Child Protective Services

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Iowa’s child abuse reporting and assessment law, Iowa Code sections 232.67 through 232.75, was initially enacted in 1978 and has been amended several times since then.
In Iowa, the Department of Human Services (DHS) has been given the responsibility and legal authority to conduct an assessment of child abuse when it is alleged that:

- The victim is a **child**.
- There is a **caretaker**.
- The child is subjected to one or more of the ten types of **child abuse** defined in Iowa Code § 232.68.
The Code of Iowa defines a child as being:
- Any person under the age of eighteen years.

The Code of Iowa (§ 232.68) defines a caretaker or “person responsible for the care of a child”, as any of the following:
- A parent, guardian, or foster parent.
- A relative or any other person with whom the child resides and who assumes care or supervision of the child.
- An employee or agent of any public or private facility providing care for a child.
- Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care.
There are **ten categories of child abuse** identified in Iowa Code:

- Physical Abuse
- Mental Injury
- Sexual Abuse
- Denial of Critical Care
- Child Prostitution
- Presence of Illegal Drugs
- Manufacturing or Possession of a Dangerous Substance
- Bestiality in the Presence of a Minor
- Allows access by a Registered Sex Offender
- Allows access to Obscene Material
2012 Confirmed Abuse in Iowa

- Denial of Critical Care (Neglect): 79%
- Physical Abuse: 9%
- Presence of Illegal Drugs in a Child's (PID): 6%
- Sexual Abuse: 4%
- Allows Access by Registered Sex Offender: 1%
- Manufacturing, or Possession with Intent to Manufacture, a Dangerous Substance: 1%
Allegations are made to a Centralized Service Intake Unit Monday – Friday, 8am-4:30pm

- On call Child Protective Workers take intakes afterhours
Allegations that meet the criteria for acceptance, i.e. Child, Caretaker, AND Child Abuse (as defined by Iowa Code) are accepted for assessment.

Once accepted for assessment, the case will be assigned one of two assessment paths (as of 1/1/14):

- Child Abuse Assessment
- Family Assessment
Child Abuse Assessment

Assess Child Safety/Risk

Substantiate Abuse/Neglect

Recommendation for Intervention
Family Assessment

Assess Child Safety/Risk

Substantiate Abuse/Neglect

Recommendation for Intervention
The assessment worker will use safety constructs to evaluate the safety of the child with the caregivers in the home environment:

- **Threats of maltreatment** that are present at this time (i.e. aggravating factors that combine to produce a potentially dangerous situation.)
- **Child’s vulnerability** to maltreatment (i.e. the degree to which a child cannot avoid, negate, or minimize the impact of present or impending danger.)
- **The caretaker’s protective capacities** (i.e. the family strengths or resources that reduce, control, or prevent threats of maltreatment from arising, as well as risk factors that have a negative impact on child safety.)
Child is either:
- Safe
- Conditionally Safe
- Unsafe

Risk Level is:
- Low
- Moderate
- High
Iowa Administrative Code (IAC) defines the burden of proof required for substantiation as a “preponderance of the evidence”:

- “Preponderance of evidence” means evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it. (IAC 441—175)
LEVELS OF PROOF

1. SCINTILLA
   - NOT GUILTY
   - Any evidence at all. Even the smallest measurable amount of evidence.

2. REASONABLE SUSPICION
   - NOT GUILTY
   - Should be based on specific or particular facts or reasons. Not based on a hunch or guess.

3. PROBABLE CAUSE
   - NOT GUILTY
   - Reasonable and trustworthy information that a particular person has committed a particular crime.

4. PREPONDERANCE
   - NOT GUILTY
   - The greater weight or amount of evidence.

5. CLEAR AND CONVINCING
   - NOT GUILTY
   - A firm belief that the allegations are true.

6. REASONABLE DOUBT
   - NOT GUILTY
   - No trace of evidence whatsoever.
"Multidisciplinary team" means a group of individuals who possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases and who are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, or law enforcement, or a group established pursuant to section 235B.1, subsection 1.

Iowa Code Section 235A.13(8)
CHAPTER 1066
MULTIDISCIPLINARY TEAM ACCESS TO CHILD ABUSE INFORMATION
S.F. 536

AN ACT relating to multidisciplinary team access to child abuse information.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 235A.13, Code 1981, is amended by adding the following new subsection:

NEW SUBSECTION. “Multidisciplinary team” means a group of individuals who possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases and who are professionals practicing in the disciplines of medicine, public health, mental health, social work, child development, education, law, juvenile probation, or law enforcement.

Sec. 2. Section 235A.15, subsection 2, Code 1981, is amended by adding the following new paragraph:

NEW PARAGRAPH. To a multidisciplinary team, if the department of social services approves the composition of the multidisciplinary team and determines that access to the team is necessary to assist the department in the diagnosis, assessment, and disposition of a child abuse case.

Approved April 6, 1982
**Multidisciplinary team.** In each county or multicounty area in which more than fifty child abuse reports are made per year, the department shall establish a multidisciplinary team, as defined in section 235A.13, subsection 8. Upon the department's request, a multidisciplinary team shall assist the department in the assessment, diagnosis, and disposition of a child abuse report.

Iowa Code Section 232.71B (11)
Not Confirmed – There was not a preponderance of evidence to suggest abuse occurred and, therefore, the incident will not be placed on the Central Abuse Registry.

Confirmed (Not Placed on Registry) – There was a preponderance of evidence to suggest Physical Abuse or Denial of Critical Care (lack of supervision or lack of adequate clothing) occurred and ALL the following conditions were met:

- The incident was minor.
- The incident was isolated.
- The incident was unlikely to reoccur.
Founded (Confirmed AND Placed on Registry) – The was a preponderance of evidence indicating the alleged abuse occurred, the victim was a child, and the perpetrator was a caretaker. In addition, if the allegations were Physical Abuse or Denial of Critical Care (lack of supervision and lack of adequate clothing), the criteria of minor, isolated, and unlikely to reoccur were not met.
Recommendations for Intervention

Following an assessment a Child Protection Worker (CPW) makes a recommendation for services by:

- Analyzing safety/risk factors affecting the child and family
- Determining what available services are appropriate
- Determining whether formal DHS child welfare and/or court involvement is needed
Recommended interventions may include the following:

- Information and/or Referral
- Community Care Services
- DHS Case Management
- Court Involvement
  - Juvenile Court Action
  - Criminal Court Action
Iowa’s Changing Landscape

Challenges to a County Level MDT Model
What is different about Iowa now?

- Dramatic shifts in population:
  - Rural Population declining and urban population increasing
  - Change is even more profound when looking at the differences between population

- Professional Expertise
  - Expertise needed for quality MDT consultation is lacking in many parts of the state, i.e. pediatricians, mental health providers, and other experts.
Map 3A. Percentage Change in Total Population by County, 2000-2010

Legend:
-15.6% -10.0%
-9.0% -0.0%
-0.1% -10.0%
0.1% -20.0%
10.1% -20.0%
20.1% -80.0%
State value: 4.1%

Source: United States Census Bureau, Census Summary File 1 and 2010 Census Redistricting Data
Substance Abuse Treatment Providers

http://nationalsubstanceabuseindex.org/iowa/facilities.php
Approved MHDS Regions

Distribution of Iowa Psychiatrists appears below population in various counties.

Less Than Full-time County DHS Offices
2002-2012: A Decade of Changes

Legend:
- = Moved to < Full-time Co. Office in 2002
- = Moved to < Full-time Co. Office in 2010
Child Protection/Advocacy Centers and Programs

* = National Children’s Alliance Accredited CAC  * = Child Protection Programs
How do we move forward?