reported no acts of victimization occurred (59.1% to 62.7%). However, there is a significant number of cases where the caseworker variables indicate there are no problems but the child reports regular and multiple forms of victimization. In cases where children reported at least one standard deviation above the mean of victimization (five or higher on the total victimization measure), 68 children (13.2%) were coded as experiencing NoHarm, 41 (11.2%) as being at NoRisk, and 228 (13.5%) as NoAbuse by the caseworker. It is therefore evident that there is a discrepancy between what children and caseworkers report. For the incidences in which the caseworkers report no problems, the children who report repeated and serious victimization will likely not receive the necessary intervention or the resources needed to help them navigate their situation.

### *Importance of Child’s Characteristics*

The final piece of the analysis examines if any discrepancies between children and caseworker reports varied by the characteristics of the children. Specifically, we conducted *t* tests to determine if the mean level of victimization varied by sex for each caseworker variable, and a one-way ANOVA to assess if total victimization varied by age for the caseworker variables. When comparing boys and girls (Table 5), the mean total victimization was not significantly different for the NoHarm or the NoRisk measures. Boys had slightly higher means than girls in both cases but these did not reach significance. However, in cases where the caseworker reported he or she believed there was physical abuse, there is a significant difference in the means between sexes. Boys have a significantly higher mean than girls, indicating that when caseworkers specify there is no physical abuse, boys report higher victimization than girls. This implies that there is somewhat greater discrepancy between the caseworkers’ and the boys’ reports of victimization when compared with girls, which means that boys may be at higher risk for continued maltreatment.

The final characteristic examined in our analysis was the age of the child. The results of the ANOVA (Table 6) shows there are important differences by age. For all three measures from the caseworker, there are significant between-group differences by age in total victimization. To assess where the differences may be largest, we created a plot of the means for each age on each of the caseworker variables. The relationship between age and the reporting discrepancies was not a linear relationship, with older or younger children having



**Figure 1.** Plot of mean level of total victimization by age of child for NoHarm, NoRisk, and NoAbuse.

more or less agreement with caseworker reports. Instead, by plotting the means, we can see that there is a curvilinear relationship (Figure 1), as hypothesized. Children who are both younger and older have higher total victimization even though the caseworkers indicate NoHarm, NoRisk, and NoAbuse. The inconsistencies appear to be highest for the youngest children, sharply decline until about age 11 or 12, then start to rise again.

## Discussion and Conclusion

One of the most problematic elements in research on child maltreatment is determining how much victimization is occurring in the home and whether caseworkers are able to uncover and recognize the maltreatment during an investigation. The bulk of past research indicates adolescents and children experience a higher rate of maltreatment than is recorded in official data from CPS agencies (McGee et al., 1995; Sedlak et al., 2010; Smith, Thornberry, Ireland, & Elwyn, 2008). There is, however, a question of whether children can accurately report maltreatment (Brown et al., 1998; Bruck et al., 1998;



Fergusson et al., 2000). We extend this literature by using a nationally representative sample of children subjected to CPS investigations. These data include caseworker perceptions of maltreatment in the home and children's self-reports of violence. The goal of this work is to assess whether the self-reports of physical violence experienced by the child are consistent with caseworker assessments.

Federal legislation and state laws provide guidelines to caseworkers about whether a case should be substantiated, but workers ultimately have discretion to make decisions in each case (Berger et al., 2010; DeRoma et al., 2006; Gelles, 1998; Vitale et al., 2010). In some instances, caseworkers may believe there is harm being done to the child, but they may not have sufficient evidence to warrant a finding that the case be substantiated. Beyond the problem of having adequate evidence, caseworkers may unintentionally leave children in harmful situations if they themselves do not believe the situation is bad enough to cause alarm.

The current study indicates that caseworker assessments of the harm, risk, or presence of physical abuse are highly consistent with children's self-reports. In fact, in at least 60% of the cases, the child reported no physical victimization and the caseworker reported no harm, risk, or physical abuse. Given the challenges faced by caseworkers to balance the demands of a heavy caseload and the need to put together information from potentially contradictory reports, it is impressive that there is so much consistency between what children say is occurring and the caseworker's knowledge or impressions of the case. However, there are a substantial number of children who claim to be experiencing victimization but are not viewed by caseworkers as being harmed, being at future risk, or as being the victim of physical abuse.

We would hope that in cases where victimization happens with great frequency—including multiple types of violence and repeated events—there would be less of a discrepancy between the caseworkers' beliefs and the children's reports. The results of our study indicate this may not be the case. An examination of the additive measure of total victimization and the caseworkers' opinions shows that over 10% of children who report they have higher than average victimization (one standard deviation above the mean) were still reported by the caseworkers as not being harmed, at risk, or physically abused. While this is a small percent, given the number of children who are reported to CPS every year, this could represent tens, or even hundreds, of thousands of children who are experiencing physical violence at home without getting help even after a CPS investigation. These findings all indicate that there are important discrepancies between what children report and caseworkers' assessments of the situation.

One barrier that may hinder caseworkers in making accurate judgments is their ability to obtain consistently reliable information from children. Caseworkers face many challenges trying to determine whether maltreatment has occurred. Children who are interviewed may change their reports based on what adults have told them to say or the children may not understand what is being asked due to the way the caseworker phrases a question. Children may also feel intimidated or simply not trust that the caseworker will be able to help them and therefore lie about their experiences (Brown et al., 1998; Bruck et al., 1998; Fergusson et al., 2000; Reich, 2005). The findings of the current study imply that CPS agents need better ways of getting quality information, particularly from young children, teens, and boys to have a more complete understanding of the forms of victimization that are occurring in the home.

Caseworkers would particularly benefit from additional training on building rapport during forensic interviewing. Suggestions and specific training on such skills could be provided by the caseworkers' employers, or is available from outside sources, such as the National Children's Advocacy Center (see, for example, Steele, 2015). While past studies have found that training does not always translate into practice, it is hoped that repeated exposure to such ideas may eventually lead to real changes in how caseworkers interview alleged victims.

One potential difficulty faced by caseworkers is the diversity of the population they serve. The children in this sample represent a wide range of race, age, and income groups, with fairly high percentages being Black and Hispanic. In our analyses, we found that several of these characteristics are associated with discrepancies between the caseworker's and child's reports. Specifically, the age of the child and his or her sex were significant.

Discrepancies with caseworker assessments were more likely to exist for younger children and those in their teens. For the younger children, this is potentially related to findings in past research that the ability to recall details and provide long accounts of experiences is more difficult for young children (Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993; Lamb, Sternberg, & Esplin, 2000). Our finding on the effect of age may also be related to the style of rapport building, as well as interview techniques used by most caseworkers.

Building rapport with a child is a critical component in ensuring the overall quality and integrity of the interview (Irwin & Johnson, 2005). However, establishing rapport with children can be time-consuming and may require multiple visits and interactions on behalf of the interviewer (Irwin & Johnson, 2005). Once trust is established, it is recommended that caseworkers use qualitative interview techniques (Irwin & Johnson, 2005; J. M. Wood & Garven, 2000). In one study of the recall of events for 3- to 9-year-old children, it was found that children produced more accurate information when

the interviewer began with an open-ended rapport building question (“Tell me about yourself”) as compared with a direct question (“How old are you?” Roberts, Lamb, & Sternberg, 2004). To avoid eliciting false reports from children, caseworkers should not use direct and close-ended questions and instead spend additional time getting to know the child before asking open-ended questions (J. M. Wood & Garven, 2000). For teens, the problem may be related to perceptions of the culpability of alleged victims. Past work has found that teens are viewed as more culpable for their victimization in sexual abuse cases (Davies & Rogers, 2009; Rogers & Davies, 2007; Rogers, Josey, & Davies, 2007; Tabak & Klettke, 2014). While these studies are specific to sexual abuse, similar processes may occur for other forms of maltreatment. Caseworkers may believe that older alleged victims may have precipitated a violent event by their own behaviors or, because the child is older and more physically capable of protecting himself or herself, the caseworker may not view them as being at the same level of risk for serious harm.

In addition to adopting qualitative interview techniques, caseworkers might benefit from being attentive to gender stereotypes and their own sex biases. Cross and Casanueva (2009) found cases where boys are the victims of maltreatment are less likely to be substantiated than instances with female victims. This research has implications for the discrepancies in reports of abuse by caseworkers and male children. The decision-making power granted to caseworkers allows for subjective interpretations of how consequential maltreatment might be to different groups of children. Whereas certain instances of abuse might be classified as such for girls, caseworkers might not define the same situation as abuse for boys. This may be a result of omnipresence of gender stereotypes, which portray boys and men as being the perpetrators of crime and violence, and girls and women as being the victims of this violence (Johnson, 2005). As a result, boys may not report being victimized and caseworkers might be more inclined to report incidences of abuse for girls. To remedy this, additional training and support could be offered to caseworkers, highlighting how gender stereotypes may affect their observations and reports.

While in our analyses the child’s race did not have an impact on whether there was a discrepancy, it is possible that the race of the caseworker, and whether this is the same as the child, can influence the quality of the interview process. In these data, the majority of caseworkers were White (59%), with only 20% of the caseworkers classified as African American and 8% as Hispanic. For children, simply being interviewed by a caseworker is potentially stressful, and being questioned by someone of a different racial group may serve as an additional barrier to open communication. While research has not examined whether children investigated by CPS are more or less likely to

be truthful with someone of their same race, related research indicates this may be a concern. For example, research on challenges of conducting fieldwork and interviews in urban areas or within minority communities finds that matching the race between interviewers and adult respondents is important for establishing rapport and eliciting information (Evans, Mejía-Maya, Zayas, Boothroyd, & Rodriguez, 2001; Marín & Marín, 1991; Maykovich, 1977; Weiss, 1977). Other work finds that African American respondents prefer to have interviewers of the same race during telephone interviews (Davis et al., 2013), and that compared with Whites, fewer African American respondents report they are comfortable with interviewers of a different race (Warnecke et al., 1997). Research also indicates caseworkers' racialized perceptions of child maltreatment affect how certain cases are handled within the CPS system (Ards et al., 2012). Therefore, CPS should make every possible effort to match the race of the caseworker with that of the child, as well as provide trainings that address racial and ethnic differences.

Despite the abundance of resources and trainings available to, and required of, caseworkers, there is great leeway granted to caseworkers in the field, which allows for a range of subjective interpretations of what classifies as abuse (Lee et al., 2013). While standardized risk assessment tools are not necessarily useful to objectively define abuse, the discrepancies between caseworker reports and what some children indicate occurred highlight a clear problem. Professional training and support for risk assessment procedures that can be applied in the field should be developed in efforts to correctly identify children who are most at risk (Shlonsky, Saini, & Wu, 2007).

The current study provides an important comparison of caseworkers' and children's reports of victimization. However, there are several limitations in the data. First, this study utilized the NSCAW-1, which was collected starting in 1999. Since that time, there may have been policy changes within CPS that have improved the ability of caseworkers to develop a rapport with the children and potentially uncover some of the violence that is potentially missed. Even so, there are indications that whatever policies may have been enacted, caseworkers are still likely to miss clues of violence. According to the 2014 Child Maltreatment report (USDHHS, 2016), the CPS workforce that completes all of the intake, screening, and investigation of the reported cases, numbers only 37,346 in the entire country. This overwhelmed group completed over 1.5 million reports in 2014, with a national average of 67 reports per worker. As a point of comparison, in 1999, the year the NSCAW was initiated, the 26,938 CPS caseworkers had a slightly higher caseload of 72 per worker (USDHHS, 2001). Therefore, although the number of workers has increased and their caseloads have decreased, these changes are very small and caseworkers remain overburdened.

A second limitation in the current study is that there are relatively few questions asked of the children about their experiences of violence in the NSCAW. Some of the items we included may be considered as acceptable disciplinary techniques by some parents (such as slapping a child). We did, however, eliminate items from the analyses that are more commonly considered discipline measures, such as spanking. A third limitation is that it is impossible to determine whether the caseworker is basing his or her opinions of the harm and severity of risk on physical violence or other forms of maltreatment. Caseworkers may be investigating a complaint of neglect and therefore only consider the potential harm to the child from lack of food or adequate shelter when they answer this question, rather than also considering other forms of maltreatment that may be occurring. In addition, caseworkers may not fully remember all the details of the actual case, as approximately 3 months had passed from the time of the investigation and the survey.

Regardless of these limitations, this study finds some clear differences in the violence being reported by children and the assessments of caseworkers. These discrepancies may have resulted in continuing victimization of the child and thus future work should consider several avenues of investigation. One possible area of future research is to consider a broader range of experiences that lead to the determination of harm and risk on behalf of the caseworker. There are many things that caseworkers consider in assessing harm and risk to the child that are beyond the actual physical acts of violence the child may have suffered. For instance, there could be the presence of drugs or an alcoholic parent, indications of violence occurring between the adults, or the presence of other forms of maltreatment such as neglect. Berger et al. (2010), for example, reported when caseworkers perceive caregiver substance abuse in the home, they are also more likely to indicate children are at greater risk for harm (see also Dorsey, Mustillo, Farmer, & Elbogen, 2008). A more holistic examination of what leads caseworkers to assess a child as being at high risk or being severely harmed could include how the characteristics of the family, rather than the direct victimization of the child, influence the caseworker's perceptions, as well as the official outcomes of the investigation. It is certainly our recommendation that future work examine other forms of maltreatment to determine if the patterns in the current work are consistent with other forms of maltreatment.

Another avenue of investigation is to follow up with the children who have the largest discrepancies in their reports of victimization and the caseworkers' assessments. If these children reported in later waves that they continued to be victimized, or if there was even a later CPS investigation, this may indicate that children's reports of violence need to be taken more

seriously in the determination of the outcome of the CPS investigation. If they did not provide such information to CPS workers, this may indicate a possible change in policy regarding how such information is collected. For the NSCAW data collection process, children reported their victimization through a computer-assisted interview. The anonymity of using a computer may have afforded them a greater sense of safety and willingness to reveal their experiences than a standard CPS investigation, which relies on face-to-face interview. Such work can point to new approaches for CPS investigations or training of caseworkers to improve the communication between children and caseworkers, and to provide needed help to those children who are experiencing violence in their homes.

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### **Note**

1. Initially, we also examined the race of the respondents. In all our comparisons of the different racial groups, there were no significant differences. We therefore eliminated these comparisons from the current article. These results are available on request.

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## Author Biographies

**Stacey Nofziger** is an associate professor in the department of Sociology, at the University of Akron, OH. She earned her PhD in sociology from the University of Arizona in 1999. Her primary research interests are juvenile violence and victimization with emphasis in self-control theory. Her work has appeared in numerous outlets including *Journal of Research in Crime and Delinquency*, *Feminist Criminology*, *Youth & Society*, *Violence and Victims*, and *Deviant Behavior*.

**Rachel E. Stein** is an associate professor of sociology at West Virginia University. Her research is focused on the scholarship of teaching and learning and the study of

Amish culture. She is also interested in opportunities that lead to crime and victimization. Her work has been published in both domestic and international journals including *Violence and Victims*, *Criminal Justice Policy Review*, *International Criminal Justice Review*, *Sociological Focus*, and *International Journal of Law, Crime and Justice*.

**Nicole L. Rosen** earned her PhD from the department of Sociology at the University of Akron, OH, in 2015. Her work focuses on understanding how children who have been victimized are influenced by the larger gender structure in which they interact. She is currently working as a research associate at Penn State Behrend as well as at The Prevention of Aggression Resource Center (PARC), and the Susan Hirt Hagen Center for Community Outreach, Research, and Evaluation (CORE).