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## Factors affecting initial risk assessment following the report of child abuse to child protective services

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FACTORS AFFECTING INITIAL RISK ASSESSMENT FOLLOWING  
THE REPORT OF CHILD ABUSE TO CHILD PROTECTIVE SERVICES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by

Gurpurkh Kaur Khalsa  
Kathryn Marie Thornberry

June 1994

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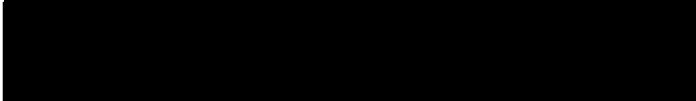
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by  
Gurpurkh Kaur Khalsa  
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June 1994

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## ABSTRACT

Initial risk assessment is a critical decision making process having potentially long-term effects on at-risk children, alleged perpetrators and the agencies expected to provide services. Telephone screeners at Child Protective Services, whose primary purpose is to protect vulnerable children and ensure their safety and wellbeing, receive reports of abuse and neglect. Charged with assessing the risk to children, they decide whether and when reports are to be investigated. Their decisions either open the doors to the delivery of services or keep them closed.

This critical decision making process has become additionally pressurized over time due to the increasing number of reports alleging abuse and neglect. Much of the research on risk assessment for child protective service agencies has focused on the development and implementation of risk assessment instruments. There has been an absence of studies pertaining to screeners as decision making agents and implementors of those assessment instruments. This post-positivist exploratory study sought to identify factors which affect screeners' decision making process following reports of alleged child abuse.

Qualitative data was collected through in-depth interviews of full-time and off-hours screeners. Many of the factors identified were supportive of previous research. Some of these factors reflected a prominent difference between the practice of risk assessment during regular daytime work hours versus nighttime and off-hours. It was recommended that future research address this difference and its possible impact on the delivery of services to vulnerable children.

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## ASSIGNED RESPONSIBILITIES

This was a group project and a team effort where both authors collaborated throughout the project. However, for each phase of the project, one author took primary responsibility. These responsibilities were assigned in the manner listed below.

### 1. Data Collection

Assigned Leader

Kathryn Marie Thornberry

### 2. Data Entry and Analysis

Assigned Leader

Gurpurkh Kaur Khalsa

### 3. Report Writing and Presentation of Findings:

#### a. Introduction and Literature

Assigned Leader

Gurpurkh Kaur Khalsa

#### b. Methods

Assigned Leader

Kathryn Marie Thornberry

#### c. Results

Assigned Leader

Kathryn Marie Thornberry

#### d. Discussion

Assigned Leader

Gurpurkh Kaur Khalsa

## INTRODUCTION

The primary purpose of child welfare agencies is the protection of children. The current philosophy which guides child protection states the best place for children is with their families. If children are threatened or harmed within the context of their families, the goal is to remove the risk from children rather than remove children from risk. If, however, that threat or harm reaches a critical level, children must be removed from their homes (California State Department of Social Services, 1990). How is that "critical level" of risk assessed?

Since 1974 when the Federal Child Abuse Prevention and Treatment Act was passed, intensive efforts to educate the public about child abuse have resulted in a steadily increasing number of reports of child abuse and neglect (Berger, Rolon, Sachs & Wilson, 1989). Telephone screeners at Child Protective Services receive the majority of these reports of abuse and neglect. Their decision making environment is pressurized from both ends in that there is generally an overflow of incoming calls and a shortage of workers to send out on investigations. They are often working with emotionally charged callers which further complicates decision making. Concurrently, their assessments need to be efficient and accurate.

There are ongoing efforts to streamline the initial risk assessment process. Innovations within the workplace include the addition of a new layer of screeners who prioritize calls for the "official" intake workers. Addressing the problem from another level, there are continued attempts to develop an ideal risk assessment instrument which can easily help screeners identify and rate risk factors and therefore ease their decision making process.

## Problem Statement and Literature Review

In an attempt to address the needs at the intake phase of Child Protective Services, the trend in recent years has been the development and implementation of risk assessment models. The goal has been to design a systematic process for evaluating risk and to provide concrete and practical guidelines for decision making (Downing, Wells & Fluke, 1990). The use of risk assessment instruments, however, has met with considerable controversy (Wells, Steing, Fluke, & Downing, 1989; Berger et al., 1989; Doueck, Bronson, & Levine, 1992). Assessment instruments attempt to quantify the level of risk, yet there is no known way of reliably predicting an abusive parent or of preventing predicted abuse (Berger et al., 1989).

Ultimately risk assessment requires making value judgments (Doueck, Bronson, & Levine, 1992; Gleeson, 1987) for, as stated by Berger and his colleagues (1989), there will always be cases that defy classification and stimulate disagreement. It has been noted that most families present a mix of strengths and weaknesses making predictions and decision making very difficult (Gleeson, 1987). Thus the judgment of workers remains an important element in most child protection decisions (Doueck et al., 1992). This critical issue is frequently reiterated in the literature (Nasuti & Pecora, 1993; Wells et al., 1989; California State Department of Social Services, 1990), and has been found to at times reflect personal biases (Doueck et al., 1992).

Workers' judgments are not simply the result of intellectual processes based on factual information presented in the case, or even of established policies and procedures. As researchers have found, decisions are also



influenced by workers' value judgments based on their moral values, ethics, religion, society, past experiences and personal beliefs (Berger et al., 1989). Environmental factors have been found to impact decisions made by screeners at initial risk assessment. Wells and his colleagues (1989) found that the availability of community resources or lack thereof, pressure created by a high volume of reports, and lack of workers to serve incoming cases were all influential factors impacting screeners' risk assessment process.

Risk assessment is the first intervention in every report of child abuse to a child protective services agency. It is a critical decision making process which has substantial impact on the alleged victim as well as on the alleged perpetrator, regardless of the veracity of the allegations. Failure to protect a vulnerable child may have dire results; investigating unsubstantiated reports may also have serious and damaging consequences (Wald & Woolverton, 1990). As the California Risk Assessment Curriculum (California State Department of Social Services, 1990) states: "Of all the tasks performed by child welfare workers, decision making is perhaps the most critical." To date, there is no evidence of research specifically addressing the subjective experience of the child welfare workers as they screen incoming telephone reports of child abuse and neglect.

### Problem Focus

This study identified factors that impact the initial risk assessment process following the report of alleged child abuse to Child Protective Services (CPS) in Riverside County. Direct practice issues were the focus of inquiry.

The researchers embraced a post-positivist paradigm, believing that, although an objective reality does exist, it can never be completely known. Furthermore, this objective reality is not necessarily the byproduct of quantitative methods. This paradigm allows the researcher to approach the research question without a hypothesis, depending instead on an ongoing interactional process between data gathering and data analysis through which theory may be generated (Guba, 1990).

Because of this orientation and the lack of research in the area of interest, an exploratory approach best addressed research needs. The goal of the study was to gather qualitative data and begin to gain in-depth understanding of factors which impact the initial risk assessment process following reports of child abuse. It was expected that information gleaned from this study would impact the direct practice of social work at Child Protective Services in Riverside County, as well as add to the general body of risk assessment literature.

## DESIGN AND METHOD

### Purpose of the Study

The purpose of this study was to explore factors which affect the initial risk assessment process following reports of child abuse. Many factors emerged, some subjective and others objective, and appear to impact decision making at this initial and critical juncture.

### Research Question

The research question for this study was: What factors impact the initial risk assessment process following the report of child abuse to Child Protective Services (CPS) in Riverside County?

Due to the lack of research in this area of inquiry this study took on an

exploratory orientation. This method enabled the researchers to explore the question without a hypothesis. Results of the study are pertinent to Riverside County Child Protective Services and the information obtained is relevant to the direct practice of social work within this agency.

### Sampling

The sample used in this study was the population of interest, screeners, also known as intake workers, at Child Protective Services in Riverside County. Of the full-time, daytime screeners, all were invited to participate and five out of the seven were interviewed. Four off-hours standby/call-back screeners also participated which made the sample size nine. The standby/call-back workers screen during off-hours which includes nights, weekends, holidays and any days the Department of Public Social Services (DPSS) is closed which includes every other Friday, also referred to as Fridays off. Screeners are also employed during daytime hours in other department of CPS, typically as Emergency Response workers. Often these two jobs overlap. An additional six standby/call-back workers were elicited to participate in the study but due to the unpredictability of their schedules and their heavy workload the interviews were not able to be scheduled.

Of the participants six were female and three were male. Five were standby/call-back screeners. Experience among the participants ranged from six months to ten years with the average being five years. The daytime screeners had a total of 24 years experience while the standby/call-back workers' totaled 42 years. All but two of the participants had some field experience in Emergency Response with CPS.

### Data Collection and Instrumentation

The two researchers initially observed and took notes on the intake process. This was done in the Moreno Valley office at the Intake Department. A questionnaire was generated from factors noted during the observations. The interviews were taped to ensure accuracy. Tapes were transcribed and transcripts were analyzed by open coding methods. Each question was analyzed separately.

It was important to keep in mind several weaknesses inherent with this data collection method. First, it is time consuming. This partially contributed to the low participant number as in-depth interviews were not feasible. Second, it is possible for the researchers to develop tentative conclusions based on initial observation and interviews. It is sometimes felt that this predisposes the researchers to proceed through the exploration with the agenda of confirming those conclusions. Thus the continual interaction between data collection and data analysis, which defines this methodology, may also reduce its validity. Third, data is qualitative and may have been influenced by participant as well as researcher subjectivity.

The researchers attempted to address the weaknesses of this method while conducting the research. In an attempt to have between 15 and 20 interviews to analyze, a sufficient number for data analysis, many eligible participants were contacted. The attempts were not altogether successful. Many workers declined to be interviewed because of the length of time the interviews took and the workers overwhelming work load. As many of the social workers work at home they were unwilling to be interviewed during their off-hours. Researcher sensitivity to and awareness of the

possibility of selective perception helped to prevent the second concern. The use of open-ended questions and close collaboration between the researchers helped address the problem of possibly confirming premature conclusions.

Methodological limitations enumerated above were weighed against the strengths of post-positivist exploratory research. First among these is the depth and breadth of understanding obtainable through this data gathering method. Furthermore, because the interview process was somewhat flexible the process allowed for wider parameters and creativity. Much of the richness in the interviews occurred when participants were asked, "What more could you tell me about the factors that impact your decision making process." No pre-existing theories were imposed on the process which allowed concepts and hypotheses to emerge through it. In-depth interviews allowed researchers to keep participants focused while at the same time encouraging the exploration of new ideas.

### Procedure

This exploratory study, derived from a post-positivist paradigm, utilized qualitative data. The two researchers interviewed nine participants individually for an average time of one hour. Preselected as well as spontaneous questions were used. Tape recordings and note taking facilitated the data collection. The data collection process took place during the winter of 1994 at the Arlington and Moreno Valley offices of Child Protective Services in the county of Riverside. Data was analyzed by the two researchers.

### Protection of Human Subjects

An "Application to Use Human Subjects in Research" was completed by the researchers and put on file at California State University San Bernardino to ensure the protection and confidentiality of the participants in the study. All participants signed a form consenting to their involvement in the study. This form outlined the purpose of the study, the exact nature of what was required of the participants and any possible risks that might have been incurred by them. Participants were advised that they could withdraw from the study at any time without reason and without ramifications to them. Confidentiality was guaranteed throughout the study. Participants were assigned numbers which were used to identify interviews. A confidential copy of each interview with identifying data such as interviewee name and time and place of interview were filed away. This permitted researchers to clarify or seek additional information from a given participant when the need arose. A debriefing statement was mailed to participants in conjunction with a letter of appreciation for their participation and a statement of general findings.

### Data Analysis

Qualitative data was gathered in an exploration of the factors which impact initial risk assessment following the report of child abuse to Child Protective Services in Riverside County. Each researcher observed individual workers during the screening process for about two hours. The researchers also observed a standby/call-back worker screening at home for about three hours. Possible factors impacting the decision making process were noted. Some of these factors included time of day, weekend versus night, police participation and worker mood. These factors were

then incorporated into open-ended interview questions. (Please see Appendix A for the list of questions.)

Each of the participants was interviewed by one of the researchers. Participants' responses, in conjunction with the researchers' insights, determined subsequent questions asked. The researchers' notes as well as the tape recording of the interviews comprised the raw data.

Interviews were transcribed by both researchers. All data analysis was done with the two researchers working together. Units of analysis were identified by meeting two criteria: (a) each was heuristic and/or inherently of interest, and (b) the unit was able to stand alone without further explanation (Lincoln & Guba, 1985). The different, discrete elements which influenced risk assessment became apparent. Once these were identified open coding was used to organize them. Concepts and categories were developed (Strauss & Crobin, 1990) by the process of constant comparison (Lincoln & Gubs, 1985).

Each interview question was initially analyzed individually; the key point in each question became an anchor in the data analysis. Concepts from each question were identified and categorized on note cards. The responses from all the participants were discussed and compared. Similar responses were grouped together. Categories emerged as themes became apparent across interview questions and respondents. Frequency and intensity of responses were identified. Frequency was determined by counting how many participants responded in a similar way to a question. Intensity was determined by two factors: 1) how much explanation the respondent gave to a given identified factor and 2) the emotional intensity expressed by the respondent. The intensity was based on a four

point scale. The more emphasis a respondent gave to a factor either in length of response or emotion expressed the higher the number it was assigned. The strength of a given response was determined by adding together the frequency and intensity. (See Table 1 for responses to questions by frequency and intensity.)

## RESULTS

### Question 1: What do you personally believe your goal or goals are in carrying out this job?

The most frequent response (frequency 6, intensity 10) was providing services and giving referrals, "being a resource for the public." Almost all respondents stated they felt it was important to offer a caller something and many times this was a referral. It was typically felt that callers were "coming to you in desperation" looking for information and guidance. Most callers, it was felt, "want some kind of answer" and the screeners believed it was part of their job to provide some kind of service or referral so they could "benefit every caller in some way."

The second most cited goal by the respondents was keeping children safe (frequency 5, intensity 9). This meant assessing the danger and risk to the child. For the daytime workers this often implied doing research on a case to get as much information as possible so they could more accurately assess the risk. This is often done by checking computer records for prior histories or talking with other professionals involved. The standby/call-back workers stressed the need to make a quick decision based solely on the information of the referent as prior histories and other professionals are often not available. Imminent danger was a chief concern of the standby/call-back workers. "Screening out" was a term these workers in



particular used. All cases except those that needed immediate response were screened out. The goal is to "screen out the calls that can wait until a couple of days from those that have to be handled right now."

Other goals mentioned included advising and counseling (frequency 4, intensity 6), assisting families (frequency 3, intensity 5), and informing and educating the caller (frequency 3, intensity 5). These goals are all similar yet slightly different. They entail dealing with the callers' emotional state and being able to engage the callers quickly and appropriately. Often the heightened emotional state of the callers needs to be reduced before any information can be elicited. Assisting families includes educating and informing them on what the agency can and cannot do and what constitutes a referral. Many times callers are not ready to make a referral but need to know how to get more information so a good referral can be made at a later date.

Of particular importance to two workers, it was noted, was their goal of serving the agency by conserving its resources (intensity 7). It was of high priority to them to "not make work for anyone" and to incorporate into their decision making process "how best our agency resources can be utilized." With limited staff, it was felt, these screeners were strongly motivated to send workers out only in "real emergency" situations.

Question 2: What type of calls do you personally find the most difficult?

The most difficult calls reported by the respondents, both in frequency of responses (4) and intensity of responses (9), were custody disputes, calls in which separated or divorced parents are reporting abuse against the other. The primary reason workers found these calls most difficult was because the credibility of the caller was always in question. Former

spouses using children to play out their own hurt and anger is always a possibility in these cases. Workers report having trouble "weeding out the facts" from the emotions. These calls frequently occur during the off-hours screening at the end of a weekend or on a holiday, typically times when non-custodial parents are returning children. Bruises are noted or high emotions on the part of the children are attributed to abuse. There are "a lot of emotions involved" with these cases and they are "always questionable" due to the "credibility of the parent who is making the report."

Second in strength of response regarding difficult calls was the worker's inability to help the caller. This response received a 4 in frequency and a 6 in intensity. This frustration of not being able to help included the inability to provide agency services as well as the inability to provide adequate referrals to other community services or agencies to meet the caller's need. Workers found this particularly difficult when a caller was especially concerned or distraught over the plight of a child. "We get people all the time that are very seriously affected by problems they have and we can't help in any way."

Workers also found neglect calls difficult to deal with. This response received a 3 in frequency and a 4 in intensity. This is due primarily to the ambiguous nature of neglect cases. "You really have to pull enough information out of the reporting party to be able to meet the criteria for general neglect." It also becomes difficult to determine whether the neglect is damaging to the child.

Two workers (intensity 4) stated that emotional referents were difficult to deal with and one worker (intensity 3) stated receiving a call

regarding the death of a child was hard. "The key to the process is to try to disassociate the emotional factor, our own personal emotional factors, from the information so you can try to make the most objective decision possible."

Question 3: When a case isn't clear-cut how do you make a decision?

Five of the respondents (intensity 6) stated that they consult with colleagues when a case is not clear cut. One worker stated, "When I consult coworkers I get a variety of responses from 'I wouldn't take that call' to 'I would make that an immediate response'." The daytime screeners consult with colleagues more frequently than standby/call-back screeners who seek a supervisor's direction when a case is not clear. Because of the circumstances of the work, daytime screeners have more access to colleagues than standby/call-back workers.

Gathering more information was a stated response for four screeners (intensity 4). Three workers felt strongly that they would refer to the risk assessment criteria to reach a decision in an unclear case (intensity 6). Of these three respondents two were off-hours screeners. One daytime screener remarked that the Risk Assessment Manual, designed to serve workers in their decision making, was not helpful (intensity 1).

Responses given by the daytime workers included drawing on their own personal experience and knowledge (frequency 2, intensity 4) and researching prior histories (frequency 2, intensity 4). Standby/call-back workers stated that they send police out to do welfare checks (frequency 2, intensity 3), assess whether or not the case is a life and death situation (frequency 2, intensity 2) and err of behalf of the child (frequency 1, intensity 1). Consulting with other professionals involved with the case,

such as doctors or police, was cited by two workers (intensity 3). "If the information is not clear cut and there's sufficient reason to believe the child may be at risk, the basic philosophy and policy of the department is to err on behalf of the child. So we would go and evaluate the situation one way or another."

Question 4: What constitutes a bad day for you?

High rate of phone calls received a strength of response of 24 (frequency 7, intensity 17), far greater than any other response. The next highest strength of response was 5. Workers continually indicated many reasons why the high rate of calls affected their ability to work optimally. The phone system is set up, during the daytime screening, in such a way that individual phones ring until a worker answers the line. This means that the phones frequently ring many times without being answered. The implication of this, as described by the workers, is that a child who is in need of services will not get them because of the inability of the system to handle the high rate of calls. "When the phones are extremely busy . . . it personally bothers me not to be able to answer the phone(s) . . . after they have rung 20, 30 or 40 times . . ."

All of the off-hours screeners indicated that the high rate of calls was a problem and contributed to a workday being bad. With one worker handling the calls in a given geographic area the calls tend to back up with the answering service. The screener attempts to return the calls from referents but many times they are unavailable an hour or two later. The off-hour screening was initially set up as stand-by work. According to the standby/call-back workers, apparently this system worked well until recently. The off-hours screening has become more like a regular work

shift with calls coming in continually.

Two responses received a 5 in strength of response. One worker stated that multiple personal stressors (intensity 4) contributed to having a bad day. A sense of isolation was felt by one worker (intensity 4). Another response reported only by the daytime screeners was too much work and too many paper referrals (frequency 2, intensity 2). This is associated with high rate of calls. If callers cannot get through on the phones they will typically send in a referral without calling. The referrals then need to be processed. This adds to the work load. The remaining responses all had a strength of 3, frequency 1, intensity 2. Responses made solely by standby/call-back workers included being tired, dealing with multiple difficult situations in a short period of time and Friday off screening days. Daytime workers reported obnoxious/insulting callers, worker misinterpreted or wrongly accused and conflicts between professional and personal roles.

Question 5: What do you consider criteria for an immediate response?

Seven of the nine respondents (intensity 15) considered imminent danger as the most important criteria for an immediate response. This response was clearly number one among the participants with the next response having an intensity of 7. No single factor emerged that clearly defined imminent danger. "This is where you get into a difference of opinion as to what is an immediate response." Workers cited various factors that they considered when assessing imminent danger: serious injury or death, sexual abuse with a perpetrator who has access to the child, serious neglect with a young child. One respondent commented that "usually when you have an immediate it's very obvious."

Workers also stated that the age of the child was an important element in deciding immediate response (frequency 5, intensity 7). The younger the child the greater the likelihood of an immediate response. Three screeners spoke in depth (intensity 6) about the individuality of each case and that the context of the situation was important. Among the standby/call-back respondents two (intensity 2) mentioned calls by police and hospitals. This type of call during off-hours usually warrants an immediate response. Individual responses included prior history (intensity 1) and agency policy and protocol (intensity 1) as factors in determining immediate response.

Question 6: What is your greatest frustration?

The range in responses to this question was small. The strength of responses ranged from 3 to 9, frequency ranged from 1 to 3 and intensity from 2 to 7. Three respondents (strength of response 6) stated that the lack of internal resources was frustrating. "Not having sufficient resources ... to try to provide more assistance to families that are somewhat in the grey area, where there are identified problems but which have not gotten completely out of hand yet." Two workers (intensity 5) stated that the lack of community resources and the inability to "plug somebody into something" was frustrating.

Two daytime workers (intensity 7) responded that the inefficient system was frustrating. "The system is not set up to work maximally." It was felt that a lot of time was spent forwarding and directing calls that could typically be handled by a clerk. Having social workers type in paper referrals was felt to be a less efficient use of time. One worker indicated that the computer system moved too slow to meet the demand and fast

pace. Two workers (intensity 4) stated that the lack of prevention was frustrating. Single responses included standby/call-back workers noting the emotionally draining aspect of the work (intensity 4), that nothing was frustrating (intensity 3) and the lack of response to community concerns (intensity 2).

Question 7: What is the one thing you would change to make your decision making process easier?

The question did not elicit a strong, clear-cut response. It was expressed that screeners did not have difficulty with the decision making process itself. "I don't think it is necessarily possible to make it easier. To search for that easiness is really a bit self-defeating in some ways." "In terms of the process itself I don't think there's a problem. We have a good, clear, concise understanding of the law . . . as well as agency policies and procedures so there's not much of a problem in the way of decision making."

The most cited response was more internal resources, especially staff (frequency 4, intensity 9). "If we had more resources we could be more free . . . to go out on things that ordinarily we would not do." "At night and on the weekends it has to be real bad for it to be an immediate response."

Three responses had a frequency of two. Two standby/call-back workers (intensity 4) stated that having a social worker on at night working a regular shift would help the process. This would alleviate the screeners' dilemma of having to send a worker out in the middle of the night who had worked all day and who would have to work a regular shift the next day. Standardized criteria and policies (intensity 5) that were implemented uniformly would help with the process as well. It was

also noted that nothing (intensity 3) could make the process easier.

Other changes screeners stated would make the process easier were reducing paper work (frequency 1, intensity 3), involving social workers directly with the police (frequency 1, intensity 2), splitting the Friday off screening shift (frequency 1, intensity 1), and providing field training for screeners (frequency 1, intensity 1).

Question 8: What currently facilitates your risk assessment process?

The majority of responses to this question were single worker responses with variations in mild intensity (1-3). Access to prior status within the department had the highest strength of response with a score of 5 (frequency 2, intensity 3). If a call comes in and has already been investigated it impacts the current decision making. An example given was if a sexual abuse case is reported and had been investigated in the past the screener might be more likely to send a worker out because the child may now be ready to disclose the abuse. Conversely, if an abuse call was investigated only a few months prior a screener may opt not to investigate again. Access to prior histories is only available to the daytime screeners so this does not apply to the off-hours workers.

The policies and procedures manual was cited by two respondents as being helpful (intensity 2). One worker stated that the manual was not helpful at all. Two workers (intensity 2) also stated that nothing currently facilitated their assessment process. One worker felt fairly strongly (intensity 3) that a supportive supervisor helped. Other single worker responses included worker experience, prior knowledge of the individual case, knowledgeable referent, other professionals involved, speaking directly to the child and a relative or neighbor that was accessible.



Question 9: Do you believe risk assessment is a more intellectual or gut (intuitive) process?

The strongest responses elicited were similar. The first was that intuition is most important but it is a combination of gut and intellect (frequency 4, intensity 6). Three respondents (intensity 7) stated that gut and intellect both played an equal part in the process. "In the absence of specifics, I think it becomes . . . more intuitive. However, with the amount of information I have available it's very important to me to have . . . an informed decision, as I call it . . . which is what I prefer. Because if you rely on the gut, you're basically taking chances . . . I don't want to be put in the position where I have to make a decision with either one (exclusively)."

One aspect of the gut element is that although one's instinct about a case might be strong, "it doesn't matter unless you can back it up" and show factual cause for intervention. One worker described being in a situation where her gut response to a case was very strong but she had no authority to make a necessary decision about the case.

Two workers noted the importance of experience in their process of reaching decisions (intensity 2). Experience was cited as helping the decision making process as well as in engaging the caller to elicit important information. "I shouldn't say that everybody should have to work a long time to be able to make good decisions, but it certainly helps you . . . Interviewing people over the phone is the biggest part of the screening."

Question 10: Does the identity of the reporter impact your assessment process?

Overall, it was felt by all of the respondents that the credibility of the

reporter impacted their assessment process and was a more important factor than whether or not a reporter was mandated or not. Mandated reporters are people who are in contact with children who are required by law to report any suspected abuse. It was felt that mandated reporters, especially professionals with an understanding of the Child Protective Services mandate, were the most objective. "I don't have to deal with emotional issues." In marginal cases one respondent stated being more likely to respond if it was reported by a mandated reporter. All nine respondents mentioned this fact. Yet, it was also stated that sometimes mandated reporters inflate or exaggerate the facts to prompt a response from the agency. Three workers specifically stated that the credibility of the reporter was the most important factor. The credibility factor was mentioned again by one respondent in relation to custody calls. Establishing credibility was often difficult in those cases.

Even though the identity of the reporter tended to impact the assessment process a couple of workers had the following comments to make: "It is more what they (the callers) say or fail to say than who they are." "It doesn't matter who your reporter is you must stay objective." These comments underscore the fact that reporter identity or credibility is only a piece of the assessment process.

Question 11: Does the rate of calls affect you?

The high rate of calls was found to adversely affect the majority of the screeners (frequency 7, intensity 12). Two responses, "I hope not" and "It probably does," although ambiguous, were interpreted as yes. Screeners reported being impacted differently by the rate of calls. Three workers noted that it prevented them from spending the quality of time needed

with each caller. "If it's a real busy day and somebody calls, I will tend to not take referrals on those whereas on days when it's not busy I'll spend more time with that caller . . . on a busy day I might say 'I'm sorry, it doesn't meet our basic criteria and there's nothing I can do for you.'"

Two workers stated that the high rate of calls does not affect them (intensity 4). One stated that the ringing phones are just ignored and the other stated that only one thing can be done at a time so the ringing phones were not an issue.

Question 12: What concrete factors impact your decision making process?

No one concrete factor stood out among the responses of the workers. Only two factors cited by the respondents were mentioned by more than one person. Two workers (intensity 4) stated that the telephone system negatively impacted their decision making process. "The phone system is totally and utterly inadequate." Two workers (intensity 2) also stated that there were no concrete factors that impacted the decision making for them. "I don't know that (things) impact our decision making but they certainly impact our effectiveness."

One daytime worker noted (intensity 2) that a clerk prioritizing calls helped with the decision making process while another stated that access to prior histories helped (intensity 1). A standby/call-back worker stated the opposite, that no access to priors hindered the process. The imposed structure of forms, lack of workers and backlog of work were also noted by individual respondents as factors which negatively impacted the decision making process.

Question 13: What personal factors impact your decision making process?

The most frequent (frequency 4, intensity 4) response was that no

personal factors impact the decision making process. Personal issues are consciously put aside so that they do not interfere. "Unless you are able to give 100% of your mental faculties to this job you run the risk of making a mistake, and that is not just making a mistake; you run the risk of a child being injured or that an injury may be exacerbated because you made a bad judgement." "I disassociate my personal life from my professional life." Workers stated they are able to do this because they "take alot of time off." This meant taking fequent vacations, leaving and signing out sick when they feel overwhelmed or taking frequent short breaks during the day. One worker stated, "I would want to do the ultimate screening and screen myself out" if personal issues got in the way of making professional decisions.

Two workers (frequency 2, intensity 4) felt that personal issues affected their work. Such personal issues that affected these workers included dealing with alcoholics, teenagers and young children. Both workers stated they realized these issues were based on their own experiences with these populations. Two standby/call-back workers (intensity 2) stated that conflict between professional duties and personal life was a problem when they were doing screening at home. One daytime screener and one standby/call-back worker mentioned that being tired sometimes affected their work. The standby/call-back screener stated that being awakened from a deep sleep in the middle of the night was sometimes difficult. The daytime worker stated that being tired was sometimes a factor when imposed on other stressors. One respondent stated that it is necessary for a screener to have the type of personality that can deal with frustration and pressure.

## DISCUSSION

Based on a comparison of the overall strength of responses to questions (see Table 1), screeners responded most strongly by far to the first question regarding their personal goals in carrying out their job. The fact that this was the first question may have influenced the degree of interest and emotion expressed. This could explain in part the disparity between the response strength of this question and that of the others. More importantly, it is interpreted here as being indicative of screeners' strong feelings about their personal goals in doing their work. This hypothesis is supported by several factors. First, screeners identified numerous personal goals that extended beyond assessing danger and risk to children and attempting to keep them safe. Counseling and doing social work over the phone, including providing referrals and educating callers, are facets of their work that screeners appear to feel strongly about. Second, the inability to provide referrals contributes to what some consider difficult calls and bad days. Third, a strong sense of professionalism and commitment to their work was noted across many responses. All screeners expressed their deliberate intention of not allowing personal factors to impact their decisions. This was perhaps best expressed by one screener who remarked that if he felt his emotions were a chronic negative factor, he would "screen himself out of the job."

Their strong professional identity seems to enable them to separate their own emotions from the case being presented and the decision needing to be made. Most screeners expressed clearly their explicit choice to "disassociate" themselves from the emotion of their work while still remaining sensitive to the needs of the callers. It appears to enable them

to separate themselves from the callers' emotions, helping them sort through these to gain information about the situation being reported. Many screeners alluded to their confronting strong emotions, both their own and their reporters', and needing to pursue the risk assessment process from a neutral, professional perspective. Numerous screeners stated that when they feel their own emotions and stressors impacting their work, they take a break.

Having a bad day elicited the second highest strength of response among screeners. By far the most common factor found to contribute to screeners having a bad day was a high rate of calls. It was spoken about nearly five times as strongly as other factors mentioned. This can be understood when viewed in light of some screeners' belief that every incoming call has merit, that callers are generally in crisis and in need of help, and that their personal goal is to help every caller in some way. Not only are they prevented from answering all of the incoming calls in a timely manner, they also may be unable to spend the amount of time on calls that they might deem desirable. From these factors it is concluded that the high rate of calls often conflicts with screeners' personal goals in carrying out their work.

Not only does the high rate of calls impact screeners' on the job experience, it also affects their decision making process. Seven of the nine workers affirmed that their process of decision making is negatively impacted by the high rate of calls. The two workers who differed in their responses are both daytime screeners and explained they "tune out" the ringing phones. This is done either literally with ear phones or by focusing on the call being handled at the moment, recognizing that only one thing

can be done at a time and choosing to do that thoroughly. Those that state they are affected by "phones ringing off the hook" are aware of sometimes being curt with callers and not taking the time that is often necessary in order to elicit sufficient information to meet the criteria for taking referrals and following up on them. This finding supports previous results reported by Berger, Rolon, Sachs and Wilson (1989) which stated that the high rate of calls exerts a negative impact on the initial risk assessment process.

It is interesting to note that the question, "Does the rate of calls affect you?" elicited the lowest overall strength of response. In light of the above discussion this result could be interpreted as being contradictory. However, it may be explained by the fact that most screeners had already addressed the issue in previous responses. Also, this was a closed-ended question which could be answered by a single word response. Unless researchers specifically asked screeners for additional explanations, responses were brief and resulted in an overall low strength of response.

Screeners responded with substantial interest and information to the question regarding how they make decisions when cases are not clear-cut. This was measured by the overall strength of response, which was third highest at 55. As most cases are ambiguous, screeners employ a variety of methods to help them reach a decision in their assessment of risk. The critical nature of the question, together with the amount of information the question elicited, resulted in a strong response.

Consulting colleagues was the most frequently cited method for dealing with decision making in ambiguous cases. In comparison to some questions which resulted in a single strong response, as in the question

regarding what constitutes a bad day, it is noteworthy that this question did not. It was found that many factors, including gathering more information and referring to the risk assessment criteria, among others, seem to play a role in difficult decision making. None seems to play a superior role. Perhaps this can be understood by the comments of one screener who noted that although consulting colleagues is a frequent practice, it seldom resolves ambiguities. Often it results in an array of answers, each of which may be considered accurate when viewed from a given perspective and within the context of the case.

Most cases, screeners agreed, are not clear-cut. Screeners explained that in addition to the risk assessment criteria many individual factors are considered. Families present with a mix of strengths and weaknesses and defy easy classification. General neglect calls are particularly challenging to assess and require careful screening. Furthermore, many callers are in a heightened emotional state when they call. Screeners need to sort through the callers' emotions to gain the relevant information to make a referral. It was found that many factors contribute to the ambiguity of calls and the difficult decision making process of risk assessment. This finding supports results described by Berger and his colleagues (1989) and Gleeson (1987).

As noted previously, the key to the risk assessment process is the determination of imminent danger, that critical level of risk requiring an immediate intervention. This was reflected in screeners' responses regarding their personal goals in which assessing imminent danger received the strongest response. It also emerged as the strongest response by far to the question regarding criteria for an immediate response.

While it could be expected that determining imminent danger would



emerge as an important factor in any discussion of risk assessment, it is noteworthy that there is no precise definition of what constitutes imminent danger. This is similar to the ambiguous nature of presenting situations. In both the context weighs heavily. The process of assessing risk and making decisions is difficult. A key concept in social work, wherein lies its strength and its challenge, is that of the interdependence of people and their environment. This paradigm under which social work operates results in just such ambiguities. The question of reducing "imminent danger" to specific behaviors or conditions continues at the heart of the risk assessment dialogue.

Whether or not the ongoing trend, reported by Downing, Wells and Fluke (1990), of designing a systematic process for evaluating risk and providing concrete and practical guidelines for decision making would truly be helpful in the majority of cases remains unknown. The Table 1 breakdown of responses, however, offers some support for the usefulness of this effort. When asked about the one thing they would change to make their decision making process easier, standardizing policies and criteria was the second strongest factor cited by screeners.

Risk assessment instruments, however, do not receive the same enthusiasm. On the contrary, no screeners cited the risk assessment intake form as being helpful in their decision making process. One screener felt inhibited by its structure and several stated outrightly that they refused to use that format to elicit information. The assessment instrument, they stated, is counterproductive to establishing a relationship with callers and to eliciting the necessary information to make a referral. This view seems to be additionally strengthened by screeners' apparent acceptance of the

validity of their “gut” or intuitive responses, particularly when coupled with their intellect and experience. Without minimizing the need to support their intuition with hard evidence, all but one screener acknowledged the important role of their intuition in deciding what to do with a case. Creating a relationship with a caller and following one’s “gut” feelings may not interface well with the use of a standardized form which seeks to quantify human behavior.

One of the themes which appeared across numerous questions was that of resources. The lack of internal and external resources was a common thread that wove through screeners’ responses. Internal resources have to do with such things as telephone systems and computerized records. They also include personnel. External resources typically fall under the category of services, referral sources for the identified population.

Pooling together all responses which could be categorized under resources revealed that this category received next to the highest total strength of response which added up to 75. It was the most frequently cited single response across all questions. Insufficient resources was found to play a role in screeners’ personal goals, in their on the job experience of difficult calls, their frustration and bad days, and their decision making process.

Screeners described the effect of not having enough workers and stated that it prevents them from sending people out on investigations except in cases of “real” emergencies. Most screeners reflected on this dilemma, wishing they were able to more readily investigate cases. On the other end of the spectrum, once assessments are completed, screeners

commented on the lack of community resources to adequately meet the identified needs of the callers and the demoralizing impact of this circumstance. This was similar to results described by Berger, Rolon, Sachs and Wilson (1989) who described the impact of environmental factors on initial risk assessment. Foremost among these, they noted, are the paucity of community resources to which clients can be referred, as well as the lack of workers to serve incoming cases.

A second theme that seemed to emerge out of the data was, unlike the theme of lack of resources, neither easily identified nor quantifiable. There arose a fundamental difference between the risk assessment process as it is practiced during the day, by full-time screeners, and at night and during off-hours, by standby/call-back workers. The difference in the nature of responses, initially puzzling, developed into two distinct pictures as questions were analyzed and responses categorized. Certain questions were particularly instrumental in highlighting this theme. One of these was the fifth question which asked screeners to explain what they consider criteria for an immediate response. Although agency policies and procedures do not change with the time of day, it became apparent that, among other things, the working environment alone impacted the decision making process.

During daytime hours, full-time screeners work in the office all day long. The fact that they are in the office means they have access to colleagues, computers, supervisors, other professionals, schools, and, in general, the resources of the agency. They can research cases as thoroughly as they deem necessary or have the time for. They can consult colleagues. They can call schools, doctors, relatives and neighbors to elicit

more information. Although time constraints may not permit them to engage in these activities as much as they would like, these avenues of information are nonetheless available to them. The fact that the reporter is a police officer does not necessarily warrant an immediate response. And, if they determine a need, they will send a worker out to investigate. If a child needs to be removed from the home and placed in foster care, it can be dealt with in the course of the day.

The off-hours screening environment varies with the activity of the screener who is performing his or her duty in addition to full-time work during regular business hours. Screening may be conducted at home or wherever one happens to be at the time one is paged. Typically agency resources are not available to the standby screener, except for having access to the supervisor by phone. Although there is a unique sense of camaraderie among the teams of screeners and Emergency Response workers, the screeners do not have access to the variety of agency resources which daytime workers employ in their decision making process. They also lack the technical support, and in particular they do not have access to computer records and prior histories.

The nature of the calls seems to differ significantly between night and day. Screeners expressed that at night the motivation of the caller is frequently questionable. Callers are often intoxicated and are calling to simply converse with someone or to report a situation difficult to address in a sober state. Callers are also frequently under the impression that the screener is working out of a traditional office setting and are not expecting to wake him or her up out of a deep sleep. In contrast, many of the calls received during the day are made by school personnel and other

mandated reporters whose motives are rarely in question.

Standby screeners appear to have a closer and more mutual working relationship with the police than do daytime workers. If a screener is unsure about a case, he or she will request a police officer to go to the home on a "police welfare check." By the same token, a police officer, after doing a welfare check, may insist that a child be removed from the home. Depending on the degree of insistence the screener may or may not send a worker out; however, that is negotiated with the officer. There appears to be a mutual and accountable relationship between the two parties.

This relationship is largely due to the fact that the screening is conducted at night. Not only are there fewer workers to send out, but there is also greater danger. These two factors combined contribute to the decision making process being substantially different at night than during the day. What are considered criteria for an immediate response are more severe at night: the imminent danger assessed during the day becomes an assessment of whether or not it is a life and death situation at night. There was a stated resistance to responding to any call immediately unless it absolutely has to be, and "screening out" is done as frequently as possible.

Differences between daytime and off-hours screening appears to result from both external and internal circumstances. The callers, the work environment, and even the nature of the calls themselves seem to differ between day and night. Similarly, the method of assessing risk appears to be remarkably different during these times. As one screener explained, at night "it's not just straight risk assessment."

The purpose of the study was to investigate factors which impact risk assessment. It was believed these factors would fall into one of two

categories, either personal/subjective or concrete/objective. No reports were found which addressed personal or subjective factors that might impact the decision making process during initial risk assessment. It was expected these would emerge in the study but they did not. Concrete or objective factors that were noted corroborated previous research. An unexpected finding, which no previous literature addressed, was the difference between the assessment process during the day versus during the night.

Results reported in this study must be interpreted within the context of the small sample size and the exploratory approach. Both factors suggest tentative rather than conclusive results. However, it is hypothesized that day and night differences would continue to emerge regardless of the sample size as they appear to be systemic rather than individual factors.

#### IMPLICATIONS FOR FUTURE STUDY

Results of this study lay the foundation for further exploration of the process of risk assessment and the practice of social work at Child Protective Services in Riverside County. It would be worthwhile to gain a more precise understanding of the differences that emerged between daytime and nighttime screening. It would be useful to know how those differences specifically affect the vulnerable population of children at risk of abuse and neglect. A possible next step might be to examine cases presenting at both times of the day to assess how they are handled. Is it the case that reports made at night are handled differently than those made during the day? Would two cases, presenting with similar risk factors, be handled the same? In light of the agency mission, this would be

useful information to have. This information would also serve the agency in its ongoing process of self-examination and self-refinement.

It was noted that an important facet of screeners' work is that of counseling, educating and providing referrals to callers. Several screeners also alluded to the amount of time they spend inputting paper referrals into the computer system. In light of their overburdened status and the need of the public to access informed individuals, how screeners spend their time is a concern to these researchers. Screeners or intake workers were found to be skilled professionals whose experience and training are instrumental in the effective management of calls. Because of the public's need for their services, and because of limited agency resources, it seems prudent to utilize their time maximally. As the intake process continues to be refined, it seems that gaining a more precise understanding of screeners' allocation of time in the assessment process would be beneficial.

A facet which was not touched upon in this study is that of workers' beliefs and attitudes. The risk assessment literature suggests that these do impact decisions made. While this current study did not appear to suggest that screeners' decision making was inappropriately affected by personal factors such as stressors, screeners' beliefs, attitudes and possible prejudices were not explored at all. A study in which these factors are measured would add an important piece of information to the body of risk assessment literature.

It is the opinion of these researchers that the more that is known about both the internal and external processes involved in decision making in general and risk assessment in particular, the more effective will be the design and implementation of any risk assessment model. Such

a model will best serve the needs of both the target population and of those who are the gatekeepers of services.



## APPENDIX A

### Questionnaire

1. What do you personally believe your goal or goals are in carrying out his job?
2. What type of calls do you personally find the most difficult?
3. When a case isn't clear-cut, how do you make a decision?
4. What constitutes a bad day for you?
5. What do you consider criteria for an immediate response?
6. What is your greatest frustration?
7. What is the one thing you would change to make your decision making process easier?
8. What currently facilitates your risk assessment process?
9. Do you believe risk assessment is a more intellectual or gut process?
10. Does the identity of the reporter impact your assessment process?
11. Does rate of calls affect you?
12. What concrete factors impact your decision making process?
13. What personal factors impact your assessment of risk?

## APPENDIX B

### Consent Form

The study in which you are about to participate is designed to identify factors which may impact the initial assessment of risk following reports of child abuse. This study is being conducted by Kathryn Thornberry and Gurpurkh Khalsa under the supervision of Professor Lucy Cordona. This study has been approved by the Social Work Department's Human Subjects Committee of California State University San Bernardino.

In this study you will be interviewed by one of the two researchers. The interview will last one-half to one hour during which time you will be asked about your decision-making process and factors which may influence your assessment of risk.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported with your responses. Data will be reported in group form or through identification numbers assigned to you at the time of the interview. If at any time you have questions about your participation or about the study please call Professor Lucy Cordona or Dr. Teresa Morris at (909) 880-5501. At the conclusion of this study, you may receive a report of the results.

Please understand that your participation in this research is totally voluntary. You are free to withdraw without penalty at any time during your interview, and to remove any data derived from your interview at any time during the course of the study.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.

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Participant's Signature

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Date

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Researcher's Signature

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Date

## APPENDIX C

### Debriefing Statement

The purpose of this study was to elicit the factors that impact the risk assessment process following the report of child abuse to Child Protective Services in Riverside County. It is hoped that information gleaned from the interviews will improve the agency's ability to protect its vulnerable children and to alleviate inappropriate investigation of alleged perpetrators.

Should you have any concerns or questions regarding your participation you may contact the researchers, Kathryn Thornberry or Gurpurkh Khalsa, research advisor, Professor Lucy Cordona, or Dr. Teresa Morris of the Human Subjects Committee of California State University San Bernardino. Any of these people may be reached by phone through the Department of Social Work, California State University San Bernardino at (909) 880-5501. You may also contact the department by mail at 5500 University Parkway, San Bernardino, CA 92407-2397. Should you wish copies of the study, they will be available through your supervisors or through any of the people listed above.

**TABLE 1**  
**Summary of Responses to Questions**  
**by Frequency, Intensity and Strength of Response**

<b>Q1: Personal goals in doing your job</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Assess imminent danger and risk	6	10	16
Provide services and referrals	5	8	13
Protect children, keep them safe	5	9	14
Advise and counsel	4	6	10
Assist families	3	5	8
Inform and educate	3	5	8
Serve agency and conserve resources	2	7	9
<b>Totals:</b>	<b>28</b>	<b>50</b>	<b>78</b>

<b>Q2: Most difficult type of calls</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Custody calls	4	9	13
Inability to offer referrals/help	4	6	10
General neglect	3	5	8
Emotional caller	2	4	6
Death of a child	1	3	4
<b>Totals:</b>	<b>14</b>	<b>27</b>	<b>41</b>

<b>Q3: Making decisions in unclear cases</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Consult colleagues	5	6	11
Gather more information	4	4	8
Refer to risk assessment criteria	3	6	9
Draw on personal experience	2	4	6
Research prior history	2	4	6
Police welfare check	2	3	5
Consult other professionals (police, Dr.)	2	2	4
Life/death situation	2	2	4
Err on behalf of child	1	1	2
<b>Totals:</b>	<b>23</b>	<b>32</b>	<b>55</b>

<b>Q4: What constitutes a bad day?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
High rate of calls	7	17	24
Unsupportive management	1	4	5
Multiple personal stressors	1	4	5
obnoxious/insulting calls	1	2	3
Inability to provide referrals	1	2	3
Being misinterpreted/wrongly accused	1	2	3
Being tired/many difficult situations	1	2	3
Personal vs. professional role conflict	1	2	3
Screening on closed Fridays	1	2	3
Having too much work/paper referrals	2	3	5
<b>Totals:</b>	<b>17</b>	<b>40</b>	<b>57</b>

<b>Q5: Criteria for Immediate Response</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Imminent danger	7	15	22
How young child is	5	7	12
Context of situation	3	6	9
Referent from hosp. or police dept.	2	2	4
Existence of prior history	1	1	2
Agency policy/current protocol	1	1	2
<b>Totals:</b>	<b>19</b>	<b>32</b>	<b>51</b>

<b>Q6: Greatest frustration</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Inefficient system	2	7	9
Emotionally draining	1	4	5
Lack of community resources	2	5	7
Lack of internal resources	3	3	6
Nothing is frustrating	1	3	4
Lack of response to community concerns	1	2	3
Lack of preventative services	2	2	4
<b>Totals:</b>	<b>12</b>	<b>26</b>	<b>38</b>

<b>Q7: What you would change to make decision making easier</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Increase internal resources	4	9	13
Standardize policies/criteria	3	5	8
Create a separate night shift	2	4	6
Nothing	2	3	5
Reduce paperwork	1	3	4
Increase external resources	1	2	3
Have a social worker on police team	1	2	3
Split the shift on closed Fridays	1	1	2
Provide field training for screeners	1	1	2
<b>Totals:</b>	<b>16</b>	<b>30</b>	<b>46</b>

<b>Q8: What currently facilitates risk assessment</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Access to priors	2	3	5
Policies & procedures manual	2	2	4
Other professionals involved	1	1	2
Supportive supervisor	1	3	4
Nothing	2	2	4
Computer & phone system	1	1	2
Worker experience	1	1	2
Prior knowledge of case	1	1	2
Knowledgeable referent	1	1	2
Clerk who screens & prioritizes	1	1	2
Speaking directly with child	1	1	2
Access to relative or neighbor	1	1	2
<b>Totals:</b>	<b>15</b>	<b>18</b>	<b>33</b>

<b>Q9: Is risk assessment more intellectual or intuitive?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Combination, but intuition more impt.	4	6	10
Both	3	7	10
Primarily intellectual, then intuitive	2	2	4
Experience is particularly impt.	2	2	4
Intuition impt., may contradict policy	1	1	2
Neither	1	1	2
<b>Totals:</b>	<b>13</b>	<b>19</b>	<b>32</b>

<b>Q10: Does reporter identity impact assessment process?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Yes, if mandated/professionals	9	9	18
Yes, when referents are credible	3	3	6
Yes, custody calls are suspect	1	1	2
<b>Totals:</b>	<b>13</b>	<b>13</b>	<b>26</b>

<b>Q11: Does rate of calls affect you?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Yes. High rate, adverse effect	7	12	19
No. Ignore phones. One thing at a time	2	4	6
<b>Totals:</b>	<b>9</b>	<b>16</b>	<b>25</b>

<b>Q12: What concrete factors impact decision making?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
Phone system: negative impact	2	4	6
Clerk who prioritizes calls	1	2	3
None	2	2	4
Lack of state of the art equipment	2	1	3
Access to prior histories	1	1	2
No access to prior histories	1	1	2
Forms that impose a structure	1	1	2
Insufficient number of workers	1	1	2
Backlog of work	1	1	2
<b>Totals:</b>	<b>12</b>	<b>14</b>	<b>26</b>

<b>Q13: What personal factors impact decision making?</b>	<b>Frequency</b>	<b>Intensity</b>	<b>Strength of Response</b>
None.	4	4	8
If there, leave or take time off	3	3	6
My "issues"	2	4	6
Fatigue	2	2	4
If there, leave or time off	2	2	4
Stress in personal life	1	4	5
Feeling of being overwhelmed	1	2	3
<b>Totals:</b>	<b>15</b>	<b>21</b>	<b>36</b>

N = 9 (5 daytime screeners, 4 nighttime)  
 Frequency = number of times this response was mentioned  
 Intensity = amount of expressed interest or emotion given to response  
 Strength of response = combined frequency and intensity

**TABLE 2**  
**Comparison of Responses to Questions**  
**by Daytime and Nighttime Screeners**

<b>Q3: Making decisions in unclear cases</b>	<b>Daytime</b>		<b>Nighttime</b>	
	<b>Frequency</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Intensity</b>
Consult colleagues	4	5	1	1
Gather more information	3	3	1	1
Refer to risk assessment criteria	2	4	1	2
Draw on personal experience	2	4	0	0
Research prior history	2	4	0	0
Police welfare check	0	0	3	4
Consult other professionals (police, Dr.)	1	1	1	1
Assess if life/death situation	0	0	2	2
Err on behalf of child	0	0	1	1
<b>Totals:</b>	<b>14</b>	<b>21</b>	<b>10</b>	<b>12</b>

<b>Q4: What constitutes a bad day?</b>	<b>Daytime</b>		<b>Nighttime</b>	
	<b>Frequency</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Intensity</b>
High rate of calls	3	7	0	0
Unsupportive management	1	4	0	0
Multiple personal stressors	1	4	0	0
obnoxious/insulting calls	1	2	0	0
Inability to provide referrals	1	2	0	0
Being misinterpreted/wrongly accused	1	2	0	0
Being tired/multiple difficult situations	0	0	1	2
Personal vs. professional role conflict	0	0	1	2
Screening on closed Fridays	0	0	1	2
Having too much work/paper referrals	2	2	0	0
<b>Totals:</b>	<b>10</b>	<b>23</b>	<b>3</b>	<b>6</b>

<b>Q7: What you would change to make decision making easier</b>	<b>Daytime</b>		<b>Nighttime</b>	
	<b>Frequency</b>	<b>Intensity</b>	<b>Frequency</b>	<b>Intensity</b>
Increase internal resources	2	4	2	5
Standardize policies/criteria	2	3	1	2
Create a separate night shift	0	0	2	4
Nothing	1	2	1	1
Reduce paperwork	1	3	0	0
Increase external resources	0	0	1	2
Have a social worker on police team	0	0	1	2
Split the shift on closed Fridays	0	0	1	1
Provide field training for screeners	1	1	0	0
<b>Totals:</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>17</b>

N = 9 (5 daytime screeners, 4 nighttime)

Frequency = number of times this response was mentioned

Intensity = amount of expressed interest or emotion given to response

Strength of response = combined frequency and intensity

Q8: What currently facilitates risk assessment?	Daytime		Nighttime	
	Frequency	Intensity	Frequency	Intensity
Access to priors	0	0	1	2
Policies & procedures manual	1	1	1	1
Other professionals involved	1	1	0	0
Supportive supervisor	0	0	1	3
Nothing	1	1	1	1
Computer & phone system	1	1	0	0
Worker experience	0	0	0	0
Prior knowledge of case	0	0	1	1
Knowledgeable referent	0	0	1	1
Clerk who screens & prioritizes	1	1	0	0
Speaking directly with child	1	1	0	0
Access to relative or neighbor	0	0	1	1
<b>Totals:</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>10</b>

Q12: What concrete factors impact decision making?	Daytime		Nighttime	
	Frequency	Intensity	Frequency	Intensity
Phone system: negative impact	0	0	2	4
Clerk who prioritizes calls	1	2	0	0
None	1	1	1	1
Lack of state of the art equipment	2	1	0	0
Access to prior histories	1	1	0	0
No access to prior histories	0	0	1	1
Forms that impose a structure	0	0	1	1
Insufficient number of workers	1	1	0	0
Backlog of work	1	1	0	0
<b>Totals:</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>7</b>

N = 9 (5 daytime screeners, 4 nighttime)

Frequency = number of times this response was mentioned

Intensity = amount of expressed interest or emotion given to response

Strength of response = combined frequency and intensity



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