

**Understanding the Scope of Drug Endangered Children Victims:  
A Need for Data Collection within Law Enforcement and Child Protective Services**

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**Understanding the Scope of Drug Endangered Children Victims:  
A Need for Data Collection within Law Enforcement and Child Protective Services**

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*To my Dad, Kevin; my Mom, Denise; my Brother, Kev; and my Love, Aaron : Your continued support provides me strength and down-right humbles me; a million and one thank yous and I love yous.*

*Finally, I dedicate this paper to drug endangered children: May you know that efforts are in place to unveil your victimization and bring you resources to support your recovery.*

## **Abstract**

### **Understanding the Scope of Drug Endangered Children Victims: A Need for Data Collection within Law Enforcement and Child Protective Services**

**Andrea L. LeStarge  
Under the Supervision of Dr. Cheryl Banachowski-Fuller**

#### **Statement of the Problem**

In 2004, clandestine methamphetamine labs brought a new focus to child endangerment laws. According to Wisconsin State Statute 940 and Chapter 48, drug endangered children are individuals under the age of 17 who fall victim to or are at-risk of neglect, physical abuse, sexual abuse, or emotional damage as a result of his or her caregiver's use, distribution or manufacturing of any controlled substance. Specific data indicates that 12.7 percent (9.2 million) of all children live in a household where a parent or other adult uses illicit drugs (National Center on Addiction and Substance Abuse, 2005). Additional data suggests that 11.9% (8.3 million) of all children lived with at least one parent who was dependent on or abused alcohol or an illicit drug during the past year (National Survey on Drug Use and Health, 2009). Clearly, the risk for drug endangered children victimization is present.

While one drug endangered child is one victim too many, confusion surrounds the actual scope of drug endangered children victimization based on three specific issues: statutes, data collection and longitudinal impact. Since the "label" for this specific type of victimization is new, not all states have statutes with specific wording to prosecute drug endangered children cases. As drug endangered children cases are a subset of child abuse and neglect crime, law enforcement and social services are the primary agencies of first response. However both entities lack appropriate methods for documenting these crimes. Currently, law enforcement cannot provide accurate data

on the number of these victims encountered as there is no crime-coding system in place to document this specific type of crime. Similarly, the Administration for Children and Families, a federal entity that provides an electronic case-management system to many Department of Children and Families agencies across the country, does not mandate entering drug endangered children information on the victim's profile page. As a result, first response professionals working in Wisconsin and across the nation currently do not understand the number of children who fall victim due to dangerous drug environments. Additionally, research suggests that a childhood plagued with abuse and neglect can have short- and long-term effects as that individual matures. Therefore, longitudinal studies on drug endangered children are also at a disadvantage with no foundational data collection. In sum, drug endangered children are a subset of the nation's abuse and neglected children. Identification, documentation and tracking of this specific type of child abuse or neglect need to occur in order to hoan best practices and resources for the professionals and individuals involved in these cases and overall crime and victim prevention.

### **Methods of Approach**

Because this research will argue that data collection efforts need to be enhanced to capture drug endangered children statistics, secondary data on child abuse and neglect will be analyzed. In using secondary data, a review of related empirical, theoretical and practical findings will also be presented to emphasize the advantages of identifying and tracking these victims through longitudinal studies to substantiate best practices within the criminal justice field. More specifically, the identification of drug endangered child victimization and the proposal for better data collection efforts within (specifically) law enforcement and child protective service agencies will be explained through a thorough

theoretical application of social bond and social learning theories with emphasis on longitudinal studies that suggest the short- and long-term effects of adverse childhood experiences. Conclusions and recommendations to understanding the scope of drug endangered children victimization will be based on the collective information presented.

### **Results of the Study**

The collected evidence contained in this study supports that there is currently a lack in understanding the scope of drug endangered children victimization. Specifically, language within state statues either does not exist or is inconsistent for the successful prosecution of drug endangered children cases. This is due in part from the lack of identification and documentation within the first response agencies of law enforcement and social services. Additionally, theoretical frameworks allow one to postulate that drug endangered children can suffer from short- and long-term effects due to their adverse childhood experiences. However, with inaccurate data captured from one's initial identification as a drug endangered child, longitudinal studies on this population will continue to also suffer due to the lack of information. Ultimately, both initial identification and longitudinal research is needed in order to hoan resources and best practices for crime and victim prevention.

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**I. Introduction: Defining Drug Endangered Children; Declaring the Need for Improving Victim Identification and Documentation within Agencies of First Response**

*One October morning, law enforcement officials were called to execute a residential search warrant at a suspected clandestine methamphetamine lab. Upon arrival, law enforcement officers found Romeo, a 4-year old boy, dressed in a skeleton costume, methodically opening the front door, looking left, then right, and going back inside. Approaching Romeo, an officer gently asked him what he was looking for. Romeo explained that he could not wake his mom who was sleeping inside, so he thought he'd get himself dressed and look for the school bus to take him to his class' Halloween party.*

Involved in many drug crimes are children as unrecognized victims. During the 1990's, clandestine methamphetamine labs brought a new focus to child endangerment laws due to their highly flammable tendencies. As professionals within the criminal justice system acknowledged child abuse or neglect as possible results from environments where controlled substances were present, the scope of victimization began to widen. Today, environments where *any* controlled substance is present is considered a potential threat against child safety and development, and first responders such as law enforcement and social service providers have primary responsibility in identifying this type of victimization. When a caregiver's use, distribution or manufacture of a controlled substance does cause harm against a child's safety or development, the victim is referred to as a drug endangered child.

According to Wisconsin State Statute 940 and Chapter 48, drug endangered children are individuals under the age of 17 who fall victim to or are at-risk of neglect, physical abuse, sexual abuse, or mental emotional damage as a result of his or her caregiver's use, distribution or manufacturing of any controlled substance. With a statutory basis to criminally charge a caregiver for the abuse or neglect of a drug endangered child, multidisciplinary training on identifying and properly documenting such victimization to

substantiate prosecution began. Currently, 22 states have implemented Drug Endangered Children Alliances. Members from these state alliances gather multiple professionals from various aspects of the criminal justice system to establish protocol in order to swiftly identify and bring resources to these victims without duplicating efforts or re-victimizing the child as she or he travels throughout the system. The state of Wisconsin implemented its Drug Endangered Children Alliance in 2004 and to date, 22 counties and four tribal communities are established with local DEC programs.

Even with child endangerment legislation and DEC Programs formed, the scope of drug endangered children is not completely known. In March 2005, the National Center on Addiction and Substance Abuse at Columbia University (CASA) reported that 49% (35.6 million) of the nation's children live in a home where a parent or other adult uses tobacco, drinks heavily or binger drinks, or uses illicit drugs. Specifically, 12.7% (9.2 million) of all children live in a household where a parent or other adult uses illicit drugs. In April, 2009, the National Survey on Drug Use and Health reported that over 11.9% (8.3 million) of all children lived with at least one parent who was dependent on or abused alcohol or an illicit drug during the past year. Specifically, 3% (about 2.1 million) of all children lived with a parent who was dependent on or abused illicit drugs. When analyzing both sets of data, an obvious discrepancy appears: there is a difference of 7.1 million drug endangered children being reported throughout the nation, using these two reporting data sets alone.

Confusion regarding the scope of drug endangered children continues when one examines the victimization of these individuals on the state and local levels. Currently, there is no National Crime Information Center code for drug endangered children crimes; thus, law enforcement rarely can provide accurate data on the number of drug

endangered children victims encountered. Similarly, Wisconsin's Department of Children and Families (DCF) mandates that all local child protective service agencies enter information regarding cases into the electronic case management system: Statewide Automated Child Welfare Information Systems (SACWIS, specifically "eWISACWIS" in Wisconsin). However, while there is a drug endangerment screen on the child victim's profile, neither Wisconsin DCF nor the Administration for Children and Families (the federal entity that mandates SACWIS to the 47 states that are using the system), requires that this information be entered. As a result, professionals working in Wisconsin currently do not understand the scope of drug endangered children. In sum, multidisciplinary program efforts are being implemented throughout the nation and specifically in the state of Wisconsin, yet without proper data collection, it is unknown whether or not these local and state DEC programs are effective in identifying, providing resources, or creating best practices to help these children. More haunting is that it is not accurately known as to how many of these victims are involved in the criminal justice system and, longitudinally, how many of these victims could potentially continue in the system as juvenile delinquents and adults who perpetuate the cycle of violence.

The significance of this research paper is three-fold. First, a literature review consisting of specifically the state of Wisconsin's child and juvenile statutes as well as current law enforcement and child protective service data collection efforts will be presented. This presentation will set the foundation that while data collection efforts exist within agencies of first response, the scope of drug endangered children victimization is unknown as this information is not a mandatory requirement. Next, specific theoretical perspectives of human behavior will be discussed. When human behavior is analyzed, especially within the context of the criminal justice system, the

demand for initial data collection is further highlighted as it will be suggested that drug endangered children victimization is a potential nucleus of juvenile delinquency and adult criminality. Thus, the final discussion will consist of longitudinal studies that suggest the ramifications of a childhood plagued with adverse experiences. If first responders can identify and document drug endangered children, then not only would the scope of this victimization be understood, but potential longitudinal studies could be developed to further enhance theoretical perspectives, programs and problem solving.

Overall, this paper serves as an educational tool for various professionals in the criminal justice system as it highlights drug crimes can create victims. More so, such victims are often the overlooked abused and neglected children that can perpetuate the cycle of violence throughout adulthood. Specifically for drug endangered children efforts, this paper is the first of its kind as the literature will suggest the need to reform data collection efforts specifically within law enforcement and child protective services to better understand the scope of this particular victimization. Similarly, specifics on how to reform data collection efforts will be stated as recommendations. The ultimate goal in achievement of the recommendation to capture drug endangered children victimization data will be the further insight into how to stop the cycle of victimization and what longitudinal ramifications can occur if the cycle is not stopped.

## **II. Literature Review: Federal and State Child Abuse and Neglect Definitions, and the Documentation of these Crimes within Agencies of First Response**

Before one explores drug endangered children as a subset of the nation's abused and neglected children and suggests data collection reform, general child endangerment law and reporting systems within agencies of first response need to be reviewed.

### **Federal and State Child Abuse and Neglect Definitions**

Federal and state laws define child abuse and neglect. Originally enacted in 1974 with Public Law 93-247, the Child Abuse Prevention and Treatment Act (CAPTA) is the federal legislation that provides funding to and declares minimum standards that states must incorporate in their statutory definitions of child abuse and neglect (Child Welfare Information Gateway, April, 2007). The CAPTA definition of "child abuse and neglect" refers to:

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm (Child Welfare Information Gateway, April, 2007).

With this description, states can then provide specific definitions in statute. Ultimately, the federal standards and state statutes regarding child abuse and neglect definitions create the foundation for state intervention in the protection of children. Therefore, specifically for the state of Wisconsin, the definition of child abuse is contained within state statute 48.02. Here, abuse is defined as the physical injury inflicted on a child by other than accidental means. For the state of Wisconsin, "child" is any individual, 17 years of age or younger. Furthermore, all child maltreatment cases determined by neglect are justified through Wisconsin state statute 48.981. Here,

*Neglect* means failure, refusal, or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child (Child Welfare Information Gateway, Definitions of Child Abuse and Neglect, April, 2007).

Beginning in the late 1990's, as methamphetamine use across the country exponentially grew, states began passing statutes specifically prohibiting defendants from endangering children by exposing them to controlled and chemical substances (Nelson, S., Prince, K., Searcy, M., 2009). Thus, the term and victimization of drug endangered children surfaced. As of February 2009, 35 states had some type of statute specifically prohibiting the endangering of children through controlled substances, chemical substances, or the process of manufacturing controlled substances. Specifically in the state of Wisconsin, state statute 48.02 includes reference toward abuse cases due to controlled substances present within the environments of which the child is living, this includes in-utero:

...Serious physical harm inflicted on the unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother of the unborn child in the use of alcohol beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree (Wisconsin State Statute 48.02).

Again, due to the highly flammable tendencies of clandestine methamphetamine laboratories, Wisconsin State Statute further explores child abuse within the manufacturing process. Wisconsin state statute 961.41(1)(e) includes, under any of the following circumstances:

- With a child physically present during the manufacture
- In a child's home, on the premises of a child's home, or in a motor vehicle located on the premises of a child's home

- Under any other circumstances in which a reasonable person should have known that the manufacture would be seen, smelled, or heard by a child

As mentioned, federal and state definitions of child abuse and neglect, including specific language referring to drug environments with children present, allow for national and state statistics on general child abuse and neglect to be captured because of mandatory reporting laws that were official in all 50 states as of 1967. These laws made it mandatory for particular professionals “Who have reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur” must report (Wisconsin State Statute 48.981(2)(a)). Once a case of child abuse or neglect is suspected, particular professionals must report the personal information of the child as well as details regarding the circumstances to a law enforcement agency or child protective services agency (For a complete listing of mandatory reporters, as seen in Wisconsin State Statute 48.981(2)(a), see Appendix A). In the event that the report is made to law enforcement, the mandatory reporting law further requires this agency to contact the child protective service agency within 12 hours. Additionally, in the event that the report is made to a child protective service agency and includes sexual abuse, these professionals need to contact law enforcement within 12 hours (Wisconsin Coalition Against Sexual Assault, Fact Sheet, 2004). Ultimately, mandatory reporting laws require documentation, investigation and collaboration between agencies, especially those of first response like law enforcement and social services.

With it mandated that law enforcement and child protective service agencies document, investigate and ultimately collaborate on reports of child abuse and neglect, substantiated cases of this victimization are captured. However, each agency collects information on these cases differently.

#### **Law Enforcement Data Collection on Child Abuse and Neglect Cases**

When parents or caregivers mistreat their children, it is most commonly considered by society and the criminal justice system as a child welfare problem where child protective service agencies respond. However, this victimization is also a crime, punishable by law enforcement. Typically, law enforcement can respond to a crime by arresting the suspect and charging him or her with either a felony or misdemeanor. Felony crimes differ from misdemeanor crimes based on the possible sentence provided in the statute. In other words, while both felony and misdemeanor crimes can result in time served, fines or both, misdemeanor crime sentencing will only take place in a local jail and typically will be served within one year; whereas felony crimes will result in state or federal incarceration for one or more years. Felony crimes are further broken down by class A, B, C, D, E, F, G, H or I offenses. As mentioned, child abuse and neglect are crimes punishable by law enforcement; Appendix B provides the various classes of felony and misdemeanor offenses specific to child abuse and neglect.

Law enforcement arrests must be based on statute and such violations are linked with the National Crime Information Center (NCIC). Therefore, once an individual is charged with a crime, in this case a caregiver is charged with child abuse or neglect, an NCIC “code” is linked to the individual and a profile of the individual, listing the NCIC code, is created within the NCIC database. Overall, “The purpose for maintaining the NCIC system is to provide a computerized database for ready access by a criminal justice

agency making an inquiry and for prompt disclosure of information in the system from other criminal justice agencies about crimes and criminals” (Federal Bureau of Investigation, National Crime Information Center, 2008). For example, when law enforcement charges a caregiver for physical abuse to a child, the adult is in violation of Wisconsin State Statute 948.03(2)-(3) and the NCIC code associated with this offense is 3802. Additionally, an adult charged for violating Wisconsin State Statute 948.21(1), child neglect, will be linked with NCIC code 3806.

On a national level, the Federal Bureau of Investigation and NCIC are able to report the various crimes committed based on analysis of the NCIC codes according to the database. Unfortunately, the NCIC codes associated with child abuse or neglect are seldom analyzed, let alone reported. As will be recommended later, analysis of these specific NCIC codes may provide better insight as to law enforcement’s role in identifying and charging child abuse and neglect cases. Furthermore, there is no NCIC code for specific child abuse or neglect resulting from a drug endangered environment; thus, the scope of drug endangered children as identified victims by law enforcement is currently not known.

However, since 1988, emerging efforts are in place by the U.S. Department of Justice and the Federal Bureau of Investigation to capture more detailed information about crime from local law enforcement. The National Incident-Based Reporting System (NIBRS) is a national database that allows, for the first time, crimes against juveniles to be disaggregated from crimes against adults (Finkelhor, D., Cross, T., & Cantor, E., 2005). Specifically, “NIBRS is designed to become the national statistical database on crimes coming to the attention of law enforcement agencies. It collects more detailed information about individual crimes, victims, perpetrators, and crime characteristics

than is available from the Uniform Crime Reporting [UCR] program, the system it is intended to replace” (Juvenile Justice Bulletin, June, 2000). In other words, NIBRS will provide more detailed information regarding juvenile victimizations as it is brought to the attention of the police. From the 12 states that reported to NIBRS in 1997, it was determined that incidents of child abuse committed by parents and other caretakers make up about one-fifth (19%) of violent crimes against children, ages 0-17, reported to law enforcement; Furthermore, child abuse constitutes more than one-half of the crimes against children age 2 or younger reported to the police (Juvenile Justice Bulletin, June, 2000). Advantageously, NIBRS also collects information as to who or which agency notified law enforcement about the child abuse/neglect case(s). Still, “In spite of protocols in some states that require police notification about child maltreatment, there is evidence that police data tally only a fraction of physical and sexual abuse investigated and substantiated by child welfare authorities” (Juvenile Justice Bulletin, June, 2000, pg. 2). Therefore, NIBRS data might also highlight the extent of compliance, or lack thereof, amongst first responders and mandatory reporting laws (recall that mandatory reporting laws require protocol to be established amongst (i.e.) law enforcement and child welfare agencies regarding child abuse and neglect cases). Yet, there are inaccuracies with NIBRS. As of 1999, only 17 states were reporting information into the system; this covers only 11% of the nation’s population and only nine percent of its crime. More so, only three states (Idaho, Iowa and South Carolina) had full participation by all local jurisdictions, and only one city with a population greater than 500,000 (Austin, TX) reported (Finkelhor, D., Cross, T., & Cantor, E., 2005). Regardless, when compared to current UCR, ultimately NCIC information, NIBRS does and will provide more detailed information on victim characteristics and incident

attributes and this could potentially enhance the scope of understanding child abuse and neglect cases in regard to law enforcement. With additional education on drug endangered children as a specific subset of the nation's abused and neglected children, the scope of understanding this particular victimization could actually be documented and analyzed.

### **Child Protective Services Data Collection on Child Abuse and Neglect Cases**

As mentioned, when parents or caregivers mistreat their children, it is most commonly considered by society and the criminal justice system as a child welfare problem where child protective service agencies respond. Thus, more comprehensive child maltreatment statistics are available on a national and state level as reported by the child welfare system. Regarding child abuse and neglect victims, perhaps the most commonly referred to child welfare database system is the National Child Abuse and Neglect Data System (NCANDS). In 1988, the Child Abuse Prevention and Treatment Act (CAPTA) was amended to direct the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a national data collection and analysis program that would make available state child abuse and neglect reporting information (U.S. Department of Health and Human Services, Administration for Children and Families, 2009). As a response, NCANDS was established. Here, states submit case-level data that includes a child-specific record for each report of alleged child abuse or neglect that received a disposition as a result of an investigation or an assessment by the child protective service agency. Annually, staff at Cornell University gather and publish NCANDS data that the child protection agencies in individual states have collected and entered into the database.

In the year 2007, NCANDS data depicted 794,000 child victims of abuse and/or neglect on a national level (Child Maltreatment, 2007). Specifically, 59% of victims experienced neglect, 10.8% were physically abused, 7.6% were sexually abused, 4.2% were psychologically maltreated, and less than one percent was medically neglected. In addition, 4.2% of victims experienced such "other" types of maltreatment as "abandonment," "threats of harm to the child," or "congenital drug addiction." States may code any condition that does not fall into one of the main categories—physical abuse, neglect, medical neglect, sexual abuse, and psychological or emotional maltreatment—as "other." It should be noted that these percentages total more than 100 percent because each type of maltreatment was accounted for, for each child (Child Maltreatment, Children, 2007).

The 2007 NCANDS data for victims of specific types of maltreatment were also analyzed in terms of the reporting agencies. Of victims of physical abuse, 25.4% were reported by teachers, 23.9% were reported by police officers or lawyers, and 13.3% were reported by medical staff. Overall, 67.5% were reported by professionals and 20.9% were reported by nonprofessionals. The patterns of reporting of neglect and sexual abuse victims were similar—police officers or lawyers accounted for the largest report source percentage of neglect victims (28.1%) and the largest percentage of sexual abuse victims (29.4%) (Child Maltreatment, Children, Types of Maltreatment, 2007). Overall, these reporting numbers suggest the importance of including law enforcement data with child protective service data on all cases of reported child abuse and neglect.

While the total of child abuse and neglect cases captured in NCANDS is disturbing, this system, like law enforcement's NIBRS, has inaccuracies and this could potentially suggest that the number of child maltreatment cases is higher. First, it

should be noted that not all child abuse and neglect instances are reported to either law enforcement or child protective services. Next, each state's child welfare agency collects information differently as a result of varying child abuse and neglect state statutes, definitions and case management systems. Thus, not all case management systems' data are entered into NCANDS.

Still, perhaps the most common case management system on a state level throughout the nation is the Statewide Automated Child Welfare Systems (SACWIS). Enacted in August of 1993, federal legislation provided states with the opportunity to obtain 75% enhanced funding through the Title IV-E program of the Social Security Act to plan, design, develop, and implement a SACWIS (Administration for Children and Families, About SACWIS, 2009). In other words, while it is voluntary for states to implement SACWIS as their state child welfare case management system, for all public and private child protective service agencies on a local level, states that chose to do so were given money for the software, tools and training. As of July, 2009, 28 states have operational SACWIS systems; 13 states (including the District of Columbia) have systems in development; and nine states have chosen to use different case management systems. Advantageously, it is by law that all SACWIS data is then reported to NCANDS.

To gain a better understanding of the information captured within the SACWIS system, one can turn to the electronic Wisconsin SACWIS system, "eWiSACWIS." Once a report of child abuse and/or neglect is taken by a local child protective service agency it is investigated. If the report is substantiated, then a report number is generated, and profiles on the victim(s) and caregivers are created. As seen in the electronic screen pictures within Appendix C, personal information of the child(ren) as victims and parent(s) or caregiver(s) as suspects are entered into the system. Again, the U.S.

Department of Health and Human Services' Administration for Children and Families determines which elements of every screen are mandatory fields and states are held within compliance due to the federal dollars given to implement and use the SACWIS. Unfortunately, the fields regarding parent or caregiver substance abuse and child abuse or neglect victimization as a direct result from that controlled substance use are not mandatory fields. Thus, while the majority of states use SACWIS and NCANDS provides an excellent source of child abuse and neglect data, statistics on drug endangered children are missing.

**Filling the Information Gap: The Need to Reform Data on Child Abuse and Neglect Cases to Include Information on Drug Endangered Children**

Systematic and comprehensive information needs to be collected on drug endangered children. This literature review suggests that while particular states have included controlled substance "clauses" in their definitions of child abuse and neglect, there is no guidance from the federal government on drug endangered children as victims. As a result, documentation of this crime is limited depending on the state's statute. Fortunately for drug endangered children victims in Wisconsin, the child abuse and neglect statute encompasses language to protect their rights. However, while efforts are in place by both law enforcement and child protective service agencies to identify drug endangered children in the state of Wisconsin, the current NCIC codes for law enforcement and the current eWiSACWIS case management system for the Department of Children and Families do not encompass direct reference for understanding the scope of drug endangered children victimization. Furthermore, the interagency collaboration between these first responders is also not known:

Data elements need to be added to current information systems that track interrelationships. For example, police data that the National Incident-Based Reporting System gathers could record whether a crime was referred to police from child protection services. Data from the child protection system could record whether an arrest was made. In addition...having the different systems record victims using a common identifier might make tracking victims through various databases possible, thereby uncovering the pathways through the interrelated systems” (Finkelhor, D., Cross, T., & Cantor, N, 2005).

With the lack of data collection, the scope of drug endangered children victimization as a subset of the nation’s abused and neglected children is not known. While efforts on Drug Endangered Children Programs, or multidisciplinary response teams that help educate, identify and bring resources to these children and families; are being implemented on a National, state and local level, interrelationships are also not being recorded. This ultimately weakens research that may suggest such programs can be effective. Therefore, the need to reform child abuse and neglect data as it is currently recorded by agencies of first response is revealed. If current databases amongst law enforcement and child protective service agencies were to include drug endangered children victimization information and interrelationship collaboration regarding reporting, the theoretical framework on the cycle of victimization could be more encompassing.

### III. **Theoretical Framework: Multi-Person Systems, Social Bond Theory and Social Learning Theory as it relates to Child Victims of Abuse/Neglect**

If current databases amongst law enforcement and child protective service agencies were to include information on drug endangered children victimization and interrelationship collaboration regarding reporting, the theoretical framework on the cycle of victimization could be more encompassing. As will be seen in the following section, childhood victimization, especially abuse and neglect, can haunt a child throughout his or her lifetime and can be a precursor to juvenile delinquency and adult criminal behavior. Therefore, it is essential to understand the premise of children, caregivers and the ultimate attachment – or lack thereof- with society.

With theoretical application, the link between attachment and behavior is amplified. Attachment and behavior are elements within relationships; specifically for this paper, concentration is on the relationship between child and caregiver, caregiver and society, and child and society. Therefore, brief commentary on multi-person systems must be stated. Next, several criminological theories further the argument that a childhood characterized with detached episodes leads to antisocial behavior that creates the foundation for juvenile delinquency and possible adult criminality; namely, the most relevant may be Social Bond Theory and Social Learning Theory. Disruption in attachment overall weakens social control; however, unless parenting skills are bolstered, a child is subject to furthering these poor characteristics as she or he too becomes a caregiver.

## Brief Overview of “Multi-Person Systems”

Child maltreatment is commonly composed of four interrelated elements: neglect, physical, sexual and psychological abuse. Authors Mignon, Larson and Holmes (2002) discuss how nonphysical abuse may have physical consequences. Stated differently, these authors request insight into the short- and long-term actions an emotionally detached child might demonstrate. Mignon et al. (2002) cite McGee and Wolfe (1991) who propose the operational definition of psychological maltreatment must focus attention on potentially harmful parent to child communication. However, human development demands going beyond just the parent-child relationship within home; it requires examination of multi-person systems.

Multi-person systems can be defined as the various social environments to which one exists. Therefore, psychologist Bronfenbrenner (1977, 1979) recommends using an ecological perspective consisting of four overlapping systems or layers to explain human development. First and most immediate is the *microsystem*; a layer encompassing the most common environments. For children such environments include his or her home, day care facility or playground. The *mesosystem* is the second layer denoting particular structures that influence the child at specific times in his or her development. For example, while the home may be essential throughout childhood, as the child approaches teen years, school and peer-group social settings may take over. The third layer is the *exosystem*. This layer influences the individual’s habits. Finally, the fourth layer is the *macrosystem*, encompassing the core values demonstrated by the surrounding culture. Because the macrosystem includes values, Bronfenbrenner suggests that this system may have the most influential effect on children as they grow

into caregivers themselves. Still, these values are founded at the center of a child's human development system: the family and its influence. Cullen and Agnew (2006) reiterate, "The family environment has a pervasive influence on children's lives and personality development, particularly on the development of antisocial behavior" (p. 83). Thus, Bronfenbrenner takes the multi-person system approach and places emphasis on the center of the child's development.

When looking at a child's development, Bronfenbrenner places the caregiver and his or her influence at the center. Expanding this concept, Belsky (1980) adapts Bronfenbrenner's perspective and places emphasis on the caregiver's upbringing. In his literature, *Child Maltreatment: An Ecological Integration*, Belsky (1980) examines the available evidence indicating influential variables at each of the four ecological layers. Similar to Bronfenbrenner's first layer, Belsky's core is labeled *ontogenic* and its focus is on the parent's socialization history. Here, the consistent finding is that an abusive history of maltreatment in parents leads to the maltreatment of children. Appropriately, Belsky acknowledges that not all maltreated children will grow to be abusive or neglectful parents and calls for additional research to explain such an occurrence. Adapting Bronfenbrenner's second layer, Belsky states that the next system is the *microsystem* and it is made up from family characteristics. His third layer is the *ecosystem* and two factors are particularly associated here: the parent's employment situation and the characteristics of the neighborhood. Like Bronfenbrenner, Belsky's final layer is the *macrosystem* encompassing cultural beliefs and values. Regardless of the system's given title, for Bronfenbrenner and Belsky, an individual's development is influenced by four general environments; Belsky's discussion is of particular interest due to the emphasis placed on the parental influence onto a dependent child.

In a more recent commentary on multi-person systems, Chasnoff (2004) discusses the nature of nurture and specifically centers on the drug-exposed child and the various environments that can contribute to behavior. Namely, Chasnoff explains that a child's behavioral approach is dependent on home and family relationships, classroom factors, and neurobiological or developmental vulnerabilities. Just as Bronfenbrenner and Belsky discuss that a child's development is dependent upon a caregiver, Chasnoff reiterates how quickly the odds can stack against a child whose caregiver is drug-using:

...Drug-using parents are usually struggling to manage the larger ecological conditions associated with poverty, including many children in the home, unsafe neighborhoods, violence, lack of community resources, including poor medical care and few recreational opportunities, and concerns about meeting the family's basic needs. All these conditions can contribute to disorganization in the child's life and escalate problems in behavior regulation that may show up long after the child has been moved to foster or adoptive care (2004, p. 67).

Here, Chasnoff appropriately reiterates the various elements that contribute to a child's development and displayed behavior. At the center is the caregiver who displays negative choices through his or her drug use. Those negative choices can potentially lead to the ecological conditions such as poverty; thus, living in unsafe neighborhoods. Such living conditions and neighborhoods can be associated with violence and the general lack of resources. Continuing on this notion, are classroom factors. Chasnoff's argument is that as a result of negative child rearing skills demonstrated by the drug-using caregiver, the child will demonstrate negative behavior. This behavior will continue into his or her other elements such as classroom demeanor. Chasnoff states, "A child may react negatively to the pressure [of classroom expectations] by showing behavior such as refusal to cooperate, disruptive behavior, inattentiveness, or inconsistent performance" (2004, p. 68). Finally, neurological vulnerabilities can affect

child behavior. For example, “Prenatal alcohol exposure interferes with the processing of information. Prenatal drug exposure affects dopamine receptor levels at nerve endings in the brain, preventing appropriate recognition and interpretation of environmental stimuli, especially if the child is being distracted by other factors in the environment” (Chasnoff, 2004, p. 71). Overall, Chasnoff’s specific reference to a drug-exposed child perfectly addresses the numerous elements in an individual’s development that ultimately can create, in this case a negative, foundation for future behavior.

Throughout Bronfenbrenner’s, Belsky’s and Chasnoff’s multi-person discussion, there is a constant unmentioned, but highly dependent variable: attachment. While every system does influence the individual, the strength or weakness of such an effect will depend on how attached the person is to those systems. Thus, the concept of attachment must be explored. Perhaps most referred to on this subject is Bowlby and his writings within his trilogy, *Attachment and Loss, Volumes I, II, III* (1969, 1973 and 1980 respectively). According to Bowlby, attachment can be defined as the behavior that results from the continuation of closeness to a “preferred individual.” Firmly, Bowlby stresses to his readers that “attachment” is not to be confused with “dependent.” He states, “...Whereas dependence is maximum at birth and diminishes more or less steadily until maturity is reached, attachment is altogether absent at birth and is not strongly in evidence until after an infant is past six months. The words are far from synonymous” (1969, p.228). While concentration is given to a mother and child, especially five years and younger, Bowlby acknowledges that preferred individuals can change as the child grows into a teenager (peer group) and can change again

throughout adulthood (spouse). Still, of most importance are the characteristics demonstrated with the presence or lack thereof of attachment.

Additionally, Bowlby analyzes not only the bond between the individual and his or her preferred other, but also how the bond is maintained or broken. Furthermore, he examines the behavioral consequences that arise as a result of a healthy or broken bond: "...From intimate attachments a person draws his strength and enjoyment of life and through what he contributes, he gives strength and enjoyment to others" (1980, p.442). However, from broken attachments consisting of either threats of abandonment or actual rejection, feelings of anger and hostility become present. Bowlby's caution is on the literally murderous child who takes his anger out on his caregiver. Similarly, Mignon, Larson and Holmes warn: "Of course, anger and hostility may be redirected, that is, displaced onto others, perhaps a mate or even a casual acquaintance" (2002, p.150). Thus, attachment disordered relationships in childhood, especially to those preferred individuals who may be drug-using, as Chasnoff explains, can have behavioral consequences.

### **Social Bond Theory**

Bronfenbrenner, Belsky, Chasnoff's and Bowlby's commentary creates the foundation for criminological theory as the influential phenomenon between parent or caregiver, child and society is highlighted. Such a connection is what Criminological Theorist Travis Hirschi calls, social bonds. Specifically, Hirschi believes that social bonds are inversely related to delinquency; thus, detachment strengthens the tendencies to engage in criminal behavior and weakens social control. Social bonds are those ties that create a sense of commitment between an individual and society. When enough

individuals commit to a certain prototype, a “norm” is created. Cullen and Agnew (2006) suggest, “To violate a norm is, therefore, to act contrary to the wishes and expectations of other people” (p. 221). However, when one does not care about the “wishes and expectations” of people, then such norms are not of importance and violating them has no consequence.

In his article, *Social Bond Theory* (1969), Hirschi breaks down the elements that create social bonds by using four categories: attachment, commitment, involvement and belief. Regarding the attachment category, Hirschi draws upon Durkheim’s (1966) thoughts and reiterates that social bonds are only good to the extent that one is social. With no attachment to society, one will have little, if any, connection to wanting to obey established, societal norms. For the authors previously mentioned, Hirschi’s words can mean that if the child is not attached to his core, the child will not be attached to any of the outer elements.

Like Hirschi, Sampson and Laub (1993) embrace the premise that “Crime and deviance result when an individual’s bond to society is weak or broken” (Cullen & Agnew, 2006, p.241). Sampson and Laub have developed a three-fold thesis that includes the structural context mediated by informal family controls, the continuity of antisocial behavior from childhood through adulthood and informal social bonds in adulthood that effect family. This three-fold thesis furthers the notion of theory causation: poor child-rearing skills disrupt the development of attachment in childhood and the consequences can be antisocial behavior leading to juvenile delinquency.

## **Social Learning Theory**

Bronfenbrenner's, Belsky's and Chasnoff's commentary can also be easily related to the Social Learning Theory. Because of age, many would agree that a child is dependent on his or her caregiver. If one agrees to this, then perhaps one will also concur that if a child is not attached, committed, involved or lacks belief, then attention must turn toward the caregiver. For individuals, "The major 'cause' of low self-control...appears to be ineffective child rearing" (Cullen & Agnew, 2006, p. 237). Recall, Belsky's core focuses on the parent's socialization history. There are consistent findings that an abusive history of maltreatment in parents leads to the maltreatment of children; thus, the social learning theory is relevant. In order to instill self control within children, the caregiver must monitor the child's behavior, recognize deviant behavior when it occurs and punish such behavior. Simply stated, "All that is required to activate the system is affection for or investment in the child. The person who cares for the child will watch his behavior, see him doing things he should not do, and correct him" (Cullen & Agnew, 2006, p. 237). However, this implies that the caregiver has also been taught proper displays of affection, punishing techniques and holds a genuine presence in the child's life. When one, two, or all three of these core elements within the caregiver are weak or missing, the child's development of self-control is also feeble. Chasnoff's (2004) commentary on the drug-using caregiver and the drug-endangered child's behavioral vulnerabilities (neurobiological, familial or classroom) furthers this notion. This association proves that a child's caregiver has learned from his or her parents' negative child-rearing skills. As she or he parents her or his own children, disciplinary actions may be at-risk for the same lack of self-control. Thus, attachment of the parent to the child is a necessary condition for successful child-rearing.

Overall, the social control and learning theories best explain the causation of behavioral consequences, such as antisocial characteristics, that stem from disruption of attachment between child and caregiver. Social control theorists argue that when bonds are tight, attachment will keep the child from disobeying norms. However, when social bonds are weak, displays of antisocial personality leading up to delinquency may be present. The arguments made by social learning theorists can also be applied. If a child is brought up in an abusive or neglectful household, she or he is not just detached, but knows only the poor parental techniques that were present in their childhood. As a result, during displays of delinquency within their own children, the caregiver reverts back to what she or he knows best: abusive and neglectful tactics. In a criminological sense, if social control is the desired outcome, bolstering the learning process of attachment between parent, child and society must be placed at the forefront. As reported in the *Childhood Victimization and Risk for Alcohol and Drug Arrests Report* conducted by NIJ (1995), child maltreatment was found to be a significant predictor of juvenile and young adult arrests. “The odds of being arrested for at least one alcohol- or drug-related offense were 39 percent greater for maltreated children than for control subjects” (NIJ, 1995, p.1). Combined, these theories suggest there is a need to break the cycle of addiction not just for the caregivers, but for the generations that follow.

#### **IV. Examining DEC Victimization: Potential Longitudinal Studies**

If current data was expanded to include the victimization of drug endangered children, additional insight might be gained as to how childhood trauma affects the individual as she or he matures from adolescence to adulthood. Unfortunately, the “drug endangered child” term is too new and little information is known about this subset of the nation’s abused and neglected children. Still, based on the various theories just presented, it is plausible to suggest that there is a negative trajectory that is easily developed once adverse childhood experiences are present. Research has shown that, “...Abused or neglected children are likely candidates for delinquency and adult criminality...” (NIJ, 1995, p. 1). In their article *Unraveling Juvenile Delinquency*, Glueck and Glueck (1950) share their findings from a study conducted where 500 juvenile delinquents are closely-compared to 500 non-delinquent juveniles in an attempt to determine if particular childhood factors create crime. Overall the research also examined the connection between family and delinquency and “...Reports that discipline, supervision and affection tend to be missing in the homes of delinquents, that the behavior of the parent is often ‘poor’” (Cullen & Agnew, 2006, p. 237). In their study, Glueck and Glueck discuss emotional and socio-cultural factors. Regarding emotional dynamics, delinquent youth were impulsive, extroverted and displayed less self-control. Similar characteristics were stated by the previously mentioned authors (i.e. Bowlby (1980); and Mignon, Larson & Holmes (2002)) who caution these behavioral consequences result due to detached children. Socio-cultural factors, specifically dysfunctional family or home environments and poor parenting skills (even parental criminal histories), were found to be present in more of the delinquents’ lives than those of non-delinquent juveniles. Consistent with this, “The supervision of delinquents

in families where parents have criminal records tends to be 'lax,' 'inadequate,' 'or 'poor.' Punishment in these families also tends to be easy, short term, and insensitive – that is, yelling and screaming, slapping and hitting..." (Cullen & Agnew, 2006, p.239). Again, these words are an echo of those previously mentioned authors; social bonds are inversely related to delinquency; thus, detachment between caregiver, child and society strengthens the tendencies to engage in criminal behavior. With this said, examining more current longitudinal studies furthers the notion of a negative trajectory for victims of child abuse and neglect.

### **Adverse Childhood Experiences (ACE) Studies**

Perhaps one of the most referred to longitudinal studies that centers on the possible negative outcomes that can result from a childhood of victimization is the Adverse Childhood Experiences (ACE) Study. As an ongoing collaboration between the U.S. Department of Health's Centers for Disease Control and Prevention (CDC) along with Kaiser Permanente's Department of Preventive Medicine in San Diego, "...The ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life" (Adverse Childhood Experiences, 2009). In short, over a decade ago, Dr. Vincent Felitti (Kaiser Permanente) and Robert Anda (CDC) began asking individuals within the health care setting ten simple questions regarding his or her childhood and their potential encounter of child abuse or neglect (For a complete listing of the ACE questions, see Appendix D). In the end, the score represents the amount of "yes" responses:

Exposure to one category (not incident) of ACE, qualifies as one point. When the points are added up, the ACE Score is achieved. An ACE Score of 0 (zero)

would mean that the person reported no exposure to any of the categories of trauma.... An ACE Score of 9 would mean that the person reported exposure to all of the categories of trauma... (ACE Studies, 2009).

Over the 18,000 individual scores collected, Felitti and Anda were able to postulate that the higher the ACE score, the more likely the individual suffered from health risks. Thus, research suggested that there was a direct correlation between childhood abuse or neglect and long-term, negative effects.

### **Application of the ACE Study**

Originally, the ACE studies were conducted to determine if childhood trauma can be linked to health in adulthood. Today, this same data is used by various researchers to determine if any additional likelihood is prevalent such as substance abuse or the cycle of violence. In discussing three examples of research that suggest a correlation, the need for collecting information about exposure to adverse childhood experiences is advisable for future efforts and such endeavors could begin with drug endangered children.

Before findings are discussed, it is beneficial to highlight the interrelatedness of multiple forms of childhood abuse or neglect. Historically, "Childhood abuse and other adverse childhood experiences have been studied individually, and relatively little is known about the co-occurrence of these events" (Dong, M., Anda, R., Felitti, V., Dube, S. Williamson, D., Thompson, T., Loo, C., Giles, W., 2004, p.771). To better understand if there is a co-occurrence, Dong et al (2004) examined 8,629 adult members' ACE responses. Looking at the ten ACE questions regarding childhood abuse; neglect; witnesses to domestic violence; parental marital discord; and living with a substance abusing, mentally ill, or criminal household member, Dong, et al (2004) conclude that two-thirds of participants reported at least one ACE. Examining further, of those two-

thirds of respondents, 81%-91% reported at least one additional ACE. Therefore, “The presence of one ACE significantly increased the prevalence of having additional ACEs elevating the adjusted odds by 2 to 17.7 times” (Done et al, 2004, p. 781). In other words, a statistical interrelatedness of experiencing more than one ACE as a result of the first occurrence of the abuse, neglect, witness to domestic violence, etc... was confirmed.

Placing life-stories with these statistics is a United States Department of Justice-U.S. Attorney’s Office of the Western District of Wisconsin documentary that focuses on five individuals who share what it was like growing up in drug-endangered home titled, *Living in Shadows* (2008). As these five individuals share their life experiences, common themes are revealed: a childhood of neglect was easily correlated to the presence of a drug-using caregiver; the child witnessed violence in the home; having to deal with the household dysfunction often produced educational challenges as well as the phenomenon of parentification (where the oldest child “parents” the younger siblings):

When I was about 14 we were actually broke. I mean they [mother and step-father] had no jobs. No money. We didn’t have electricity. We had no food in the house. So my parents went to the grocery store and they stole a cartful of food...

-Amanda, *Living in Shadows*

My father was very violent with my mother and aunt; Very violent with his sons. He’d fist fight with his sons. Maybe you’d see some fat lips, a bloody nose or something from getting backhanded in the face. Some missing hair once in a while from getting your hair pulled. Not a lot of broken bones... It trickled down to me eventually, and then even through me to one of the pets or maybe some property, I might start some fires... And now I relate that to how much control I was trying to have back then. My whole life was out of control at the time, and I think if I could have controlled that, I felt a lot better...

-Sean, *Living in Shadows*

School was definitely hard, and actually in 8<sup>th</sup> grade, I failed because things got so bad. I just couldn't handle the pressure anymore. Trying to take care of two boys at 13 or 14, just started to become impossible. It was like, I had to make sure their homework was done; I had to make sure they ate, I had to make sure, you know...my life wasn't my life anymore; My life was about everybody else. So now, that I'm 19 and my life is supposed to be about me, I don't know how to do that.

-Amanda, *Living in Shadows*

Jade is definitely the mom and that was probably one of the hardest battles when I decided to try to get clean, was trying to regain that role as I am the parent. Even to this day, she still will mother Trinity and she's very protective of her little sister.

-Sara, *Living in Shadows*

Just as Dong et al's (2004) research suggests, each of these five individuals were victims of not one adverse childhood experience, but several. As their stories are shared, these individuals express how they too began demonstrating negative behavior by either using controlled substances, lighting fires as an adolescent trying to control something, or being involved in an abusive relationship as an adult. Thus, for those statistics that represent individuals within the research, or for those stories shared within the documentary, a childhood of victimization can easily be correlated with further dysfunction in later years.

Linking the previously mentioned theory with the interrelatedness of multiple forms of childhood, additional researchers have examined ACE scores and other negative effects, other than health. For example, Brownstein (2000) presents a thought-provoking discussion on adverse childhood events and the link to adult crime. Particularly, Brownstein (2000) highlights the connection between female crimes and substance abuse. Later, Brownstein (2000) also addresses the amount of childhood trauma victimization is present in the history of these female offenders. Similarly,

Messina, Grella, Burdon and Prendergast (2007) compare 427 male inmates to 315 female inmates to determine the prevalence of childhood adverse events within the genders. Very similar to Brownstein's (2000) presentation, Messina, et al (2007) determines that females had greater amounts of childhood adverse events than men and were victims of sexual abuse much more than men. Overall, using the ACE Studies allows one to conclude that a child who encounters abuse and or neglect does have a greater likelihood of being involved in the criminal justice system.

Again, understanding the consequences of a child who grows up in a drug endangered environment is needed. Advantageously, the ACE Studies questionnaire does ask one specific question related to child abuse or neglect and a drug environment: "Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?" To date, no specific researcher has looked at this question alone and its responses to determine what the sole possible negative outcomes of this exposure are to the individual(s) who responded "yes." However, doing so would elaborate on the possible negative trajectories drug endangered children may face in their futures. Additionally, if first responders can identify and document drug endangered children, then not only would the scope of this victimization be understood, but, again, potential longitudinal studies could be developed to further enhance theoretical perspectives, programs and problem solving to break this particular cycle of violence.

## **V. Recommendations**

Unfortunately, children across the nation are victimized by abuse and neglect. While there are data collection efforts to understand the scope of this victimization, the focus is too general. If data collection efforts were to encompass the specific child abuse or neglect as a direct result of a caregiver's use, distribution or manufacturing of controlled substances, more information would be known on the short- and long-term effects on drug endangered children. Furthermore, with a more specific cause-and-effect foundation, theoretical perspectives and programs encompassing a problem-based solution might better stop the cycle of violence. Fortunately, minimal adaptations are needed in order to expand the current child abuse and neglect data collection processes that are in place for first responders to identify and capture information on drug endangered children.

### **Awareness of Drug-Endangered Children Victimization on the Federal Level**

In order for first responder agencies on the state and local level to enhance their practices on identifying and documenting drug endangered children, perhaps the first step is to bring awareness of this specific subset of the nation's abused and neglected children to agencies on the federal government level. As presented in the literature review, while particular states have included controlled substance "clauses" in their definitions of child abuse and neglect, there is no guidance from the federal government on drug endangered children as victims. As a result, documentation of this crime is limited depending on the state's statute.

**Recommendation #1: Create a model drug law for each state that would indicate drug endangered children victimization is a crime; this crime will be charged no differently than a child abuse or neglect felony, but the documentation of this crime is significant for data collection, offender analysis, victim analysis, resource building and preventative program guidance.**

However, until the federal government is educated on these victims, no law, and as a result no mandatory documentation, will ever be established. Therefore, in order to educate on drug endangered children victimization and to lobby for federal legislation concerning these individuals, one could turn to particular federal entities, namely, the National Alliance for Drug Endangered Children and the U.S Department of Justice's Office for Victims of Crime.

Existing to connect practitioners across disciplines, educate the public about drug endangered children and advocate for funding and services to assist these victims is the National Alliance for Drug Endangered Children (NADEC), a non-profit organization (National Alliance for Drug Endangered Children, 2009). Particularly, NADEC aims to establish state alliances for drug endangered children; such alliances are multi-disciplinary and exist to carry out the same goals on the state and local levels. Today, there are approximately 22 established and active state alliances for drug endangered children. Each of these state alliances has at least one program coordinator that chairs a multi-disciplinary board of state experts. Members of the state alliance coordinate local-level drug endangered children alliances by establishing multi-disciplinary relationships within counties and tribal jurisdictions. With the guidance of the state alliance members, the local-level drug endangered children alliance members create and implement protocols that instill best practices for identifying and bringing resources to these victims and their families as they enter and travel through the criminal justice system. Regardless of where one is on the spectrum of the drug endangered children network, the need for better understanding the scope of this victimization is known: Local efforts across the country are trying to record the identification of drug endangered children, but unfortunately almost all of these efforts vary between county,

tribe or discipline; State efforts across the country are concentrating on establishing laws that include drug endangered children statutes, but unfortunately there is no federal guidance; and finally, dedicated members from each of the local and state efforts volunteer as members on NADEC's working groups, but still additional leverage is needed to truly make an impact on the federal level.

Such additional leverage may be possible with the continued relationship with the U.S. Department of Justice's Office for Victims of Crime (OVC). As a component of the U.S. Department's Office of Justice Programs, OVC has leverage not only as an agency that advocates for identification of victims, but also OVC is one of only four federal entities that is allowed to write grants in order to provide more funding for victims and programs that address these individuals. Formally established by Congress in 1988, through an amendment to the 1984 Victims of Crime Act (VOCA), OVC provides leadership and funding on behalf of crime victims. Additionally, "OVC provides training for diverse professionals who work with victims, develops and disseminates publications, supports projects to enhance victims' rights and services, and educates the public about victim issues" (OVC, 2004). Overall, OVC accomplishes this work through five divisions: the Federal Assistance Division, Program Development and Dissemination Division, State Compensation and Assistance Division, Training and Information Dissemination Division, and the Terrorism and International Victim Assistance Services Division. Of particular interest is the Program Development and Dissemination Division (PDD):

PDD provides information and assistance on highly technical victims' issues, including services for trafficking victims, victims with disabilities, and victims of mentally ill offenders. The division also develops promising practices and training and technical assistance for implementing victims' rights. In addition,

PDD works with nongovernmental, community-based, and other organizations to identify promising practices in serving crime victims. As such, PDD prepares funding announcements and program solicitations, monitors grants, provides training and technical assistance to grantee organizations, and prepares literature and reports regarding program development, implementation, evaluation, and impact (OVC, 2004).

Together, NADEC and OVC are two agencies equipped with experts and the leverage to bring awareness on drug endangered children to all disciplines and communities.

**Recommendation #2: Unite efforts between the National Alliance for Drug Endangered Children and the Office for Victims of Crime in order to leverage discussion on changing data collection efforts on the federal level.**

Currently, NADEC and OVC already have a working relationship. Ideally, the union of these two agency efforts would take place in three stages:

- The President of NADEC, along with a representation of working group members and state leaders, approach OVC's PDD employees to discuss the potential of meeting with the executives of data collection from both federal-level law enforcement (The Federal Bureau of Investigation regarding the National Incident-Based Reporting System) and social services (The Administration for Children and Families regarding the Statewide Automated Child Welfare Systems) with the intention of requesting data collection changes. OVC's PDD is an absolutely needed presence in order to meet with such federal entities;
- The President of NADEC, representatives of NADEC working group members and state alliance leaders, and OVC's PPD employee(s) meet with the executives of data collection from both federal-level law enforcement (The Federal Bureau of Investigation regarding the National Incident-Based Reporting System) and social services (The Administration for Children and Families regarding the

Statewide Automated Child Welfare Systems) to request data collection changes;

- Data Collection changes are implemented within the National Incident-Based Reporting System and the Statewide Automated Child Welfare Information Systems.

### **Mandatory Documentation of DEC Victimization within Law Enforcement**

While the majority of general child abuse and neglect cases are identified by social services, law enforcement plays a key role in the identification of drug endangered children as these officers execute narcotic search warrants. With this said, it is essential that law enforcement document drug endangered children victimization. As stated in the literature review, perhaps the most common data collection system for law enforcement is the revised Uniform Crime Reporting System, the new National Incident-Based Reporting System (NIBRS). This data collection effort captures specific crime, victim and reporting agency information. These three elements are crucial for understanding the scope of drug endangered children victimization and identifying the best practices that will stop the cycle of violence:

An indispensable tool in the war against crime is the ability to identify with precision when and where crime takes place, what form it takes, and the characteristics of its victims and perpetrators. Armed with such information, law enforcement can better make its case to acquire the resources it needs to fight crime and, after obtaining those resources, use them in the most efficient and effective manner (U.S. Department of Justice, NIBRS Manual, August, 2000, p.10).

When law enforcement tracks drug endangered children cases, characteristics of these circumstances will be highlighted that may further direct efforts regarding resources and preventative programs.

**Recommendation #3: Track drug endangered children victimization via NIBRS**

Tracking drug endangered children cases via NIBRS could be implemented if the following recommended steps were to occur:

- Law Enforcement Personnel is trained on drug endangered children victimization;
- Law Enforcement Administration does not approve case or incident report(s) unless drug endangered child is listed as a victim;
- Law Enforcement Data-Entry Personnel thoroughly completes the NIBRS Data Elements (See Appendix E).

Essentially, NIBRS data contains information on not just the criminal incident, but more specifically, characteristics on: the arrestee, offender, victim, property, offense and the approval of administration. In the event of a drug endangered child case, the following would be mandatory recorded fields (See Appendix F):

- The “Arrestee” category (#40) would contain the child abuse or neglect NCIC code under the UCR Arrest Offense Code section (#45);
- The “Offender” category (#36) would contain the Offender’s Relationship(s) to the Victim (#35) listed either as “caregiver” or “parent;”
- The “Victim” category (#23) would list the Type of Victim (#25) as “Drug Endangered Child;”

- The “Victim” category (#23) would contain the Victim Connected to UCR Offense Code(s) (#24) as Child Abuse or Neglect (Just as it was listed under the arrestee category, #45);
- The “Property” category (#14) would contain the Suspected Drug Type (#20), Estimated Drug Quantity (#21) and Type of Drug Measure (#22);
- The “Offense” category (#6) would contain the Type [of] Criminal Activity (#12) where again child abuse or neglect would be listed (Just as it was listed under the arrestee category, #45);
- The “Offense” category (#6) would contain either a “yes” or “no” for Offender(s) Suspected of Using (#8).

If the above data were to be collected from each law enforcement agency, the scope of drug endangered children victimization would be better known. NIBRS data, “...Provide(s) a great deal of detail about the nature of criminal activity...This will give both the police and the public detailed information on the risk of crime to enable them to develop more useful policies and tactics” (Bureau of Justice Statistics, 1999, p. 12) and can easily be applied to drug endangered children victimization.

#### **Mandatory Documentation of DEC Victimization within Child Protective Services**

Since drug endangered children cases are ultimately child abuse and neglect cases, it is essential that social services also be required to document this specific type of victimization. As stated in the literature review, perhaps the most common data system regarding child abuse and neglect is the NCANDS and such information is derived from the imported SACWIS data from almost all states. Again, the U.S. Department of Health and Human Services’ Administration for Children and Families determines which

elements of every SACWIS screen are mandatory fields and states are held within compliance due to the federal dollars given to implement and use the SACWIS.

**Recommendation #4: Track drug endangered children victimization via SACWIS**

SACWIS is a current database with screens already equipped for capturing drug endangered children information and is used in almost every state within the nation. Unfortunately, the fields regarding caregiver or parent substance abuse and child abuse or neglect victimization as a direct result from that controlled substance use are not mandatory fields. Therefore, a simple solution to capturing such drug endangered children data would be to make the following fields mandatory (See Appendix C):

- Within the Child Profile screen, under the Primary Caretaker(s) Information, indicate whether alcohol or drug abuse was present;
- Within the Parent or Caregiver screen, under the Substance Use or Behavior Problem information, indicate whether the parent or caregiver was using alcohol or a specific drug as well as the frequency of use for that particular alcohol or drug.

If the above data were to be collected from each SACWIS user, the scope of drug endangered children victimization within social service agencies would be better known on a state level. As this SACWIS information is entered into NCANDS, drug endangered children statistics would be available on a national level. Furthermore, if NCANDS were to provide drug endangered children statistics, additional longitudinal studies could be conducted. With this said, potential longitudinal studies could examine the short- and long-term effects on drug endangered children, the effectiveness of identification of

these specific victims within agencies of first response, and potentially highlight resources and best practices for preventative programs.

Overall, while the scope of drug endangered children victimization is not fully grasped by the criminal justice system, enough procedures are in place that with minimal revamping, knowledge can accrue. Perhaps the most important need is to teach on drug endangered children victimization. With more professionals understanding what these children endure, the demand to identify and provide resources will unveil and data collection can be one avenue in achieving this.

## **VI. Summary & Conclusions**

Child maltreatment is present in today's society. Currently, on federal, state and local levels there are child abuse and neglect definitions, laws and reporting mechanisms within law enforcement and child protective service agencies to capture information on these victims. Recently, the scope of victimization widened to include drug endangered children: individuals who fall subject to abuse and neglect as a result of his or her caregiver's or parent's use, distribution or manufacturing of a controlled substance. Unfortunately, while this particular subset of the nation's abused and neglected children is now identified, the rest of the criminal justice system needs to catch up: state laws need to be established to help protect these victims, first responder reporting systems need to include categories to capture this specific victimization data, and future longitudinal studies should concentrate on the short- and long-term effects of this particular adverse childhood experience. In order to hoan best practices and appropriate, successful resources and preventative efforts, each of these elements must be established.

Best practices, resources and preventative efforts are most successful when the scope of the individuals being addressed is thoroughly understood; yet, the scope of drug endangered children is not understood. For the most part, research exists on general child abuse and neglect victimization. Since drug endangered children are a subset of the nation's abused and neglected children, one can draw upon this general information for foundational support. For example, literature exists on the importance of acknowledging a child's multi-person system of upbringing. Likewise, theoretical commentary exists on the importance of a child's, caregiver's and society's connection

to one another. Attachment disorders between one, two or all three of these systems is common amongst those with adverse childhood experiences. Finally, longitudinal studies suggest that there are short- and long-term consequences for those who suffer victimization during childhood. Still, drug endangered children *are a specific* subset of the abused and neglected and therefore a more detailed analysis of their particular victimization is needed.

In order to obtain a more detailed analysis of drug endangered children victimization, changes must occur within the present criminal justice system. Luckily, these adaptations are minimal. First, the teachings on drug endangered children victimization must continue. Education on this topic will make professionals aware of this victimization and feed into society's demand to *learn* more. This can be achieved by leveraging federal entities equipped with drug endangered children knowledge and inroads into other entities and policies. At the same time, state statutes must be amended to include drug endangered children language. This will feed into society's demand to *do* more. Specifically, these laws will allow law enforcement and social services to act upon drug endangered children cases and ultimately document such actions and identification of individuals. With professionals educated on drug endangered children and statutes that allow such cases to be successfully prosecuted, society will want to *know* more. Herein lies where the information gap on drug endangered children will close: With state laws and mandatory data collection systems, foundational information will be available, longitudinal research can be conducted, and analysis of the entire scope will be possible. Overall, the negative trajectories that can occur from drug endangered children victimization will be revealed and best practices will be honed to stop this particular cycle of violence.

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Wis. Stat. sec. 48.02

Wis. Stat. sec. 48.02(1)

Wis. Stat. sec. 48.981(2)(a)

Wis. Stat. sec. 948.03

## **Appendix A: Mandatory Reporters**

Wis. Stat. 48.981(2)(a)1 lists the following individuals as mandated reporters:

- Physician
- Public assistance worker, including a financial and
- Coroner employment planner, as defined in s. 49.141(1)(d)
- Medical examiner
- Member of the treatment staff employed by or working under
- Nurse contract with a county department under s. 46.26, 51.42, or
- Dentist 51.437
- Chiropractor
- Marriage and family therapist
- Optometrist
- Professional counselor
- Occupational therapist
- Day care provider
- Dietician
- Speech-language pathologist
- Audiologist
- Emergency medical technician
- Acupuncturist
- Court appointed special advocate
- Physical therapist & PT assistant
- Police or law enforcement officer
- Alcohol or other drug abuse counselor
- Child care worker in a day care center, group home as
- Medical or mental health professional described in s. 48.625(1m), or residential care center for
- Social worker children and youth
- Mediator under s. 767.11
- School teacher, school administrator, school counselor
- First responder
- Clergy

**Appendix B:**  
**Listing of Wisconsin Child Abuse and Neglect Felony/Misdemeanor Offenses and Class**

**948.03 Physical abuse of a child**

**Wisconsin State Statute**

**Offense**

948.03(2)(a)	Whoever intentionally causes great bodily harm to a child is guilty of a Class C felony.
948.03(2)(b)	Whoever intentionally causes bodily harm to a child is guilty of a Class H felony.
948.03(2)(c)	Whoever intentionally causes bodily harm to a child by conduct which creates a high probability of great bodily harm is guilty of a Class F felony.
948.03(3)(a)	Whoever recklessly causes great bodily harm to a child is guilty of a Class G felony.
948.03(3)(b)	Whoever recklessly causes bodily harm to a child is guilty of a Class I felony.
948.03(3)(c)	Whoever recklessly causes bodily harm to a child by conduct which creates a high probability of great bodily harm is guilty of a Class H felony.
948.03(4)(a)	A person responsible for the child's welfare is guilty of a Class F felony if that person has knowledge that another person intends to cause, is causing or has intentionally or recklessly caused great bodily harm to the child and is physically and emotionally capable of taking action which will prevent the bodily harm from occurring or being repeated, fails to take that action and the failure to act exposes the child to an unreasonable risk of great bodily harm by the other person or facilitates the great bodily harm to the child that is caused by the other person.
948.03(4)(b)	A person responsible for the child's welfare is guilty of a Class H felony if that person has knowledge that another person intends to cause, is causing or has intentionally or recklessly caused bodily harm to the child and is physically and emotionally capable of taking action which will prevent the bodily harm from occurring or being repeated, fails to take that action and the failure to act exposes the child to an unreasonable risk of bodily harm by the other person or facilitates the

	bodily harm to the child that is caused by the other person.
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**948.21 Neglecting a child**  
**Wisconsin State Statute**

**Offense**

948.21(1)(a)	Any person who is responsible for a child's welfare who, through his or her actions or failure to take action, intentionally contributes to the neglect of the child is guilty of a Class A misdemeanor or, if death is a consequence a Class D felony.
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Reference: Wisconsin Legislature, 2009

<http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=948.03>

## Appendix C: eWiSACWIS Screen Shots

### Case Opening Screen:

### Child Profile

### Parent/Caregiver Profile:

Person Management 'Example, Daughter' ID:9225641 -- Web Page Dialog

**WISACWIS** Errors TM Print Spell Check Help ?

Basic Parent Info Additional Address Kinship **Characteristics** Medical/Mental Health

**Disability/Special Needs Information**

Child has a Clinically Diagnosed Disability:  **Emotionally Disturbed** [Details](#)

**Learning Disability** [Details](#)  **Other Medically Diagnosed Conditions** [Details](#)  Anxiety  Depression

**Mental Retardation** [Details](#)  Asthma [Details](#)  Diabetes [Details](#)  ADD  Other

**Physically Disabled** [Details](#)  Seizure Disorder [Details](#)  ADHD  Severe ED

**Visually/Hearing Impaired** [Details](#)  Congenital Malformation [Details](#)  Reactive Attachment Disorder

**Chronic/Medically Complex Conditions**

Select those values which have been diagnosed by a physician, psychologist or other qualified mental health professional. [Details](#)

Developmental Delay  Medically Complex Child  Medically Fragile Infant  Prematurity  Technology Dependent  Weight Concern

**Substance Use/Behavior Problem**

Alcohol Freq.:    Marijuana Freq.:    Behavior [Details](#)  
Problem

Drugs: Freq.:    Solvents: Freq.:

**Primary Caretaker**

**Emotionally Disturbed:**    **Visually or Hearing Impaired:**

**Physically Disabled:**    **Alcohol Abuse:** Yes   **Drug Abuse:**

**Mental Retardation:**

Save Close

Ongoing Case Information Screen:

Create Case Work - Microsoft Internet Explorer provided by DHS - State of Wisconsin

**WISACWIS** Print Spell Check Help ?

**Create Case Items**

- Administration
- Adoption
- Assessment
- Education
- Eligibility
- ICPC
- File Cabinet
- Legal
- Narrative
- Ongoing Services
- Payment
- Placement
- Planning
- Safety Assessment
- Safety Services
- Strengths and Needs

**Cases**

- Demo, Mother (9221908)
- Example, Mother (9221903)
- Ghost, Casper (700008)
- Test, mom A. (9221818)

**Case Participants**

Hold down the 'Ctrl' key for multi-selection

- Mother Example, Reference Person (9225639)
- Father Example, Present Spouse (9225640)
- Daughter Example, Biological Child (9225641)
- Son Example, Biological Child (9225642)

Create Close

**APPENDIX D:  
Adverse Childhood Experience Study, *Finding Your ACE Score***

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often or very often**...  
Swear at you, insult you, put you down, or humiliate you?

**or**

Act in a way that made you afraid that you might be physically hurt?

If yes enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household **often or very often**...  
Push, grab, slap, or throw something at you?

**or**

**Ever** hit you so hard that you had marks or were injured?

If yes enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?

**or**

Attempt or actually have oral, anal, or vaginal intercourse with you?

If yes enter 1 \_\_\_\_\_

4. Did you **often or very often** feel that ...  
No one in your family loved you or thought you were important or special?

**or**

Your family didn't look out for each other, feel close to each other, or support each other?

If yes enter 1 \_\_\_\_\_

5. Did you **often or very often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

If yes enter 1 \_\_\_\_\_

6. Were your parents **ever** separated or divorced?

If yes enter 1 \_\_\_\_\_

7. Was your mother or stepmother:

**Often or very often** pushed, grabbed, slapped, or had something thrown at her?

**or**

**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?

**or**

**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

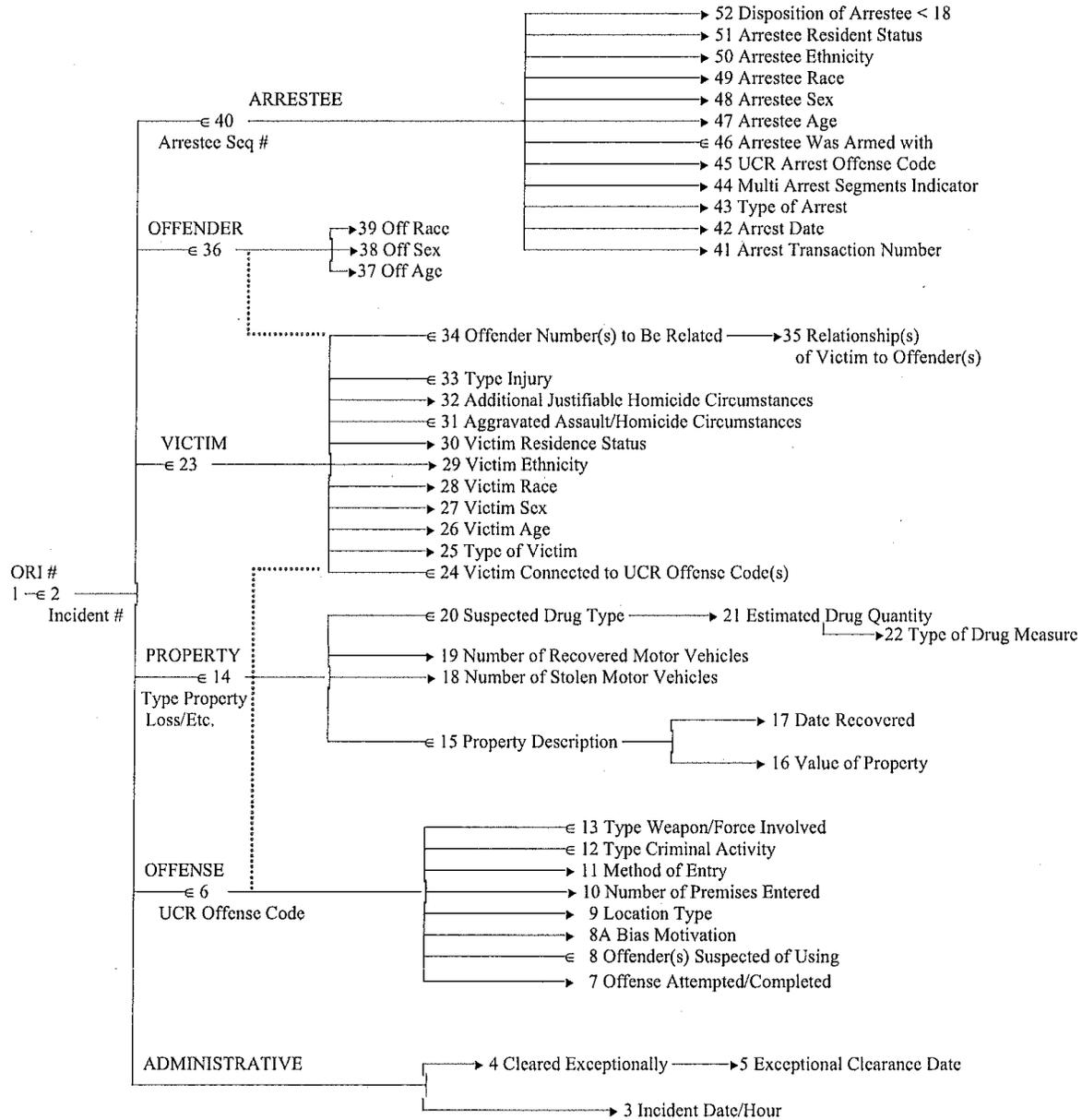
If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

## Appendix E: The Structure of NIBRS Data Elements



**Appendix F:  
The Structure of NIBRS Data Elements with Drug Endangered Children Categories  
Highlighted**

