CHILDREN AND FAMILY RESEARCH CENTER

Illinois Child Endangerment Risk Assessment Protocol: FY05 Annual Evaluation

April 1, 2005

Tamara L. Fuller, Ph.D.

Martin Nieto, M.A.

Children and Family Research Center
School of Social Work
University of Illinois at Urbana-Champaign

Executive Summary

In 1994, the Illinois Senate passed PA 88-614, which required the Department of Children and Family Services (DCFS) to develop a standardized child endangerment risk assessment protocol and to implement its use by training staff and certifying their proficiency. This act also required DCFS to provide an annual evaluation report to the General Assembly regarding the reliability and validity of the protocol, known as the **CERAP (Child Endangerment Risk Assessment Protocol)**.

The CERAP is a safety assessment instrument and was designed to evaluate the likelihood of immediate harm (to a child) of a moderate to severe nature. This report analyzes the impact of CERAP implementation on the safety of children investigated by the Illinois Department of Children and Family Services (DCFS) for abuse and neglect. For this purpose, safety is defined in terms of the occurrence/non-occurrence of an indicated allegation of moderate physical abuse, severe physical abuse, or severe sexual abuse within 60 days of an initial investigation (also referred to in the report as maltreatment *recurrence*). The evaluation utilizes a research design called a *secular trend analysis* that examines the child safety outcome (e.g., maltreatment recurrence rates) before and after CERAP implementation. Two sets of analyses were completed to examine CERAP effectiveness: 1) trend analysis of recurrence rates several years prior to CERAP implementation through the ninth year post-implementation and 2) comparisons of recurrence rates between investigation cases assessed by child protective services (CPS) workers as safe or unsafe.

Summary of Major Findings

- Similar to overall maltreatment recurrence, rates of moderate to severe maltreatment recurrence have declined in the nine years following the implementation of the safety assessment protocol, which suggests that the CERAP had a positive impact on child safety. However, the trend analyses also suggest that recurrence rates were declining prior to CERAP implementation and may have continued to decline without intervention. Unfortunately, the limitations of the available data prevent a definitive conclusion.
- 60-day recurrence rates for children with multiple maltreatment reports follow the same extended secular trend as those following first reports. Recurrence rates increase as the number of maltreatment reports increase; for example, children with four previous maltreatment reports are much more likely to experience an additional indicated report of maltreatment within 60 days than those with one, two, or three previous reports.
- Additional analyses examined maltreatment recurrence rates in cases with CERAP safety decisions of safe versus unsafe. On average, cases that were assessed by workers as "unsafe" were 2 – 4 times more likely to experience recurrence as those rated "safe."

Conclusions and Recommendations

After several years of evaluation of the CERAP, it can be concluded that children in Illinois are safer (i.e., less likely to experience repeat maltreatment) than they were prior to its implementation in 1995. Unfortunately, the lack of a true experimental design will always prevent definitive conclusions about the effects of a policy intervention such as the CERAP. In all likelihood, numerous and complex factors, including the introduction of the CERAP, led to the declines in recurrence rates seen in Illinois over the past several years.

Future research on the reliability and validity of the CERAP should go beyond the examination of maltreatment recurrence rates and begin to explore *how* CPS workers use the CERAP to make decisions about child safety. In addition, the findings of the current evaluation suggest that future research should involve a careful analysis of CERAP safety plans in an effort to identify the elements of effective plans. Other areas of possible exploration include the factors that predict child safety among groups of children known to be at-risk for maltreatment recurrence, such as infants and toddlers, children served in intact families, and children who experience chronic neglect.

Illinois Child Endangerment Risk Assessment Protocol: Impact on Recurrence of Moderate to Severe Maltreatment

Increased attention to incidents of severe child maltreatment in Illinois during 1993 and 1994 led to the passage of Senate Bill 1357, which became effective as PA 88-614 on September 7, 1994. In part, this bill required that the Illinois Department of Children and Family Services (DCFS/the Department):

- develop a standardized child endangerment risk assessment protocol, training procedures, and a method of demonstrating proficiency in the application of the protocol by July 1, 1996;
- train and certify all DCFS and private agency workers and supervisors in protocol use by July 1, 1996; and
- submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity of the protocol.

In addition, the legislation specified the establishment of a multidisciplinary advisory committee, appointed by the Director of DCFS, which included representation from experts in child development, domestic violence, family systems, juvenile justice, law enforcement, health care, mental health, substance abuse, and social services. DCFS was also required to contract with an outside expert to provide services related to the development, implementation, and evaluation of the protocol.

In response to these mandates, a multidisciplinary Child Endangerment Risk Assessment Protocol (CERAP) Advisory Committee began meeting one week after the legislative mandate became law, and the American Humane Association (AHA) was hired to provide services related to the development and implementation of the protocol. At the time, very few states used formal safety assessment protocols and limited information existed about the effectiveness of these models. The advisory committee made the decision to adapt the New York safety

assessment protocol for use in Illinois, drawing on the wealth of protocol development and curriculum materials available. The CERAP safety determination form developed by the advisory committee consists of four sections:

1) safety factor identification – workers must evaluate the presence or absence of 14 safety factors, describe them, and note any family strengths or mitigating circumstances;
2) safety decision – based on the safety factor assessment and other information known about the case, the worker judges the environment to be safe (i.e., "there are no children likely to be in immediate danger of moderate to severe harm; no safety plan is required") or unsafe (i.e., "a safety plan must be developed and implemented or one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm");
3) safety protection plan – if the environment is unsafe, the worker must develop a safety plan that relates to the safety factors identified in the first section. Safety plans must describe the specific actions to be taken to protect each child in relation to current safety concerns, the persons responsible for implementing and monitoring the plan, the estimated time frame for the plan, what must happen in order to terminate the plan, and an alternate safety plan;
4) signatures and dates – workers, parents, and supervisors must all sign and date the form to indicate that they have discussed the safety plan and agree to its contents.

Over the following 15 months, a training curriculum and certification criteria were developed, and over 6000 workers and supervisors were trained and tested for proficiency. CERAP implementation "officially" occurred on December 1, 1995, which is the date that all

DCFS workers and private providers had been trained in the use of the protocol and over 99 percent had been successfully certified.

Evaluating the Validity of the CERAP

Although service and policy interventions are most reliably evaluated using an experimental research design with random assignment of subjects to treatment versus control groups, such designs are rarely feasible in natural settings. In such instances, observational research methods (sometimes referred to as quasi-experimental designs), which rely on naturally-occurring groups of people who were and were not exposed to the intervention, are often used. The two most common sources of comparison are historical groups (groups that temporally preceded the introduction of an intervention) and geographical groups (groups that are at a spatial distance from the intervention, e.g. other counties or states). In a quasi-experimental design, the hypothesis that an intervention *does* have an impact would be supported, but not proven, by results indicating significant differences on the outcome of interest between the group exposed to the intervention and the group not exposed. However, because naturally-occurring groups by history or geography will seldom be "statistically equivalent" to the group exposed to the intervention, relevant characteristics that might influence the outcome will be distributed non-randomly between the two groups. Therefore, the influence of these factors should be controlled or assessed through research design and statistical analysis in order to draw valid inferences.

Since it is unethical to purposefully withhold safety assessment from a random "control" group of children, the evaluation of the impact of CERAP implementation on child safety is an example of a program of research that must rely on observational research methods rather than experimental ones. To test the hypothesis that the implementation of the CERAP safety assessment protocol had a significant impact on child safety, researchers from the Children and

Family Research Center (CFRC) at the University of Illinois have employed historical group comparisons in a design called a *secular trend analysis* that examines the child safety outcome before and after the point in time when the implementation of CERAP occurred (December 1, 1995). The hypothesis of CERAP effectiveness or validity would be supported, but not proven, by significant differences on the safety outcome between those exposed to the intervention and those that were not exposed. As with all quasi-experimental designs, however, alternative explanations for observed differences between the two historical groups are possible.

Defining Child Safety

The CERAP assesses child **safety**, defined in Illinois as the likelihood of **immediate harm of a moderate to severe nature**. This definition distinguishes safety/safety assessment from the broader concepts of risk/risk assessment in two ways: 1) the threat of harm to the child must be "immediate" and 2) the potential harm to the child must be of a "moderate to severe nature." Previous evaluations of the CERAP have defined child safety in terms of the occurrence (i.e., recurrence) of an indicated report of maltreatment within 60 days of an initial report. While this definition captures one aspect of child safety – its immediacy – by focusing on maltreatment recurrence within 60 days of an initial report, it fails to distinguish between harm of a moderate to severe nature and other degrees of harm. Therefore, the definition of child safety in the current evaluation was refined to include only recurrences of indicated reports of moderate to severe maltreatment within 60 days of an initial report.

Neither DCFS policy nor the CANTS database include a specific definition of "moderate to severe harm." To examine this outcome, three mutually exclusive groups were defined using allegation codes included in the CANTS database. *Moderate physical abuse* included allegations of cuts, welts, and bruises, human bites, and sprains/dislocations. *Severe physical abuse* included indicated allegations of brain damage/skull fracture, subdural hematoma, internal

injuries, burns/scalding, poisoning, wounds, bone fractures, and torture. *Severe sexual abuse* included indicated allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation.

Computing Maltreatment Recurrence

The data used in the current report to compute child maltreatment recurrences was obtained from the September 2004 update of the Department of Children and Family Services (DCFS) Child Abuse and Neglect Tracking System (CANTS) database, which contains information on all children involved in investigated reports of child abuse and neglect. Recurrence rates for the trend analyses were computed in a series of steps. First, for each year of observation, the total number of children living in households investigated for maltreatment was identified. This initial group of children includes those with *any* maltreatment allegation, regardless of the severity of the allegation or the allegation finding (i.e., indicated or unfounded). If a child appeared in more than one investigated maltreatment report during the observation year, only the first report for that child was included in the analyses.

The data representing first reports were further refined by selecting only Sequence A reports.[1] Because the CERAP is targeted at the prevention of future maltreatment and children with multiple investigations have higher rates of indication than those in their first investigation, controlling for previous investigations by selecting only Sequence A reports provides a clearer picture of the impact of CERAP implementation. After the total number of children with a Sequence A investigation of maltreatment was defined, children who were taken into temporary protective custody (PC) were excluded from the analyses. Eliminating children taken into

[1] Sequence A is the designation given to the first report on a given *household*, as opposed to the "first reports" on a particular *child*. To select this group, the first report for each child in a given time period is obtained, and then all Sequence A reports are selected. Thus, "Sequence A reports" are a subset of all first reports during a given time period.

protective custody theoretically excludes those children who spent a portion of time out of the investigated (and CERAP evaluated) household.

Using these criteria, the total number of children maltreated each year[2] was calculated. Then, for each year of observation, the number of children who experienced a subsequent indicated report of maltreatment within 60 days of the initial report was determined. Recurrence rates[3] were computed for four different groups: 1) all maltreatment, 2) moderate physical abuse, 3) severe physical abuse, and 4) severe sexual abuse. Recurrence rates for all maltreatment types, regardless of severity, are produced as a baseline for comparison of rates of moderate to severe maltreatment recurrence.

Results of the Recurrence Analyses

The 60-day recurrence rates of all indicated maltreatment types are presented in Table and Figure 1. The results of this trend analysis indicated that recurrence rates were at their highest level in 1986, after which they declined consistently until 1991, then remained relatively level until 1994, at which time they unexpectedly *increased* by 25%. In the year first year following CERAP implementation (1996), recurrence rates declined over 16% and have continued to decline each year thereafter (with the exception of 1998 in which they remained constant) through 2004. This suggests that the implementation of the CERAP had a demonstrable impact on overall short-term maltreatment recurrence rates. However, the trend analysis also reveals that with the exception of the anomalous rate increase in 1994, the decline in recurrence rates began several years prior to CERAP implementation, suggesting an alternative interpretation that maltreatment recurrence would have continued their decline

[2] To coincide with the date of CERAP implementation, observation years begin on December 1 and end on November 30 of the following year (e.g., the first year post-CERAP included maltreatment reports that occurred between December 1, 1995 and November 30, 1996).
[3] Recurrence rates were defined as the number of children who experienced maltreatment recurrence divided by the total number of children with a Sequence A maltreatment report (PCs excluded).

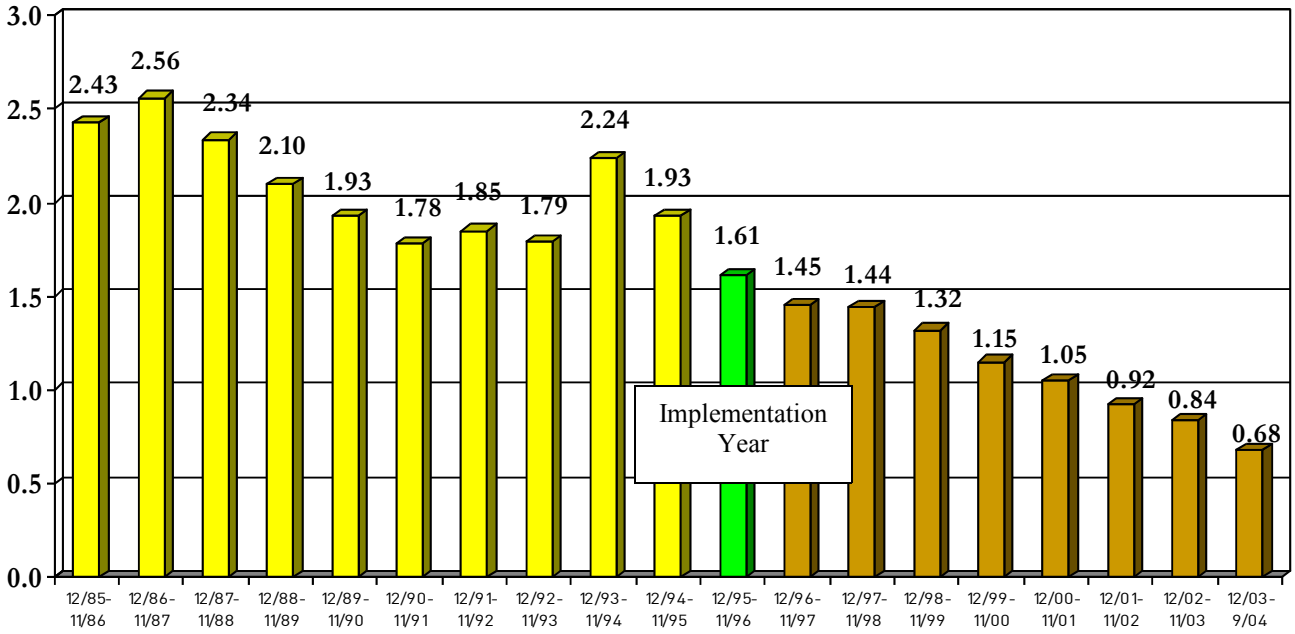
without the CERAP intervention. Unfortunately, the current analyses do not permit definitive conclusions about the impact of the CERAP safety intervention.

Table 1. 60-Day Recurrence of All Maltreatment Types (1986 – 2004)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	66,778	1,622	2.43	
1987	73,957	1,892	2.56	5.3
1988	78,290	1,832	2.34	-8.6
1989	82,062	1,726	2.10	-10.3
1990	81,975	1,580	1.93	-8.1
1991	87,954	1,569	1.78	-7.8
1992	94,721	1,752	1.85	3.9
1993	91,901	1,645	1.79	-3.2
1994	98,180	2,197	2.24	25.1
1995	95,388	1,842	1.93	-13.8
1996[c]	86,027	1,383	1.61	-16.6
1997	81,343	1,179	1.45	-9.9
1998	78,037	1,125	1.44	0
1999	75,780	1,002	1.32	-8.3
2000	77,678	893	1.15	-12.9
2001	76,031	796	1.05	-8.7
2002	76,359	703	.92	-12.4
2003	76,726	645	.84	-8.7
2004[d]	66,503	449	.68	-19.0

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year
[d]Recurrence rates for 2004 are based on an incomplete data year (December 1, 2003 through September 30, 2004).

Figure 1. 60-Day Recurrence for All Maltreatment Types (1986 – 2004)



The CERAP was designed to assess child safety, which in Illinois is defined as the likelihood of **immediate harm of a moderate to severe nature**. The next secular trend analysis examines short-term maltreatment recurrence of *moderate physical abuse*, which includes allegations of cuts, welts, and bruises, human bites, and sprains/dislocations (Table and Figure 2). The results presented in Table 2 reveal several important findings. First, rates of short-term recurrence of moderate physical abuse are much lower than those of all types of maltreatment recurrence combined – rates ranged from a high of .31% in 1986 to less than .1% in 2004, making this type of maltreatment recurrence a relatively rare phenomenon. Second, the secular trend for recurrence of moderate physical abuse (Figure 2) is roughly equivalent to that in Figures 1 (which includes all maltreatment), with recurrence rates declining fairly consistently over the 18-year period, except for a large increase 1994. Recurrence rates dropped 26% the year following CERAP implementation and have continued to slowly decline or have remained constant each year post-implementation. This suggests that the implementation of the CERAP

had a demonstrable impact on short-term recurrence rates of moderate physical abuse. However, the trend analysis also reveals the decline in recurrence rates began several years prior to CERAP implementation, suggesting an alternative interpretation that maltreatment recurrence would have continued their decline without the CERAP intervention. Unfortunately, the current analyses do not permit definitive conclusions about the impact of the CERAP safety intervention.

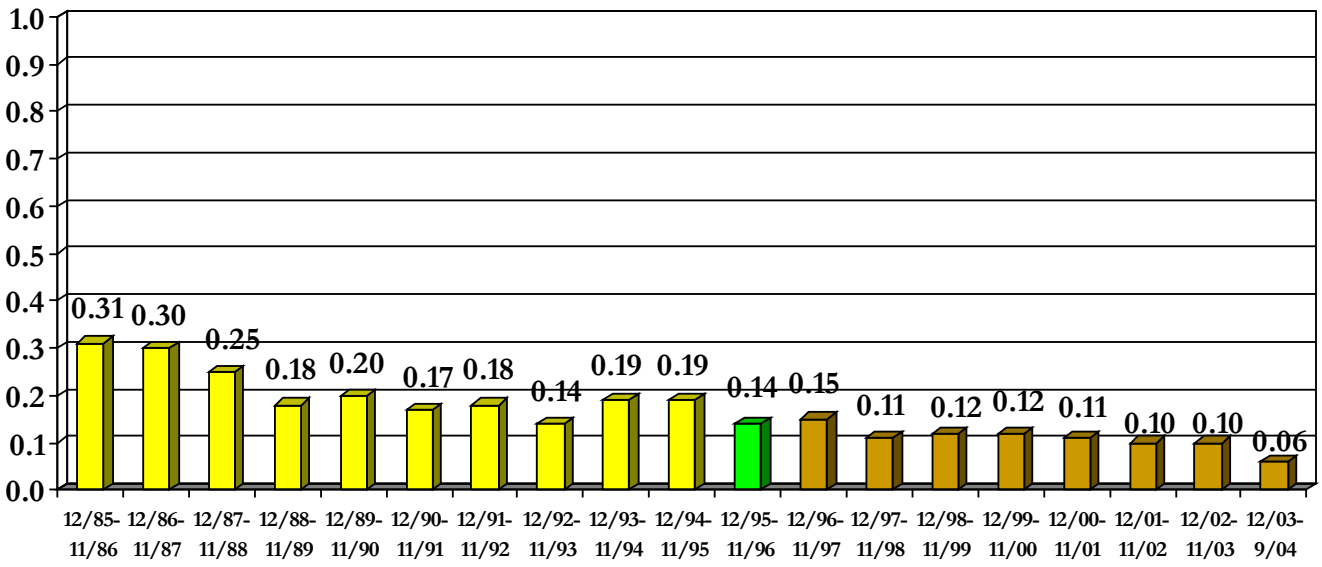
Table 2. 60-Day Recurrence of Moderate Physical Abuse (1986 – 2004)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	66,778	206	.31	
1987	73,957	222	.30	-3.2
1988	78,290	192	.25	-16.7
1989	82,062	150	.18	-28.0
1990	81,975	167	.20	11.1
1991	87,954	153	.17	-15.0
1992	94,721	171	.18	5.9
1993	91,901	125	.14	-22.2
1994	98,180	184	.19	35.7
1995	95,388	182	.19	0
1996[c]	86,027	123	.14	-26.3
1997	81,343	126	.15	7.1
1998	78,037	87	.11	-26.7
1999	75,780	94	.12	9.1
2000	77,678	94	.12	0
2001	76,031	82	.11	-8.3
2002	76,359	79	.10	-9.1
2003	76,726	74	.10	0
2004[d]	66,503	38	.06	-40.0

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year
[d]Recurrence rates for 2004 are based on an incomplete data year (December 1, 2003 through September 30, 2004).

.

Figure 2. 60-Day Recurrence for Moderate Physical Abuse (1986 – 2004)



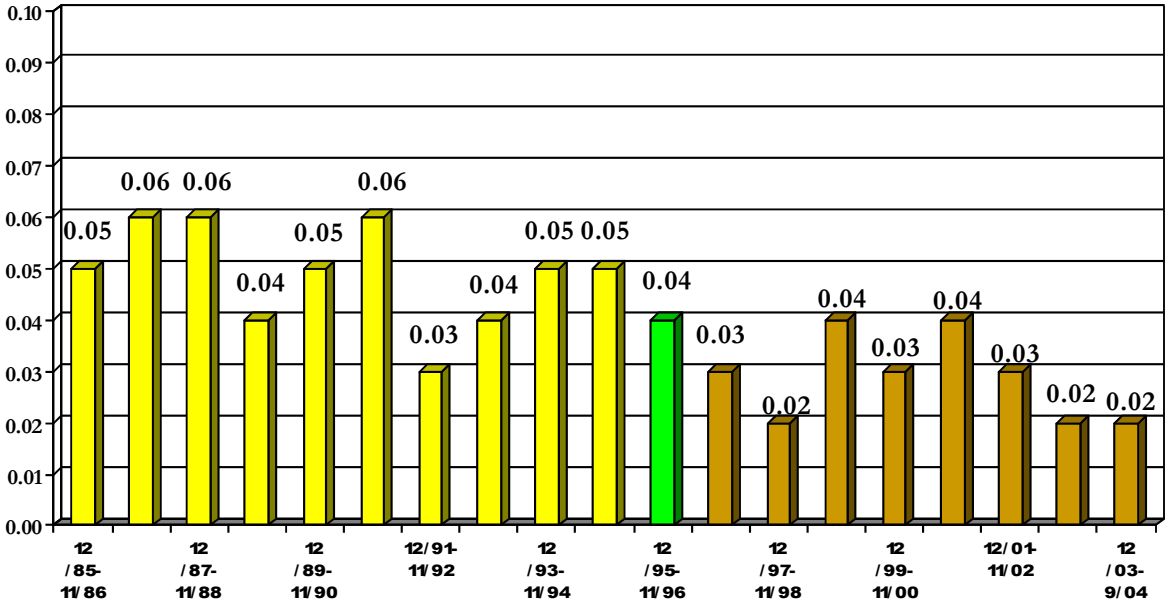
The next trend analysis examines short-term maltreatment recurrence of *severe physical abuse*, which includes indicated allegations of brain damage/skull fracture, subdural hematoma, internal injuries, burns/scalding, poisoning, wounds, bone fractures, and torture (Table and Figure 3). In general, short-term recurrence of severe physical abuse is extremely rare, with rates ranging from .06% to .02%. Examination of the trend analysis for the recurrence of severe physical abuse (Figure 3) reveals that the overall trend is one of decline, and although there is no dramatic decrease in recurrence rates immediately following CERAP implementation, the average recurrence rate for the years pre-implementation is .05% compated to an average post-implementation rate of .03%. When interpreting the results in Table and Figure 3, keep in mind that the very small number of recurrent cases each year produces large year-to-year fluctuations in the relative recurrence rates. For example, recurrence rates dropped from .06% in 1991 to . 03% in 1992 – this difference of less than one tenth of one percent corresponds to a 50% decrease in the relative recurrence rate from one year to the next.

Table 3. 60-Day Recurrence of Severe Physical Abuse (1986 – 2004)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	66,778	34	.05	
1987	73,957	43	.06	20.0
1988	78,290	44	.06	0
1989	82,062	36	.04	-33.3
1990	81,975	37	.05	25.0
1991	87,954	49	.06	20.0
1992	94,721	33	.03	-50.0
1993	91,901	37	.04	33.3
1994	98,180	51	.05	25.0
1995	95,388	45	.05	0
1996[c]	86,027	35	.04	-20.0
1997	81,343	21	.03	-25.0
1998	78,037	19	.02	-33.3
1999	75,780	34	.04	100.0
2000	77,678	26	.03	-25.0
2001	76,031	27	.04	33.3
2002	76,359	20	.03	-25.0
2003	76,726	16	.02	-33.3
2004[d]	66,503	11	.02	0

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year
[d]Recurrence rates for 2004 are based on an incomplete data year (December 1, 2003 through September 30, 2004).

Figure 3. 60-Day Recurrence of Severe Physical Abuse (1986 – 2004)



The next trend analysis examines short-term maltreatment recurrence of *severe sexual abuse*, which includes indicated allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation (Table and Figure 4). Although not as rare as severe physical abuse recurrence, rates of short-term recurrence of severe sexual abuse are very similar to those for moderate physical abuse and are much lower than those of all types of maltreatment recurrence combined. Recurrence rates ranged from .31% in 1987 to .03% in 2004, making this type of maltreatment recurrence a relatively rare phenomenon.

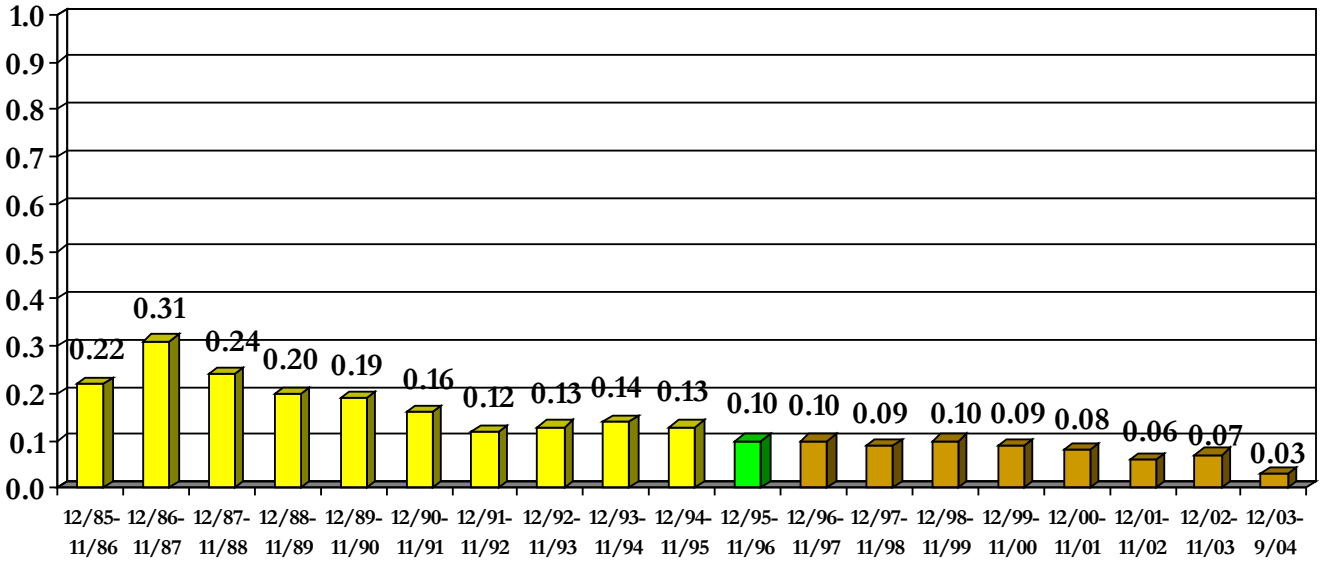
Table 4. 60-Day Recurrence of Severe Sexual Abuse (1986 – 2004)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	66,778	148	.22	
1987	73,957	230	.31	40.9
1988	78,290	190	.24	-22.6
1989	82,062	166	.20	-16.7
1990	81,975	153	.19	-5.0
1991	87,954	142	.16	-15.8
1992	94,721	116	.12	-25.0
1993	91,901	123	.13	8.3
1994	98,180	139	.14	7.7
1995	95,388	128	.13	-7.1
1996[c]	86,027	90	.10	-23.1
1997	81,343	85	.10	0
1998	78,037	67	.09	-10.0
1999	75,780	76	.10	11.1
2000	77,678	68	.09	-10.0
2001	76,031	61	.08	-11.1
2002	76,359	47	.06	-25.0
2003	76,726	50	.07	16.7
2004[d]	66,503	23	.03	-57.1

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year
[d]Recurrence rates for 2004 are based on an incomplete data year (December 1, 2003 through September 30, 2004).

The secular trend for severe sexual abuse (see Figure 4) shows recurrence rates consistently declining over the 18-year period. Although recurrence rates dropped 23% the year following CERAP implementation and have continued to slowly decline since then, the overall trend suggests that is was mostly likely the continuation of the consistent decline over the entire time period. Unfortunately, the current analyses do not permit definitive conclusions about the impact of the CERAP safety intervention.

Figure 4. 60-Day Recurrence of Severe Sexual Abuse (1986 – 2004)



Secular Trend Analysis in Cases with Multiple Recurrences

To provide a clearer picture of CERAP impact, past evaluations have limited the trend analyses to either first reports or Sequence A cases. In general, children with more than one investigated maltreatment report have higher indication rates than those in their first report, which influences the recurrence rate during any given time period. To "control" for this influence, cases with multiple reports were left out of past analyses by selecting only first reports or Sequence A reports and then calculating recurrence rates. However, the impact of the CERAP on child safety (i.e., recurrence) should be equivalent no matter how many times a family has been previously investigated.

To examine this issue, trend analyses were conducted for 60-day recurrence rates following a child's second, third, and fourth maltreatment reports. Recurrence rates were computed in a series of steps. First, for each year of observation, the total number of children

who experienced one, two, three, or four maltreatment investigations during that year was determined. These investigations included all maltreatment allegations, regardless of severity or allegation finding (i.e., indicated or unfounded). Next, the number of children that experienced an *additional indicated* report of moderate to severe maltreatment within 60 days was calculated. Results are presented separately for all maltreatment allegations combined (Figure 5), moderate physical abuse (Figure 6), severe physical abuse (Figure 7), and severe sexual abuse (Figure 8).

Figure 5. 60-Day Recurrence of Maltreatment Following a Second, Third, and Fourth Maltreatment Report (1986-2004)

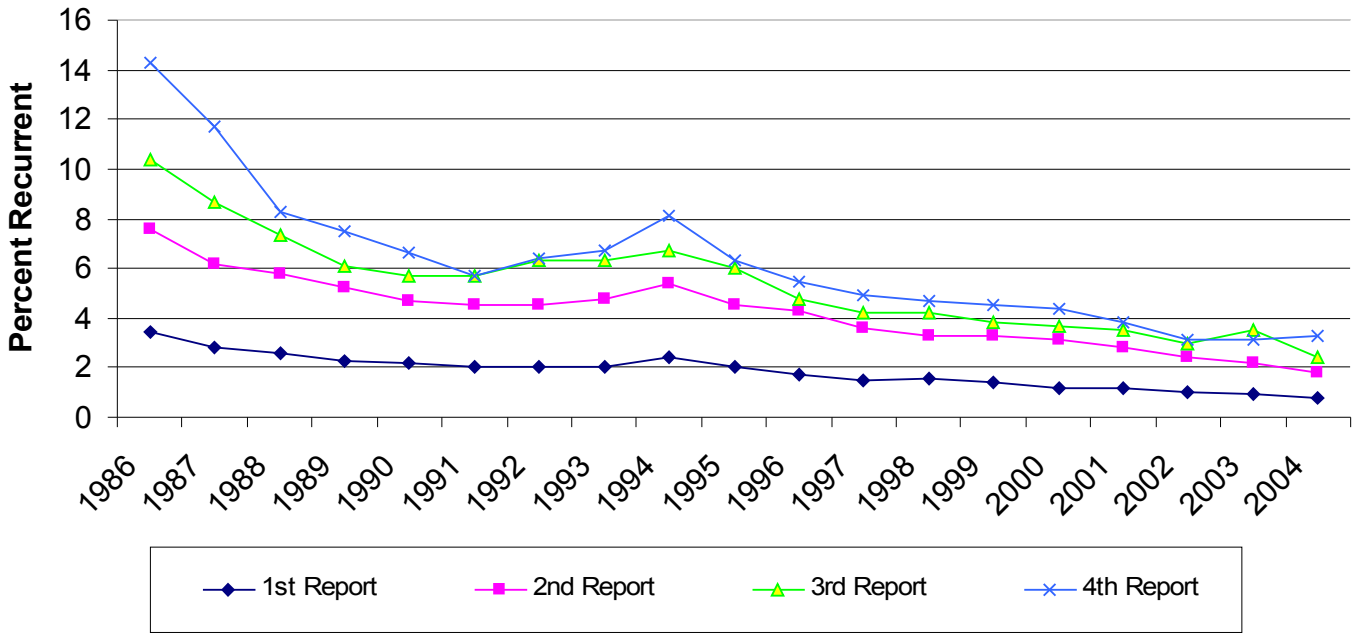


Figure 6. 60-Day Recurrence of Moderate Physical Abuse Following a Second, Third, and Fourth Maltreatment Report (1986-2004)

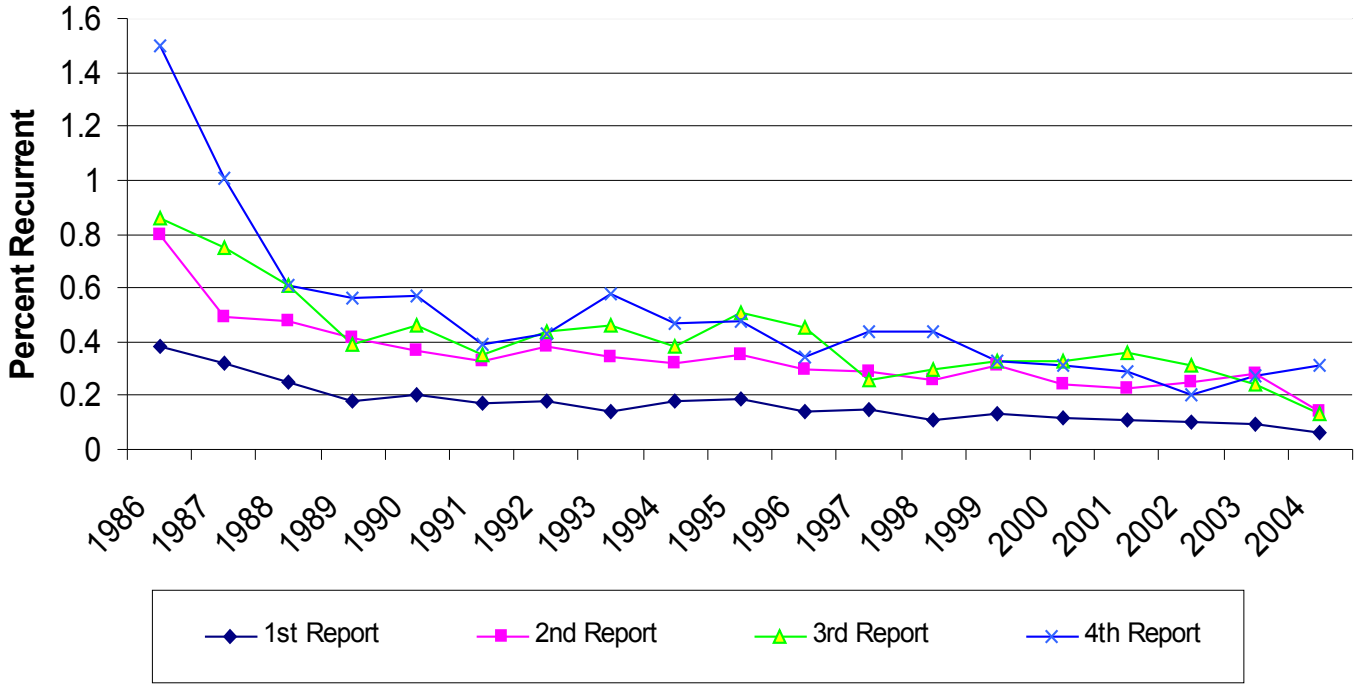


Figure 7. 60-Day Recurrence of Severe Physical Abuse Following a Second, Third, and Fourth Maltreatment Report (1986-2004)

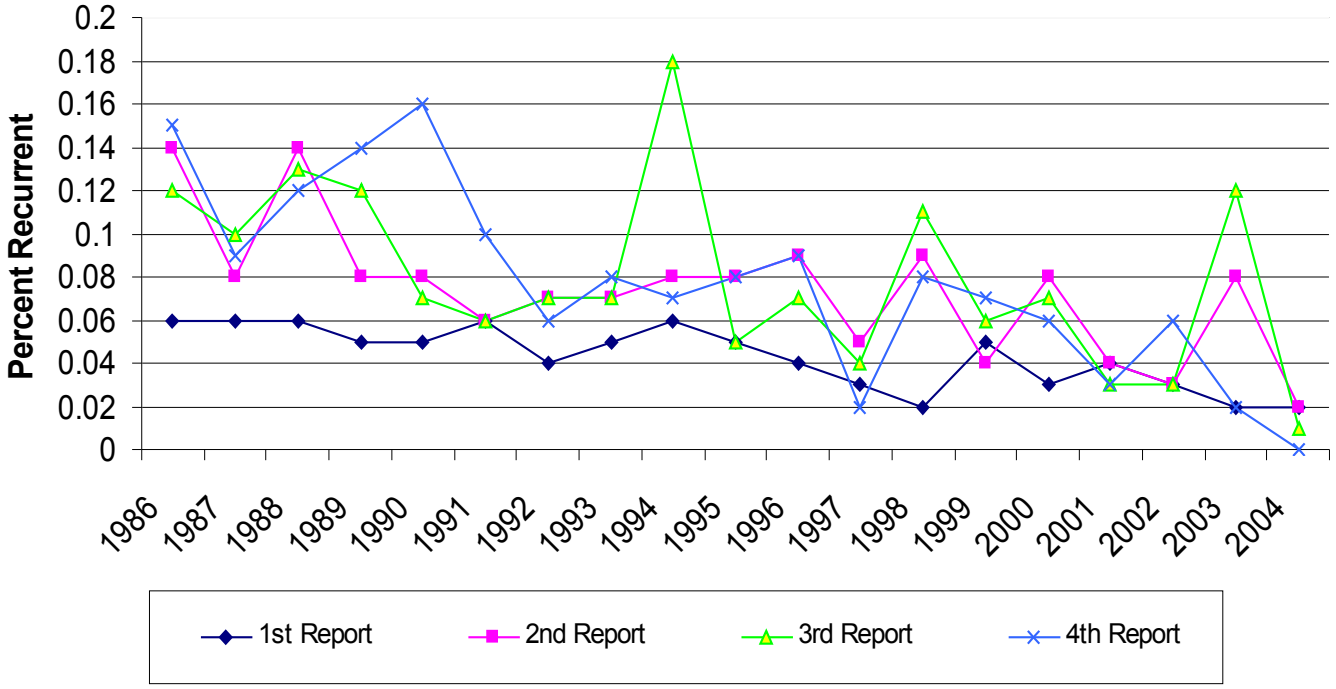
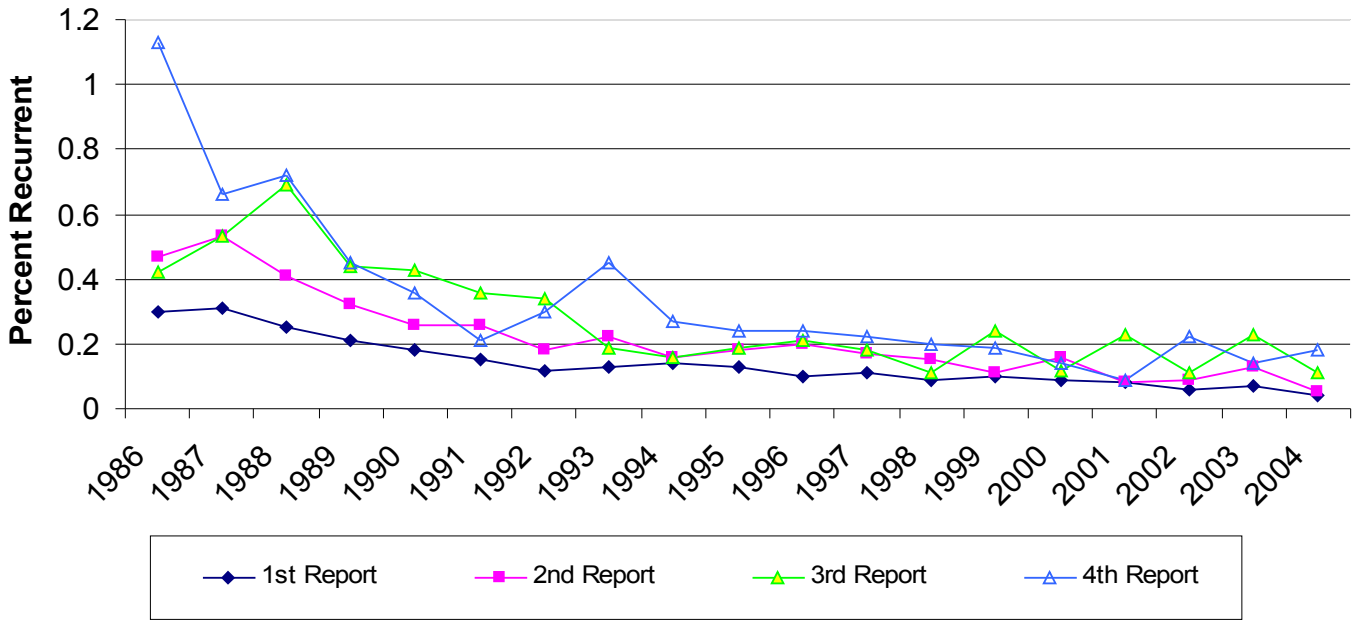


Figure 8. 60-Day Recurrence of Severe Sexual Abuse Following a Second, Third, and Fourth Maltreatment Report (1986-2004)



Examination of the recurrence trends for all maltreatment types (Figure 5), moderate physical abuse (Figure 6) and severe sexual abuse (Figure 8) confirms that the patterns for recurrence following multiple reports are very similar to that following a first report, which is included in the figure as a reference. In general, maltreatment recurrence following a second, third, and fourth maltreatment report has consistently declined throughout the entire period of the trend analysis. These analyses also confirm the previously reported finding that short-term recurrence rates increase as the number of maltreatment reports increase. Interpretation of the recurrence trend for severe physical abuse (Figure 7) is difficult due to the very small number of recurrence cases.

Maltreatment Recurrence in Cases Categorized as "Safe" versus "Unsafe"

While ethical considerations prevent true experimental evaluation of the impact of the CERAP on child safety, closer examination of the relationship between CERAP use in the field and subsequent maltreatment recurrence in specific child cases would provide valuable information about the utility of the CERAP. The intended purpose of the CERAP is not only to guide worker assessment of possible threats to child safety, but also to require workers to formulate a safety plan that will protect children from immediate harm of a moderate to severe nature. In theory, a well-designed and implemented safety plan should mitigate the immediate risks posed by the threats to child safety identified in the CERAP so that children in "unsafe" households are no more likely to experience maltreatment recurrence than those in "safe" households.

To investigate this assumption, the relationship between the CERAP safety decision and subsequent maltreatment recurrence was examined. First, CERAP safety decision information (safe versus unsafe) was obtained from the Illinois Statewide Automated Child Welfare Information System (SACWIS) database. This information was available for all investigation cases that were opened after May 20, 2002, when Phase I of SACWIS implementation was completed. Safety decision information was then linked (via unique investigation numbers) to maltreatment recurrence information in the DCFS Child Abuse and Neglect Tracking System (CANTS) database.

As before, short-term recurrence rates were calculated by first identifying the total number of children living in households with Sequence A maltreatment investigations for each year of observation. This initial group of children includes those with *any* maltreatment allegation, regardless of the severity of the allegation or the allegation finding (i.e., indicated or unfounded). These children were then divided into two groups, consisting of those with CERAP

safety decisions of safe versus unsafe. Finally, the number of children with safe versus unsafe safety decisions who experienced a subsequent indicated report within 60 days of the initial report was calculated. Results of these analyses for all maltreatment recurrences (Table 5), moderate physical abuse (Table 6), severe physical abuse (Table 7), and severe sexual abuse (Table 8) are presented below.

Table 5. 60-Day Maltreatment Recurrence in Cases[c] with Safe versus Unsafe Safety Decisions

		Safe	Unsafe	Total
2003[a]	Number	85,163	3,335	88,498
	Number Recurrent	821	94	915
	% Recurrent	1.0%	2.8%	1.0%
2004[b]	Number	77,302	3,285	80,587
	Number Recurrent	654	84	738
	% Recurrent	.9%	2.6%	.9%

[a]May 20, 2002 – May 19, 2003
[b]May 20, 2003 – May 19, 2004
[c]Sequence A cases, PCs removed

Table 6. 60-Day Recurrence of Moderate Physical Abuse in Cases[c] with Safe versus Unsafe Safety Decisions

		Safe	Unsafe	Total
2003[a]	Number	85,163	3,335	88,498
	Number Recurrent	95	8	103
	% Recurrent	.1%	.2%	.1%
2004[b]	Number	77,302	3,285	80,587
	Number Recurrent	79	11	90
	% Recurrent	.1%	.3%	.1%

[a]May 20, 2002 – May 19, 2003
[b]May 20, 2003 – May 19, 2004
[c]Sequence A cases, PCs removed

Table 7. 60-Day Recurrence of Severe Physical Abuse in Cases with Safe versus Unsafe Safety Decisions

		Safe	Unsafe	Total
2003[a]	Number	85,163	3,335	88,498
	Number Recurrent	17	3	20
	% Recurrent	.02	.09	.02
2004[b]	Number	77,302	3,285	80,587
	Number Recurrent	15	3	18
	% Recurrent	.02	.09	.02

[a]May 20, 2002 – May 19, 2003
[b]May 20, 2003 – May 19, 2004
[c]Sequence A cases, PCs removed

Table 8. 60-Day Recurrence of Severe Sexual Abuse in Cases with Safe versus Unsafe Safety Decisions

		Safe	Unsafe	Total
2003[a]	Number	85,163	3,335	88,498
	Number Recurrent	61	4	65
	% Recurrent	.07	.12	.07
2004[b]	Number	77,302	3,285	80,587
	Number Recurrent	46	3	49
	% Recurrent	.06	.09	.06

[a]May 20, 2002 – May 19, 2003
[b]May 20, 2003 – May 19, 2004
[c]Sequence A cases, PCs removed

The results presented in Tables 5 – 8 highlight several interesting findings. First, the number of children in Sequence A investigations considered "unsafe" is relatively small: 3.8% in 2003 and 4.1% in 2004. Although only a relatively small number of cases are classified as "unsafe," these cases are at higher risk for short-term maltreatment recurrence when compared to those classified as "safe." Specifically, cases categorized as unsafe were approximately 3 times more likely to experience short-term maltreatment recurrence of any type, 2-3 times more likely to experience recurrence of moderate physical abuse, 4.5 times more likely to experience severe

physical abuse, and approximately 1.5 times more likely to experience severe sexual abuse than cases categorized as safe.

Although additional information about CERAP use in the field is clearly needed before definitive conclusions can be made, the results of this analysis suggest two interpretations. The first is that workers are using the safety factor checklists to correctly identify many families that are at risk of immediate harm, as demonstrated by the higher recurrence rates among families categorized as unsafe on the CERAP safety decision. However, the fact that these families experience higher recurrence rates also suggests that for some families, the safety plans developed by the worker are not preventing subsequent maltreatment.

Conclusions and Recommendations

The results of the current evaluation reveal that similar to overall maltreatment recurrence, rates of moderate to severe maltreatment recurrence have declined in the nine years following the implementation of the CERAP. However, maltreatment recurrence rates began their decline several years prior to CERAP implementation, offering the possibility that similar declines would have occurred without the CERAP intervention. In all likelihood, numerous and complex factors, including the introduction of the CERAP, led to the declines in recurrence rates seen in Illinois over the past several years.

Future research on the reliability and validity of the CERAP should go beyond the examination of maltreatment recurrence rates and begin to explore *how* CPS workers use the CERAP to make decisions about child safety. In addition, future research should involve a careful analysis of CERAP safety plans in an effort to identify the elements of effective plans. Other areas of possible exploration include the factors that predict child safety among groups of children known to be at-risk for maltreatment recurrence, such as infants and toddlers, children served in intact families, and children who experience chronic neglect.