

Looking at
**Iowa's Child
Welfare Data**
to Inform Policy Choices

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In the last several months, Iowa's child protection system has received considerable scrutiny because of two teen deaths apparently due to starvation. These deaths have shocked many and led to questions about the safety of children in Iowa, the efforts of the Iowa Department of Human Services (DHS) to protect them, and the legislature's commitment to provide needed resources.

This report analyzes DHS data to provide an overview and examine possible trends regarding:

- Reports and assessments of child abuse
- The number of types of child abuse
- The extent of abuse in individual counties
- The number of children and families receiving child welfare services and their costs

RISE IN ABUSE REPORTS AND ASSESSMENTS FROM 2014-16

Through a centralized intake system, DHS receives reports about suspected child abuse from a myriad of sources. The agency identifies those reports that may constitute child abuse under Iowa law and those that do not. The accepted reports then get assigned to one of two pathways for assessment. All types of abuse, except those alleging neglect (called "denial of critical care"), are assigned to the traditional Child Abuse Assessment pathway, where DHS staff do determine whether abuse occurred. Beginning in 2014, denial of critical care cases seen as involving low risk are assigned to a new pathway called Family Assessment, which does not result in a determination of child abuse. Higher risk denial of critical care cases go the Child Abuse Assessment pathway. (Family Assessment reports can be transferred to the Child Abuse Assessment pathway if the risk of harm to a child is greater than first perceived.)

Here is how DHS handled accepted abuse reports in calendar year 2016:

- **Reports accepted:** 25,707
- **Assigned to Family Assessment pathway:** 7,457 (29.0 % of all reports)
- **Assigned to Child Abuse Assessment pathway:** 18,250 (71.0 % of all reports)
- **Cases of confirmed or founded child abuse:** 6,484 (35.5 % of Child Abuse Assessments)
- **Total children found to be abused:** 8,892

- **Number of children found abused per 1,000 children:** 12.25

Table 1 compares abuse reports and assessments figures for 2014-16. The number of abused children in 2016 (8,892) is almost 20 percent higher in 2014, when 7,429 children were found to be abused. The 2016 number is also 7 percent higher than the 2015 one (8,298 children). The rise in the number of abused children is associated with both an increase in the number of reports accepted (9 percent higher in 2016 than in 2014) and a decrease in the percentage of cases assigned to the Family Assessment pathway – from 33 percent in 2014 to 29 percent in 2016.

Whether the rise in abuse numbers is more the result of increased instances of harm to children or other causes, such as agency practice or more community vigilance, is uncertain. Child abuse numbers have risen (and fallen) in earlier years (see Chart 1, next page), with some increases greater than the ones seen in Table 1. Past increases have sometimes been associated with specific events or developments, such as the high-profile death of Shelby Duis (in 2000) and the rise in meth use and manufacturing in the early- to mid-2000s. Other increases have not had been associated with discernible events or factors.

While the cause of the recent increases may be murky, it is clear Iowa's numbers will rise in 2017, given the visibility of the two recent abuse deaths and likely changes in agency practice.

TABLE 1
IOWA CHILD ABUSE REPORTS AND ASSESSMENTS, 2014-16

Year	Reports accepted	Family Assessments (FA)	Child Abuse Assessments	Percent assigned to FA	Confirmed or founded reports	Percent confirmed	Abused children	Children abused/ 1,000
2014	23,562	7,769	15,793	33.0%	5,534	35.0%	7,429	10.28
2015	24,298	7,469	16,829	30.7%	6,042	35.9%	8,298	11.43
2016	25,707	7,457	18,250	29.0%	6,484	35.5%	8,892	12.25

Data source: Iowa Department of Human Services

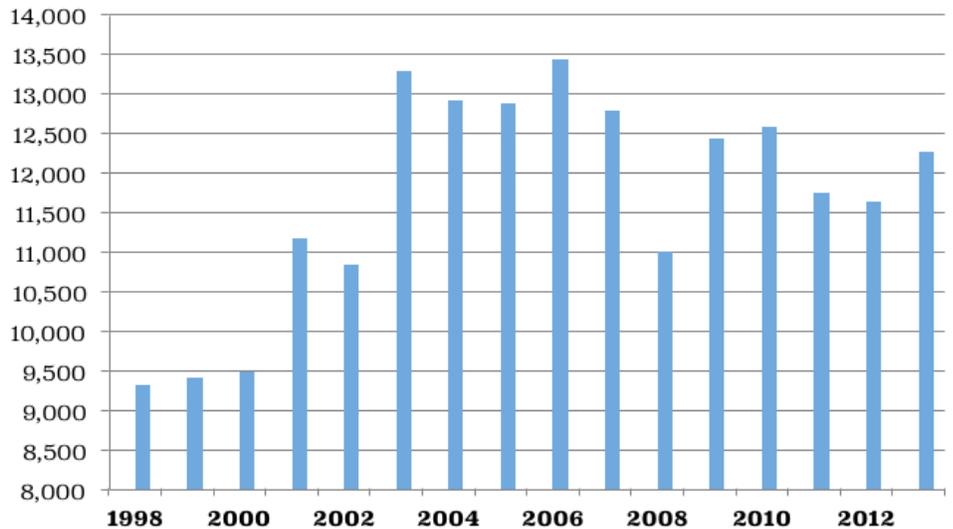
NEGLECT AND ILLEGAL DRUG CASES DROVE THE INCREASE

State, and not federal law, defines what constitutes child abuse. Iowa's child abuse law contains four categories of abuse common to every state: (1) neglect (denial of critical care), (2) intentional physical injury, (3) sexual abuse, and (4) mental injury. Iowa law has several other distinctive categories related to drug-related activities, sex offenders, child prostitution, pornography, and sex trafficking.

Table 2 lists the number and types of abuse that DHS confirmed in 2016. Over 7 in 10 child abuse cases in 2016 involved denial of critical care – where a parent or caretaker failed to provide adequate supervision, food, shelter, clothing, or other care necessary for a child's well-being. Next most common were cases involving illegal drugs in a child's body because of caretaker action or inaction (11.6 percent of all abuse), intentional physical injury (9.9 percent), and sexual abuse (5.9 percent). DHS found only 24 (0.2 percent) instances of mental injury.

In 2016, DHS found 137 cases (1.0 percent) of abuse involving a parent or caretaker knowingly allowing a sex offender access to a child and 33 (0.3 percent) instances where a child's parent or other caretaker was involved in manufacturing a dangerous drug

CHART 1
NUMBER OF ABUSED IOWA CHILDREN, 1998-2013



Data source: Iowa Department of Human Services

in a child's presence. (The 2017 Iowa Legislature broadened this latter category to proscribe other drug-related activity involving several substances in addition to methamphetamine, so these numbers will be much higher.)

Table 3 (next page) sets forth DHS data on trends in the types of child abuse from 2010-16. The table shows that almost all the recent rise in child abuse came from two categories: denial of critical care, which increased by 1,785 (23.5 percent),

and presence of an illegal drug in a child's body, which rose by 601 (65.3 percent). A coincident increase in these two types of abuse makes sense, since cases involving illegal drugs often also lead to a finding of denial of critical care. Whether these combined increases indicate more illegal drug activity or increased vigilance is a question.

Cases of physical injury decreased slightly, continuing a decline in that category of abuse over the last several years. Cases involving access to a sex offender dropped, as did those involving meth manufacturing, which fell to its lowest level (33) since it became an abuse category in 2001. Figures for sexual abuse rose from 600 instances to 773 – primarily because the 2016 Iowa Legislature broadened who may be a sexual abuse perpetrator to include all household members and not just those responsible for the care of a child.

ABUSE RATES VARY AMONG IOWA'S COUNTIES

DHS publishes annual county-specific data on the abuse reports, pathway assignments, confirmed or founded cases, types of abuse, and number of abused children.

TABLE 2
NUMBER OF TYPES OF CHILD ABUSE, 2016

Types of Abuse	No.	% of all abuse
Denial of critical care	9,369	71.2%
Presence of illegal drugs in a child's body	1,522	11.6%
Physical injury	1,300	9.9%
Sexual abuse	773	5.9%
Allowing Access to a Sex Offender	137	1.0%
Manufacturing dangerous drug in child's presence	33	0.3%
Mental injury	24	0.2%

Data source: Iowa Department of Human Services

The 2016 figures are set forth for each county in “Iowa Child Abuse by County, 2016.” (<http://www.scottadvconsult.com/wp-content/uploads/2017/06/Child-Abuse-2016.pdf>). Assessing child abuse in Iowa’s smaller counties based on one year’s data is problematic because of the potential for fluctuation because just a few cases less or more have a significant

impact on rates. For that reason, linked table “Abused Children in Iowa 2014-16” (<http://www.scottadvconsult.com/wp-content/uploads/2017/06/Iowa-abuse-2014-16.pdf>) averages abused children figures in 2014-16.

As has been common, rates of child abuse vary widely, with some counties having rates

four to five times those of counties with the lowest rates. Table 4 lists those counties with the highest and lowest rates of abuse per 1,000 children. Montgomery, Lee, Clinton, and Page counties all have rates of more than 20 children abused per 1,000, while the same rates for Mitchell, Buchanan, Dallas, Johnson, Sioux and Winneshiek counties are less than 6 per 1,000.

TABLE 3
TRENDS IN TYPES OF CHILD ABUSE, 2014-16

Years	DENIAL OF CRITICAL CARE		PHYSICAL ABUSE		SEXUAL ABUSE		PRESENCE OF ILLEGAL DRUGS IN CHILD'S BODY		ALLOWING ACCESS TO A SEX OFFENDER		METH MANUFACTURING IN CHILD'S PRESENCE	
	No.	% of all abuse	No.	% of all abuse	No.	% of all abuse	No.	% of all abuse	No.	% of all abuse	No.	% of all abuse
2010	15,470	81.1%	1,696	8.9%	637	3.3%	827	4.3%	258	1.4%	179	0.9%
2011	13,844	79.1%	1,689	9.7%	713	4.1%	861	4.9%	215	1.2%	162	0.9%
2012	13,170	78.8%	1,570	9.4%	648	3.9%	1,002	6.0%	142	0.8%	169	1.0%
2013	14,279	78.6%	1,646	9.1%	716	3.9%	1,174	6.5%	186	1.0%	162	0.9%
2014	7,584*	70.1%	1,339	12.4%	719	6.6%	921	8.5%	123	1.1%	123	1.1%
2015	8,852*	71.7%	1,491	12.1%	600	4.9%	1,164	9.4%	158	1.3%	74	0.6%
2016	9,369*	71.2%	1,300	9.9%	773	5.9%	1,522	11.6%	137	1.0%	33	0.3%
Average	11,795	75.8%	1,533	10.2%	687	4.7%	1,067	7.3%	174	1.1%	129	0.8%
Change 2008-16	-6,101		-396		136		695		-121		-146	

*Denial of critical care cases plummeted because of Differential Response
Data source: Iowa Department of Human Services

TABLE 4
COUNTIES WITH HIGHEST AND LOWEST AVG. RATES OF ABUSE, 2014-16

County	2014 Population 0-17	Average No. abused children, 2014-16	Average rate/ 1,000 children, 2014-16
Montgomery	2,360	53	22.46
Lee	7,610	166	21.81
Clinton	10,893	233	21.42
Page	3,187	64	20.08
Appanoose	2,832	55	19.42
Greene	2,111	35	16.74
Decatur	1,801	30	16.66
Emmet	2,162	36	16.65
Tama	4,210	69	16.47
Hardin	3,643	57	15.74

County	2014 Population 0-17	Average No. abused children, 2014-16	Average rate/ 1,000 children, 2014-16
Davis	2,535	16	6.18
Plymouth	6,234	38	6.10
Kossuth	3,329	20	6.01
Mitchell	2,572	14	5.57
Buchanan	5,604	31	5.47
Dallas	22,100	117	5.29
Lyon	3,282	17	5.18
Johnson	28,963	147	5.08
Sioux	9,335	45	4.82
Winneshiek	3,930	18	4.50

Data source: Iowa Department of Human Services

A map (Chart 2) notes the counties with the highest (in red) or lowest (in blue) average rates of abuse for 2014-16. The map shows some geographic clustering, with 7 of the 15 counties in the lower two tiers of Iowa counties having high rates of abuse (though three counties with low rates of abuse are also in the same area). By comparison, the three most Northwestern counties and five Northeastern ones have low rates of abuse. Other than Woodbury County, those counties with Iowa's 15 most populous cities are not among the highest or lowest.

As mentioned above, the number of abused children rose almost 20 percent from 2014-16. A linked table, Abused Children in Iowa 2014-16 (<http://www.scottadvconsult.com/wp-content/uploads/2017/06/Iowa-abuse-2014-16.pdf>), lists the changes in abuse figures for each county for the last three years. The increase in abuse figures was widespread, with 73 of Iowa's 99 counties having more abused children in 2016 than in 2014.

Table 5 (<http://www.scottadvconsult.com/wp-content/uploads/2017/06/Changes-in-Child-Abuse-2014-16.jpg>) lists those counties with the largest number of additional abused children in 2016, compared to 2014. Dubuque County saw the largest numeric increase – from 148 abused children in 2014 to 289 in 2016 (94% higher). The next largest numeric increases were in:

- **Scott:** 462 abused children to 594 (28.6% higher)
- **Woodbury:** 351 to 448 (27.6%)
- **Clinton:** 179 to 260 (45.3%)
- **Polk:** 1,291 to 1,360 (5.3%)
- **Des Moines:** 117 to 177 (55.3%)

Counties with the largest percentage increase were:

- **Louisa:** 360% (from 10 abused children to 46)
- **Adair:** 313% (8 to 33)
- **Mitchell:** 225% (8 to 26)

- **Lyon:** 167% (12 to 32)
- **Butler:** 150% (20 to 50)

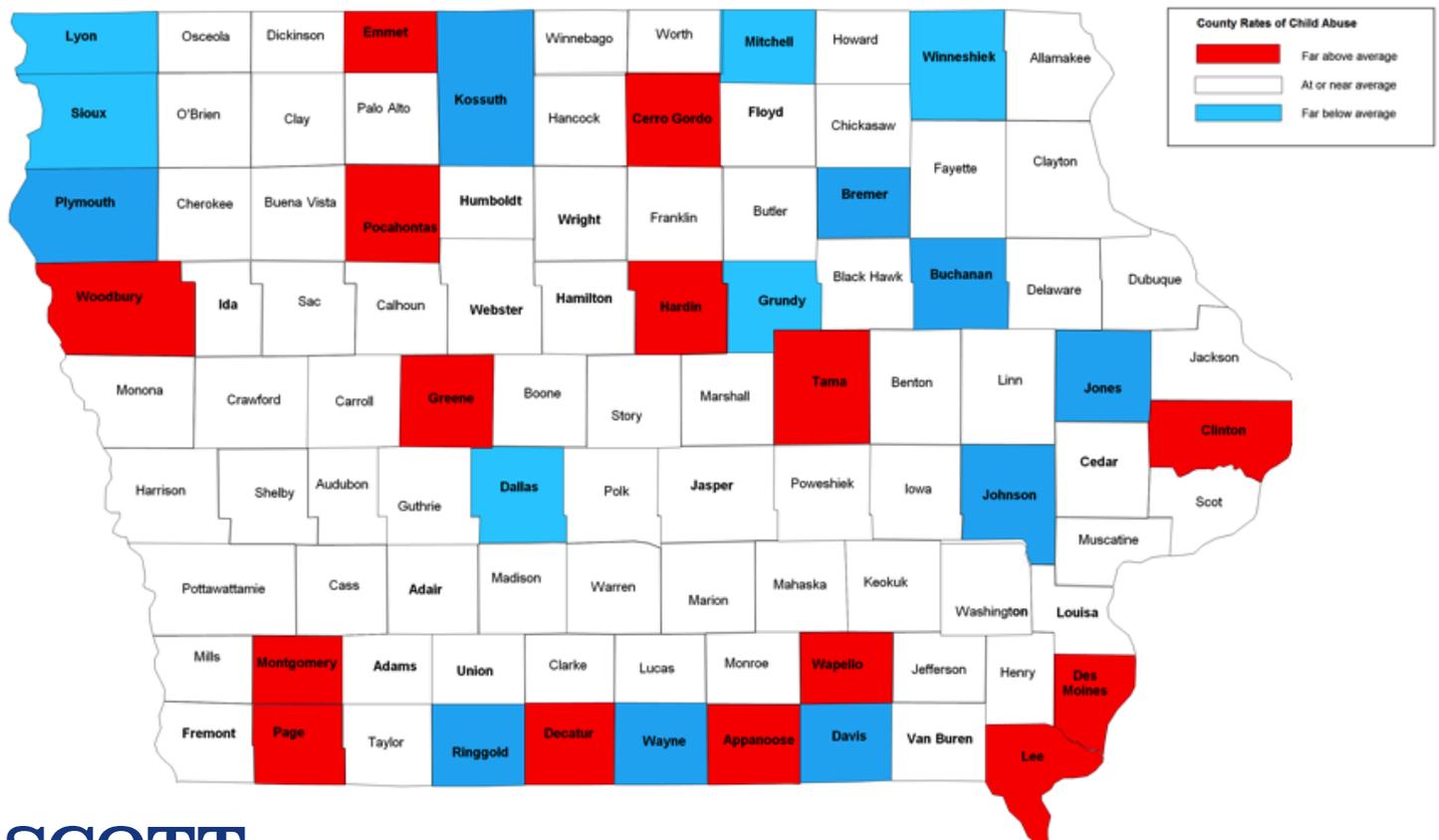
Counties with the largest numeric declines from 2014 to 2016 were:

- **Black Hawk:** 418 abused children to 372 (11.2%)
- **Jasper:** 118 to 81 (31.4%)
- **Johnson:** 163 to 130 (20.2%)
- **Ida:** 33 to 15 (57.6%)
- **Hamilton:** 44 to 31 (29.5%)

Other available resources include three county-specific trend tables:

- [Sexual Abuse and Physical Injury, 2014-16](#)
- [Denial of Critical Care and Illegal Drugs, 2014-16](#)
- [Average Number of Types of Abuse, 2014-16](#)

CHART 2
COUNTIES WITH HIGHEST AND LOWEST AVERAGE RATES OF ABUSE, 2014-16



DHS SERVICES AND COSTS

In responding to the recent starvation deaths, legislators have questioned the extent to which child welfare services demands have increased recently and/or spending on services declined. As a step toward an answer, DHS releases annually a document called “Child Welfare by the Numbers,” (<https://dhs.iowa.gov/reports/child-abuse-statistics>) which lists average monthly service levels and state and total costs of providing them. (Federal funding pays for about half of child welfare services.)

Table 6 lists the average monthly service levels for 2012-16. The figures show an increase in only one category of service: adoption subsidies paid until a child turns 18. By contrast, service levels have dropped by at least ten percent in three categories:

- Families receiving family-centered services
- Children in licensed foster care services
- Children in highly structured group settings

The average monthly number of children receiving shelter care has changed little from year to year.

TABLE 6
MONTHLY AVERAGE OF CHILDREN AND FAMILIES SERVED, 2012-16

Major Services	2012	2013	2014	2015	2016
Family centered services	4,836	5,122	5,053	4,283	4,335
Family foster care	2,068	1,897	1,795	1,740	1,759
Group care	796	756	717	695	635
Adoption Subsidies	8,960	9,215	9,373	9,490	9,623
Shelter Care	154	164	154	151	147

Data source: Iowa Department of Human Services

Table 7 lists the state and total spending for six categories of child welfare services. Combined state and total spending reached the highest level in 2016. Total spending for adoption subsidies and DHS social workers rose every year but remained largely the same for family foster and shelter care. Total spending for family-centered services in 2016 rose 45% from 2015 to 2016. State – but not total – spending for group care increased in both 2015 and 2016.

CONCLUSION

Whatever its causes, the recent increase in child abuse reports and confirmed cases raises questions about Iowa’s capacity

to respond effectively. That includes questions about state child protection resources – which are not increasing in fiscal year 2018 – and the capacity of community-based providers to meet a likely increase in the need for the services listed in Tables 6 and 7. It’s uncertain whether sufficient treatment services will be available to meet the recent upsurge in drug-related cases, with a further increase ahead because of a 2017 legislative expansion of what drug-related activity by caregivers is subject to child protection. Further, the variation in the rates of child abuse among Iowa’s counties raises concerns about the sufficiency of resources in parts of the state with notably higher rates of abuse.

TABLE 7
STATE AND TOTAL COSTS FOR CHILD WELFARE SERVICES FOR CHILDREN, 2013-16 (IN MILLIONS)

Types of Services	2013		2014		2015		2016	
	State	Total	State	Total	State	Total	State	Total
Family-centered services	\$4.0	\$27.3	\$4.7	\$28.7	\$2.1	\$23.9	\$0.1	\$34.6
Family foster care	\$10.8	\$19.9	\$10.2	\$18.6	\$10.4	\$18.2	\$11.2	\$18.2
Group care	\$18.8	\$26.7	\$17.8	\$26.6	\$20.5	\$29.2	\$23.0	\$27.3
Adoption Subsidies	\$31.4	\$68.6	\$39.8	\$72.2	\$41.3	\$73.2	\$42.4	\$74.4
Shelter Care	\$7.4	\$8.4	\$7.3	\$8.4	\$7.4	\$8.3	\$8.1	\$8.8
DHS social workers	\$21.7	\$59.2	\$23.5	\$60.3	\$24.9	\$62.8	\$24.8	\$64.1
Total	\$94.1	\$210.1	\$103.3	\$214.8	\$106.6	\$215.6	\$109.6	\$227.4

Data source: Iowa Department of Human Services

Aside from child protection concerns, the data reviewed raises questions about how well Iowa is doing to prevent child abuse before it occurs. Are sufficient resources committed “upstream” to support families and keep them out of the system? Will those resources be reduced to meet the need for more child protection resources? Are current resources used most effectively, with collaboration and minimal duplication? Could new strategies improve prevention efforts? What community-wide approaches might enhance awareness of child abuse and individual and organizational engagement in efforts to prevent it?