Child Maltreatment in the State of Maine: A Study of State Policy

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CHILD MALTREATMENT IN THE STATE OF MAINE:
A STUDY OF STATE POLICY

by

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Abstract:

The issue of child maltreatment is a devastating and heart wrenching phenomena seen throughout society in every area of the world. The capacity of individual governments to form policies that are able to efficiently and accurately executed is crucial in combatting the social evils of child abuse. This study focuses on existing Maine state policy and describes how social workers in particular strive to uphold, incorporate and even interpret this policy to protect the youth of Maine. A total of 5 interviews were conducted with both social workers and other employees of the Maine Department of Health and Human Services. Interviews identified past cases involving both neglect and overt abuse of children. Case Workers were asked to give their understanding and interpretation of state policy and to explain the process of applying this policy and how it influences their day-to-day work. Challenges faced by social workers centered on inadequate funding, large case-loads, and the complicated nature of efficiently implementing policy so that it works not only on paper but in practice. Limitations to this study include the small number of employees interviewed as well as the inherently unique and often complicated nature of each case. Through this study future Social Workers as well as Maine citizens will gain a better understanding of the child welfare system, and it is my hope that this knowledge will lead to advocacy for policy and model changes that will ultimately lead to policies that are effective not only in theory but in actuality.
# Table of Contents

I. Chapter 1: Introduction and Federal Law ........................................... 1  
II. Chapter 2: Child Maltreatment and Policy in the State of Maine ...... 19  
III. Chapter 3: Maine Child Protective Services .................................. 33  
IV. Chapter 4: Conclusion ................................................................. 49  
V. Appendices  
   a. Appendix A: IRB Approval ......................................................... 60  
   b. Appendix B: IRB Consent Form ............................................... 61  
   c. Appendix C: IRB Interview and Group Forum Questions ............. 63  
   d. Appendix D: Timeline of Major Federal Legislation ................. 64  
   e. Appendix E: Federal Terms and Definitions ............................ 66  
   f. Appendix F: Maine Terms and Definitions ............................... 69  
   g. Appendix G: Types of Abuse .................................................. 70  
   h. Appendix H: Child Abuse Assessment in Maine 2003-2011 .......... 71  
VI. Works Cited ..................................................................................... 73  
VII. Author’s Biography ................................................................. 80
Chapter 1: Introduction and Federal Law

I am considering going into criminal prosecution as a children's rights and abuse attorney. As a nanny the past few years I have developed close relationships with many young children. Some of these children were victims of child maltreatment. It is because of these children that I have become particularly aware of and passionate about the issue of child maltreatment.

Although the specific definition of "child maltreatment" varies, the Department of Health and Human Services of the federal government has defined "child maltreatment" in a very general sense as "any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential harm, or threat of harm to a child:

It is because of my close relationship with children who have been victims of such varying forms of abuse that I first became interested in studying the child welfare system in Maine. My area of interest is primarily on the statutes and policies that prompt initial state involvement, especially the first thirty days after a report is made. The focus of this study is on the work of social workers and other employees of the Department of Health and Human Services and how they interpret and practice the laws and policies to provide the best service for Maine children who may be victims of abuse.

In this study I have researched and examined federal law and the history of child abuse in the United States, as well as Maine state law, and policies and procedures used by the Maine Department of Health and Human Services. In addition to examining Maine
policy, I will offer my own theories about what factors may create abusive situations, and what solutions there may be to effectively protect children. I will also briefly offer my own insight and opinions in regards to the precautionary steps taken by the state following the resolution of a case as well as discuss actions that might be taken in the future.

In examining the protocol and legalities surrounding maltreatment cases we must first understand the severity of the issue at hand. Although the focus of this study is on the immediate actions taken by the child welfare system, the resolution of an abusive environment does not mean that the memories or the trauma are gone. Even after cases have been closed and problems have been resolved, child abuse and its effects may not surface until a child reaches adolescence or even young adulthood. The intense emotional and psychological repercussions that abuse has on not only the individual but society as a whole are phenomenal.

In the Adverse Childhood Experiences study (ACE) conducted by the Centers for Disease Control “findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States” (Centers for Disease Control Staff). It is stimulated that, with a greater understanding of adverse childhood experiences, progress could be made in addressing the overall health and safety of many Americans (Centers for Disease Control Staff).

Child abuse has been found to cause various negative health outcomes, negative cognitive and educational outcomes and well as negative social and behavioral outcomes (Chalk et al., 2002. pgs. 3-4). Health outcomes that are more immediate and severe include death, STDs, brain injuries, central nervous system damage, physical defects,
growth and mental retardation and speech problems. However, there are many other, less visible disorders and outcomes that can result as well, such as mental health disorders including post traumatic stress disorder (PTSD), depression and low self-esteem which untreated can result in suicide. Mental health issues caused by prolonged child abuse do not surface until later on in teen years, and in some cases even later on in adulthood (Chalk et al., 2002. pgs. 3-4).

Cognitive and educational effects in particular determine the quality of life that many children of abuse have. As a result of speech impairment and low self-esteem, often a result of severe emotional abuse, many children struggle in school. Later on in life many victims of childhood abuse drop out of high school and find themselves in a downward spiral of poverty and deprivation, unable to support themselves with the limited job prospects they have. These children are also statistically more likely to become involved with illicit drugs, alcohol and tobacco as well as act out violently towards others and often times develop a criminal record beginning at a very young age (Chalk et al., 2002. pgs. 3-4).

It is critical to remember the long-term effects that victims of child abuse may suffer. In order to understand the urgency of every case that the state comes in contact with it is important to remember the quality of life that is at stake. In order to better improve the services offered for children not only in Maine but across the nation, it is essential to recognize the importance of the child welfare system and the profound impact it can have on the lives of children. To ensure a safe and secure upbringing for all children it is in the public’s best interest to have a system that works both swiftly and effectively. While great strides have been taken in recent years to improve the child
welfare system so that it functions in this manner, it has not always been so, and there is still room for much improvement.

It was not until quite recently that the federal government even recognized child abuse as an issue, but in order to understand the current child welfare system and to create theories and models for an even better system it is critical to first understand the basic definitions as well as the history of child abuse and the events that led up to federal and state legislation. While every state has its own definitions and standards regarding child abuse, the standards for these definitions are set out by federal legislation under the Child Abuse Prevention and Treatment Act. CAPTA is a piece of “federal legislation that provides a foundation for States by identifying a set of acts or behaviors that define child abuse and neglect” (Brodowski et al., 2012. pgs. vii-1). See Appendix D for a list of terms and definitions as outlined by the federal government under CAPTA.

The premise for CAPTA lies within the concept that the government has a role to fulfill in protecting children, legally termed “parents patriae” (U.S. Department of Health and Human Services Staff, 2003. pg. 4). CAPTA is one of the many pieces of legislation that have been passed recently by Congress that supports and explains that states have not only a right, but a duty to act on the behalf and in the best interest of a child’s well being if the parents are either unable or unwilling to do so (U.S. Department of Health and Human Services Staff, 2003. pg. 4). Since it was originally enacted in 1974, CAPTA has been amended and reauthorized numerous times, most recently in 2010. However, prior to CAPTA, the federal government took quite a while to officially recognize and then pass legislation regarding child maltreatment. CAPTA will be further discussed later in this chapter.
Child abuse was not brought to the forefront of the entire nation’s attention until the 1960s, and it was not until the 1970s that any sort of federal legislation was passed in an effort to protect children. Before federal legislation came into being in the 1970s, some individual states took the initiative to form legislation regarding certain aspects of child abuse. Most of the pre-existing state legislation “provided for the protection of all children from neglect and abuse” as well as reporting laws ("Caring for the Abuse Affected Child and Family: Child Protective Services and Overview" 1992). States that took the lead and formed legislation to protect abused and neglected children did not, however, receive support either in practice or in funding from the federal government. States governed completely of their own volition and by their own definitions.

It was not until the federal government began enacting laws about child welfare that any sort of general system of reporting, defining and preventing child abuse was mandated for all states. Since then, policies and procedures have evolved in many ways, and it is this federal policy that has shaped Maine state policy in profound ways. Upon further examination of Maine laws and policies, parallels between federal legislation and state legislation will become apparent. The federal government, although it functions as a foundation and a base for all state laws and policies, really leaves the specificity and detail of laws and policies at the prerogative of the state. This is the reason why, while there are many similarities within varying state children welfare systems, there are aspects where state laws differ. The federal government essentially outlines definitions, terms, and general legalities and goals that the states are bound to uphold, but leaves the execution and interpretation widely open to state discretion (Brodowski et al., 2012. pgs. vii-1).
Prior to this, states were left to their own means in regards to legislation, interpretation and funding. In American history, child protection can be divided into three general “eras.” The first era began with colonial times and ended in 1875 and is known as the era “before organized child protection.” The next era spanned the years from 1875 to 1962 and is recognized as an era of increasing awareness about child protection, but all organization and prevention programs were private (Myers, 2008. pgs. 449-455). It was not until 1962, that the beginning the third and current era, or the “modern era” began. This era is recognized as one of government involvement and includes government-sponsored programs as well a significant increase in publicizing the atrocities of child maltreatment and preventing further abuse (Myers, 2008. pgs. 454-463).

In the first era the legal system and criminal prosecution were used only in the most extreme cases. In 1810 a mother in Schenectady, New York was prosecuted for murdering her infant. In 1869 a father in Illinois was prosecuted for locking his son up for extended periods of time in their cellar during the winter. The Illinois Supreme Court found that, while many argued parents had the right to raise their children as they saw fit and proper, that “authority must be exercised within the bounds of reason and humanity and that if the parent commits wanton and needless cruelty upon his child, either by imprisonment of this character or by inhuman beating, the law will punish him” (Myers, 2008. pgs. 450). Although the federal government would not be involved for decades to come, court rulings within states as well as future state legislation would set the stage for what would later become government funded programs and legislation that would shape the child protective services.
In 1875 the world’s first organization for child protection services was founded. While there was, at this time, still not legislation specifically pertaining to the well-being of children, private entities recognized the societal and moral need to protect children. A paramount figure in the history of the fight against child abuse was a young girl named Mary Ellen Wilson. Subjected to child abuse at the hands of her caretaker, advocate Etta Wheeler fought to remove Mary from her home ("Caring for the Abuse Affected Child and Family: Child Protective Services and Overview" 1992).

Realizing very early on that Mary could not be protected by the government, Etta Wheeler appealed to the American Society for the Prevention of Cruelty to Animals. Etta argued that, as a member of the animal kingdom, Mary too should be entitled to assistance and protection ("Caring for the Abuse Affected Child and Family: Child Protective Services and Overview" 1992).

Despite the fact that there was no legislation regarding child welfare, there had to be some way to protect Mary. At the suggestion of a few close friends and lawyers Etta Wheeler decided to remove Mary from her home through a writ of habeas corpus. By definition a writ of habeas corpus is “the right to have your own body and is defined as a writ used to bring a prisoner or another detainee before the court to determine if the person’s imprisonment or detention is lawful” ("Habeas Corpus").

Etta Wheeler argued that Mary had the right to demand that the state of New York allow her to be removed from her home because she was being imprisoned and abused. By remaining in her home, Mary’s right to her own healthy existence was placed in jeopardy. The state of New York determined that this was a logical argument and Mary was successfully removed from her home (Myers, 2008. pgs. 451-452).
As a result of the outcome of Mary Ellen’s case, legislation was passed in New York to protect children from both neglect and abuse ("Caring for the Abuse Affected Child and Family: Child Protective Services and Overview" 1992). Following the successful removal of Mary from her abusive home, Etta Wheeler was inspired to create the New York Society for the Prevention of Cruelty to Children (NYSPCC). This was the first recorded organization to exist for the sole purpose of protecting children ("Caring for the Abuse Affected Child and Family: Child Protective Services and Overview" 1992).

Following its establishment in 1875 the NYSPCC functioned essentially as the primary child welfare system in the state of New York. “In its first eight months of operation, the NYSPCC received and investigated several hundred complaints, prosecuted sixty-eight criminal cases and rescued seventy-two children from abuse and neglect” (Reiniger, 2000. pg.6). The NYSPCC quickly realized that there was a dire need for more laws regarding child maltreatment and advocated for many laws in the state of New York that later became foundational for federal legislation. New York legislation that resulted from NYSPCC and other progressives fighting for the well-being and humane treatment of children included acts “requiring custodians to provide food, clothing, medical care and supervision, prohibiting child endangerment and regulating child employment” as well as acts prohibiting the sale of alcohol, tobacco and weapons to minors as well as prohibiting children in sweatshops (Reiniger, 2000. pgs. 6-7).

Although early women’s clubs and societies dedicated themselves to serving mothers and children, it was not until the Progressive Era and the beginning of the 1890s that Progressives really professionalized and expanded upon the child advocacy movement. With the rapid expansion of cities, industrialization and booming
immigration, cities grew and populations soared (Mcamant). With this growth came many of the societal ills that progressives fought so fiercely to alleviate. Progressives believed that by assisting children who were victims of abuse, poverty and neglect, they would ensure better futures for not only the children but American society as a whole (Mcamant).

Deeply seated in the Progressive Movement the mission statement, or “formal pledge” of the NYSPCC reflected the humanitarian views that so profoundly shaped progressive thought. The mission statement was, "to rescue little children from the cruelty and demoralization which neglect, abandonment and improper treatment engender; to aid by all lawful means in the enforcement of the laws intended for their protection and benefit; to secure by like means the prompt conviction and punishment of all persons violating such laws and especially such persons as cruelly ill treat and shamefully neglect such little children of whom they claim the care, custody or control". (Reiniger, 2000. pg.5). It was with the NYSPCC and Progressive thought that the earliest societies advocating for fair treatment of children and demanding the establishment of laws that private societies and programs began to spring up across the country.

In 1912 the Children’s Bureau was founded. Run almost solely by women, it focused on the well being of mothers and children and its mission statement was to investigate and report “upon all matters pertaining to the welfare of children and child life among all classes of our people” (Social Security Staff, 2012). Sadly, despite the passion of Progressives who gallantly fought for social reform and the purification and betterment of society, it was not until the twentieth century and especially during the Great
Depression that the federal government began to take any notable interest in the abused and neglected children of this country.

Under President Roosevelt’s New Deal of 1935 various social services were created, one of which was the department of welfare. With this government assistance came the first tangible mention of government support for neglected and abused children. With the passing of the Social Security Act came a section on poverty stricken children in need of protection and care. This section further prepared the way for future legislation and the creation of the child welfare system we know today. In the wording of the document, the Social Security Act stated that the Children’s Bureau was authorized “to cooperate with state public-welfare agencies in establishing, extending, and strengthening, especially in predominantly rural areas, child welfare services for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent” (Myers, 2008. pgs. 452-453).

Although this pertained mostly to poverty stricken families, it was an important foot in the door. With the hard times and economic depravation of the Great Depression came severe decreases in funding for Societies for the Prevention of Child Cruelty (SPCC). As societies withered up and died out more and more states began the slow transition towards government-funded agencies. Agencies however, were still vastly under-funded and in no way equipped to service the high number of cases being reported (Myers, 2008. pgs. 453-454).

It was not until the 1960s and the involvement of the medical community that child abuse was brought to the forefront of the nation’s attention. Although doctors had alluded to cases of child abuse in reports concerning severe trauma, it was not until 1962
and the release of Henry Kempe’s article “The Battered Child Syndrome” that both the medical and social community began to recognize child abuse as a serious social issue. In “The Battered Child Syndrome” Kempe vividly described the physical and psychological trauma that doctors saw in children of abuse. He bluntly stated that “physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of the trauma will be permitted to occur” (Kempe et al., 1985. pg.143).

With the publication of this article came an explosion in national news. Newspapers, magazines and television were flooded with horrendous stories and vivid accounts of friends and relations who had fallen victim to abuse (Myers, 2008. pgs. 454-455). With this newfound media spotlight Congress quickly began putting together federal legislation. In 1974 Congress passed the Child Abuse Prevention and Treatment act (CAPTA). In all, CAPTA consists of five broad areas pertaining to child welfare. First, CAPTA identifies that the federal government had a role in supporting and initiating research, evaluation and data collection concerning child welfare (Child Welfare Information Gateway Staff, 2011). In doing so, CAPTA also provides federal funding to states in support of “prevention, assessment, investigation, prosecution and treatment activities and also provides grants to public agencies and nonprofit organizations” (Child Welfare Information Gateway Staff, 2011).

In addition to recognizing and acknowledging child abuse as a pervasive issue in need of government assistance, CAPTA provides substantial funding as well as creating the Office on Child Abuse and Neglect as well as the Child Welfare Information Gateway which serves as a universal hub for data, statistics, information and support for both
professionals and non-professionals who have questions regarding child welfare. Lastly, under CAPTA the federal government put in place minimum standards and definitions pertaining to child abuse (Child Welfare Information Gateway Staff, 2011).*

With the evolution and expansion of the child welfare system, CAPTA has been amended several times. Most recently it was amended and reauthorized in 2010 (Child Welfare Information Gateway Staff, 2011). However, despite the evolution of this piece of legislation, the fundamental purpose of CAPTA- to establish federal funding of public and private programs and define general terms regarding to child abuse- remains a critical aspect of the welfare system.

Among the many changes and various other pieces of legislation that have been produced since the enactment of CAPTA was the Indian Child Welfare Act (ICWA) in 1978 which is especially pertinent in areas with large Native American populations such as Maine. ICWA essentially recognizes the autonomy of Native American people and “seeks to keep American Indian children with American Indian families” (NICWA Staff, 2013). This resulted from high numbers of American Indian children being removed from their families as a result of founded cases of abuse and being placed with non-tribal foster families. In an attempt to preserve and respect the Native American culture and way of life, Congress recognized that “there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children,” and “that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies” (Myers, 2008. pg. 457).

* See Appendix D for a list of terms and definitions as outlined by the federal government under CAPTA
To protect the cultural identity of Native American children, ICWA sought to preserve and protect the unique culture and the interest of Indian children and to require states to work to keep American Indian children within their culture rather than placing children in a home that did not value the “unique values of Indian culture” ("Policy Contents: Child and Family Services Policy, Section III-ICWA" 2005).

In conjunction with foster care and families that were either charged with the temporary care of children, or ultimately adoption, racial tension quickly became the next area of focus and controversy. In the past few decades this has been one of the most substantial areas resulting in new laws and policies. Led primarily by the National Association of Black Social Workers, ethnic minorities but African Americans in particular took a firm stance against proponents of interracial adoptions. These advocates argued that, as a result of the Civil Rights movement, specifically Title VI of the Civil Rights Act of 1964, which prohibited discrimination on the base of race, color, or national origin by recipients of federal financial aid, the child welfare system was legally bound to ensure equality of placement for all children (U.S. Department of Health and Human Services Staff, 2012. pgs. 3-15).

Protocol up to this point dictated that children were placed in foster care and permanent homes that shared the same color skin and often ethnic and cultural backgrounds. The foster care system, made up primarily of children of color, found itself at a stand still. Because multiracial adoptions were so disfavored and many of the families looking to adopt were white families, African American children in particular had a much longer waiting period prior to adoption while an African American family looking to adopt was found (Myers, 2008. pgs. 458-459).
While various pieces of legislation were passed that somewhat weakened the blatant racism within the child welfare system, it was not until 1994 that Congress passed a piece of legislation that clearly nullified racist practices in the foster care and adoption sector. With the passing of the Multiethnic Placement Act (MEPA) Congress prohibited child welfare agencies “to either deny or delay the adoption process on the base of race”. The specific purpose of MEPA was to decrease the length of time children were waiting for foster care families, to recruit families best suited to meet the needs of children and to prevent discrimination of the base of race color or national origin (U.S. Department of Health and Human Services Staff, 2012. pgs. 3-15). In 1996 MEPA was amended so that race could only be a factor in the process if, and only if the circumstance was absolutely extenuating.

In addition to racial discrimination, other factors contributed to rapid build up of children in the foster care system as early as the 1970s. The protocol regarding removal of children from homes in the early stages of the welfare system was vastly different from what is implemented today. Child abuse was viewed very differently, and the most common solution and method used by states was to remove children from their home with almost all substantiated cases. In 1980, however, Congress passed the Adoption Assistance and Child Welfare Act (AACWA) in an effort to create protocols that required states to make a tangible effort to try and keep children in their home.

This included recovery and rehabilitation programs for parents and a number of programs to assist the family and work on addressing the problem at hand rather than simply writing of the parent(s) as unfit for raising children. This piece of legislation resulted in the term “permanency plans” for children in foster care, which was a method
to ensure that children did not become stuck in limbo. Congress wanted states to develop a plan that would address the problems and issues and a method that would allow parents to work on these issues and eventually get the children back in their home (Myers, 2008. pgs. 459-460). This paradigm is one that is used in child welfare protocol in states across America to this day. The use of permanency plans and set methods and procedures used is one that social workers use every day when working on cases.

Exceptions to AACWA and emphasis on ultimate reunification do exist though. While sexual abuse was not an area well researched, publicized or legislated for the first few years of the child welfare system, Congress did finally produce legislation in the 1970s and sexual abuse was incorporated under child maltreatment in the definitions laid out under CAPTA. Recognizing the extent of emotional and psychological trauma caused by childhood sexual abuse, Congress finally took a visible position. By the late 1970s all states had crafted some sort of protocol for dealing with sexual abuse cases and had made state definitions, like CAPTA, include sexual abuse as a form of child maltreatment. In 1997 Congress passed the Adoption and Safe Families Act (ASFA), which justified immediate and terminal removal of children from homes that posed an imminent and immediate threat, such as extreme and repeated physical abuse or sexual abuse. In cases such as this AFSA authorized states to abandon efforts to reunify families, holding the child’s safety paramount (Myers, 2008. pgs. 459-460).

Since the beginning of the movement to better protect America’s children, but especially with the poignant publications and powerful words of Dr. Kempe in the 1960s, the child welfare system has gone from being completely private initiative based to a system that is deeply founded in federal legislation. We see both federal and state
legislation at work in the process of reporting suspected cases of child abuse, the process
surrounding the initial days after a report is made, the paradigms for assistance and
protection that case workers use, as well as the legalities surrounding foster care and
adoption for children who are removed from their homes.

While each piece of legislation is a crucial building block in the greater picture
that is the child welfare system, federal legislation that has covered the most ground and
undoubtedly shaped everything else most profoundly is CAPTA. Although the types and
definitions of child abuse are general at best and leave the state quite a bit of room for
interpretation, the fundamental ground-work for state legislation is laid out here.
CAPTA’s provision of federal funding to both state run welfare programs as well as non-
governmental rehabilitation and assistance programs is critical.

Upon careful examination of Maine State law regarding child welfare it is clear
that ways in which CAPTA especially, but other federal legislation regarding children’s
rights and protocol have been incorporated into state law. Just as federal law has
influenced Maine State laws and policies, both federal and state law has set the standards
for paradigms, procedure and practice models used by case workers today.

In order to better understand how exactly Maine Child Protective Services
incorporates and executes federal and state laws as well as policies and procedures, I
contacted various Supervisors at both the Maine Department of Health and Human
Services in Augusta and the Bangor District Office of Child and Family Services. The
purpose of interviewing caseworkers and supervisors was to understand how the laws and
policies were put into practice. I wanted to understand how DHHS employees interpreted
legislation and put it to use. My purpose in conducting this study was to examine the
application of the law and to see how CPS takes the law and uses it to protect and provide for Maine children. Most importantly, I wanted to understand what needs to be done to improve the current system. I wanted to find out if the failings and successes of the system are a direct result of the legal and procedural aspect of the system, or if there are other causes. Upon initial meetings with both supervisors I presented my study and these questions and they chose a number of caseworkers who had the option of participating in an interview with me. Two interviews were conducted over the phone and I held a focus group with five caseworkers and supervisors at the Bangor headquarters.

The caseworkers and supervisors were randomly chosen by the two initial supervisors I made contact with through the Maine DHHS website. The group forum was composed of a variety of employees, each specializing in different aspects of CPS. In addition to ensuring that employees had a wide spectrum of specialties, I requested that the supervisors who chose caseworkers and other supervisors to find willing participants from varying specialties and lengths of employment. In total there were employees who had worked for the department for as little as two years to as many as twenty-seven years. Each of the employees who reviewed the informed consent and agreed to be interviewed expressed willingness to participate and discuss their jobs, and they believed themselves to be capable of explaining how they incorporate and put into practice the policies and procedures set out under Maine law and Maine CPS policy and procedures.

During the interview caseworkers and supervisors were asked to discuss what their job entailed and to describe their focus and what the purpose of their position was. In total there were seven caseworkers and supervisors involved in this study. Each of them had a different specialty, but they were all asked to describe how their specialty
used the law and policies and procedures to serve Maine children. Caseworkers in particular focused on the rigor and structure of the policies and procedures of CPS, while Supervisors placed a bit more emphasis on their role of enforcing legislation.

Interviews were conducted either over the phone or as was the case with the group forum, in person. Each interview lasted approximately an hour and the group forum lasted two and a half hours. These interviews were a semi-structured interview and/or focus group protocol was utilized which included prompts used to facilitate open discussion. Questions were offered based on answers given by the one person being interviewed, or the group as a whole. The group forum in particular was very productive and proved to be a different type of conversation than the two private interviews. Caseworkers and supervisors alike found themselves building and expanding on one another’s conversations, either agreeing or disagreeing with one another, offering insight and examples and case stories to back their statements.

However, each of the seven employees were asked the same core set of questions about how they believed policies and procedures affected their job and how the system could be made more effective. These questions were expanded upon and follow-up questions were added to probe and better understand the situation and gain more insight and knowledge. Quotes from these meetings were chosen that provided qualitative evidence and examples to support statistics, data and scholarly articles and publications regarding child welfare.

The general consensus from these interviews was that, functionally federal and state legislation do not need to be significantly altered, nor do the policies and procedures. The conclusion all of the employees came to quite quickly and passionately
was that the problem with child welfare was how vastly under-funded it is. Considering the devastating and horrendous consequences of child maltreatment, participants did not understand why the government continues to decrease funding for such an important department.

**Chapter 2: Child Maltreatment and Policy in the State of Maine**

Even with proper funding, the Department of Health and Human Services fights an uphill battle every single day, year in and year out, to protect children across the country. Child abuse is a devastating element of society that can be found everywhere, and it will continue to be a plague to society without dedicated employees and strong support from the federal and especially state governments. However, before we examine the manner in which Maine legislation has chosen to support and assist CPS, we must first identify what causes child abuse.

The Child Welfare Information Gateway divides the risk factors associated with child maltreatment into four categories, parent/caregiver factors, family factors, child factors, and environmental factors (Goldman et al., 2003. Chapter 5). As provider for their child/children the parent/caregiver’s personal history, especially their own childhood history greatly influences the way they themselves raise their children. The manner in which they behave towards their dependent(s), whether they neglect them or treat them with violent behavior is largely a result of the way their parents treated them (Goldman et al., 2003. Chapter 5).

In addition to childhood experiences and family history, another aggravating factor is substance abuse. Drugs and alcohol are believed to be responsible for between one third and two thirds of all cases of child abuse (Goldman et al., 2003. Chapter 5).
addition to impairing the judgment, inhibition and overall decision-making ability of the caretaker, which can often result in abusive actions, substance abuse often leads to neglect of the children because the caregiver(s) are spending so much money and time on purchasing and consuming the substance rather than caring for their dependents. (Goldman et al. 2003, Chapter 5) In households that are suffering financially this only adds to the economic burden, and can be the determining factor in whether or not a child goes without food for a day, or a winter coat and other necessities.

Family structure functions as another factor that can lead to higher risk of child abuse. Single parent homes in particular have a direct correlation with increased cases of abuse. Children in homes with single parents are at a much higher risk of being abused, but especially sexually abused at the hands of the intimate partner of the caregiver. Children in families with a single parent are at a 77% greater risk of being physically abused than their counterparts with two caretakers (Goldman et al., 2003. Chapter 5). Likewise, 7.4% of all children living in single parent households have been found to be victims of sexual abuse, compared to the 4.2% in households with both biological parents (Goldman et al., 2003. Chapter 5).

In addition, the financial well being of the family also functions as a factor of child abuse. Poverty is one of the greatest factors in abusive situations. According to the National Bureau of Economic Research, there is “an increase from 10% to 15% in the fraction of children with two unemployed parents is expected to increase maltreatment by 26%” (Francis, 2013) According to national statistics pertaining to child abuse, 80.7% of all cases of child maltreatment deal with child neglect (Childhelp Staff, 2010). This number is astoundingly high, and strongly reflects the correlation between poverty and
abuse.

Child factors, especially disabilities, function as yet another factor of child abuse. Children with disabilities such as chronic illnesses, attention deficit disorder or other physical or cognitive disabilities can affect the way the parent/caregiver perceives and interacts with the child (Goldman et al., 2003. Chapter 5). In addition to the way the parent views and ultimately treats the child, low-income families are less equipped to care for children with disabilities. If families do not have health insurance they cannot provide their children with the medical care that they require, and so the child ends up being neglected and often not only their well being but their health and even life can be at risk because they are not receiving the care that they so badly need.

In addition to lack of health care, poverty, and unemployment, other environmental factors that can increase the likelihood of abuse are lack of support systems and social connections. This factor is especially significant in Maine given the fact that it is such a rural state. Families that live in trailer parks ridden by poverty, filled with families that are experiencing the same levels of deprivation and substance abuse do not lend themselves to fixing the situation of abuse. If a caretaker or parent is looking to break old habits, it is nearly impossible in many cases to remove themselves from the only society they have ever known and to find help. Again, poverty plays a major role here as well. Families cannot easily break free of what they know and the community they live in, even if they want to make a change and are struggling to find help, because they simply do not have the funds and thus the liberty to do so.

In the state of Maine we have arguably seen the negative effects that poverty
and substance abuse have had on the children of Maine. Compared to national statistics the percentage of substantiated cases of abuse in Maine is significantly higher than the national average. According to the annually released report by the Maine Department of Health and Human Services, Child Protection Services, in Maine in 2009 there were a total of 6,281 cases, 2,451 of which were substantiated with a finding of 39% ("Child Welfare Maine Child Abuse Statistics"). In 2009 national statistics released by the U.S. Department of Health and Human Services reported that a total of 22.1% of all cases of child abuse were found to be substantiated, almost a full 20 percentage points less than in Maine (Gaudiosi, 2009).

In an effort to address the daunting issue of child abuse both the state of Maine and especially the Maine child welfare system have laid out laws and specific policies and procedures to aid in the process of fighting child abuse. The manner in which these cases are reported, handled and closed, are dictated by state laws, but for the most part it seems the policies and procedures mandated by the DHHS and Child Protective Services. Each aspect of the system incorporates and expands upon federal legislation. At each level the interpretation and procedure becomes ever more specific. Maine law establishes Child Protective Services and outlines the purpose, duties and general protocol, and the policies of Child Protective Service are the specific and precise aspect that gives the system the ability and steps to identify, assess and address the problem.

**Maine State Law:**

State law regarding child abuse, the definitions thereof, what constitutes abuse and neglect as well as mandated reporting laws are all found in the Maine Revised Statutes under Title 22, also know as the “Child and Family Services and Child
Protection Act” (Maine Statute Tit. 22, § 4001). Under Title 22, Maine state law divides child maltreatment into two categories, child abuse or child neglect, both pose “a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these”(Maine Statute Tit. 22, § 4001). The federal term of child maltreatment differs only in that their method of categorization of terms is slightly different.

Aside from reiterating and supplementing federal terms Title 22 functions to recognize “that the health and safety of children must be of paramount concern and that the right to family integrity is limited by the right of children to be protected from abuse and neglect” and in doing so establishes the Maine Child Protective Services under the DHHS to “protect and assist abused and neglected children” (Maine Statute Tit. 22, § 4001). The state outlines the following duties of CPS as the following:

i. to receive reports of suspected child abuse and neglect or suspicious child deaths
ii. to promptly investigate all cases
iii. to determine whether or not the case is substantiated, indicated or unsubstantiated
iv. - if the case is not closed, meaning the report was substantiated upon investigation, the case will be assigned a caseworker who will meet with the family and form a family plan and provide options for family rehabilitation and assistance
   - if the case was substantiated and the child was found to be in jeopardy of their health or welfare a petition under section 4032 must be filed to have the
child removed from the home

v. in cases of child death it must be determined whether abuse or neglect was a cause or factor that contributed to the death and to what degree this harm was and who was inflicting the harm (Maine Statute Tit. 22, § 4004).

*For a list terms defined by Maine law under Title 22 please see Appendix E.

In establishing these responsibilities to DHHS Title 22 outlines these requirements for CPS to keep in mind when dealing with cases of child abuse.

i. (CPS) remove children from their homes if failure to remove them would place the child in jeopardy of their health or welfare

ii. (CPS) must “give rehabilitation and reunification priority” and strive to address the problems identified so that the family may eventually be one again

iii. (CPS) place a child who has been removed from his/her parents with a relative

iv. (CPS) create a permanent plan for care and custody and strive to minimize time spent in the foster care system or to find permanent custody for children who cannot be returned to their families

v. (CPS) report monthly to standing committees of the Legislature regarding financial affairs as well as the status of children who have received care under the Bureau (Maine Statute Tit. 22, § 4003).

Placing great emphasis on helping families and providing rehabilitation, Title 22 also establishes a “Child Protective Services Contingency Fund to provide temporary assistance to families to help them provide proper care for their children” as well as encouraging the department to be mindful of funding, but take care to provide ample
amounts of assistance and funding for private programs that are key to the rehabilitation of families (Maine Statute Tit. 22, § 4003).

The state gives CPS the responsibility of deciding whether to assign cases to contracted agencies, some sort of rehabilitation program that takes over the case, or whether to keep a case open and assign a caseworker who will then formulate a plan with the family and can use rehabilitation and assistance programs and funding to work along with the caseworker and the family.

Before a case is brought to DHHS a report is made and it is here that mandated reporting laws come into play. Under Title 22 §4011 there is a list of thirty-two categories of people, who are required, when “acting in a professional capacity” to make a report to either their superiors or directly to DHHS. These “adult persons shall immediately report or cause a report to be made to the department when the person knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred” (Maine Statute Tit. 22, § 4002). Suspected cases of abuse or neglect can be caused by either the caretaker(s) or a person not responsible for the child. In addition to being mandated to report suspicion of abuse or neglect, if a mandated reporter suspects a suspicious child death that too must be reported.

Among these thirty-two mandated reporters, a few of the most important are school teachers, physicians, law enforcement officials and child care personnel. People who are in a professional position and find themselves responsible for either the “full time, intermittent or occasional responsibility for the care or custody of the child, regardless of whether or not the person receives compensation” are mandated reporters
(Maine Statute Tit. 22, § 4002). When there is a suspicion of neglect, abuse or a suspicious death the reporter must either make a report of said suspicion to their superior who will then make a report directly to DHHS or to the district attorney, or the mandated reporter will file a report directly to DHHS themselves (Maine Statute Tit. 22, § 4002).

In addition to mandated reporters, there are optional reporters, defined as any member of society not a mandated reporter. If a person has a reasonable cause to suspect that a child is being abused or neglected or is likely to be abused or neglected, or has reason to suspect a suspicious child death, they too may make a report directly to DHHS or to the district attorney who as with mandated reporters then makes a report to DHHS (Maine Statute Tit. 22, § 4002).

In addition to establishing Child Protective Services, outlining terms and definitions and creating protocol for mandated reporters, Title 22 also legislates situations for involvement later on in reporting. Among these areas include removal a children from their homes as well as court hearings, custody, guardian ad litem, foster care, and adoption, all of which are avenues encountered later on in an open case and will not be examined here.

**Maine State Policy and Procedure:**

Under the established Department of Child and Family Services, specific and detailed policies have been created that determine the protocol that caseworkers use with each case. All of the following are procedures and protocols taken from this policy handbook. The mission of these policies lays an especially strong emphasis on service to not just the child, but the family as a whole, believing that the well-being of the family will affect the well-being of the child. The policy of CPS clearly states the goal is

Calls that are made reporting a suspected case of child abuse or neglect are made to Central Intake. Within 24 hours Central Intake (CI) assesses these calls and sends all appropriate reports to their respective district supervisors. For a call to be appropriate it must concern a suspected case of child neglect or abuse, it cannot be a report about adult abuse or other topics. Once the reports are made to the supervisor CPS has exactly thirty-five days until the assessment is completed (Muskie School of Public Service Staff, 2006. Session 4, Handout 12). Once CI submits reports the district supervisor assigns a caseworker to the case. Within the first seventy-two hours of a report being assigned the caseworker must do a thorough background check into the family’s history. This includes careful study of the report and interviewing the reporter as to why the report was made as well as thorough background checks into the caretaker(s). This can include checking with law enforcement officials and finding out if the caretaker(s) have a criminal record or if prior reports have been filed in regards to the child. After the initial research the caseworker contacts the caregiver to notify them of their intent to interview the child in question. Following research and initial contact a home interview must occur within the first seventy-two hours of being assigned a case. Table 1A summarizes this process.
Table 1A:

What Happens After a Report is Made?

- Central Intake receives a call
- Within 24 Hours Central Intake sends all *appropriate* reports to district supervisor
- Within 72 hours of report first contact is made with critical case members and a home visit occurs to determine preliminary safety decision
- Within 12 days of the report DHHS determines whether there is information to determine whether a case is substantiated or unsubstantiated and then decides whether to:

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<td>Open Case (Serve Family)</td>
<td>Send to Community Intervention Program</td>
<td>Close Case</td>
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<td></td>
<td>Needs to have a finding of abuse/neglect</td>
<td>Can be sent to CIP with or without a finding of abuse/neglect</td>
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<td></td>
<td>Referral made within 19 days</td>
<td>All documentation completed within 19 days</td>
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<td>Part 2 Assessment</td>
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<td>Completed within 35 days:</td>
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<td>Family Team Meeting</td>
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(Muskie School of Public Service Staff, 2006. Session 4, Handout 12)

In these interviews the caseworker will closely observe the child as well as the
family and the general atmosphere. Safety considerations and the well being and health of the child as well as all possible types of abuse will be taken into account as this assessment is made. Interviews that caseworkers have with children are recorded or documented as part of this process. In addition to interviewing the child the caseworker must also interview the caregiver(s) keeping in mind to observe the aforementioned aspects (Muskie School of Public Service Staff, 2006. Section 4. Handout 4). Caseworkers will typically ask the parents questions about the allegations that have been made, and ask why someone would be concerned that something like this is happening.

As well as exploring the circumstances surrounding the allegations, the caseworkers ask about the caregiver(s) background, childhood and family history, and employment and financial status. They typically ask what a regular day is like in the household, where everyone sleeps and what the family does for recreation. All the while, caseworkers must keep in mind to be constantly aware of any signs that might indicate any type of abuse ("Maine DHHS:OCFS:Policy/Rules." 2005. Section IV. D).

The same day this initial interview happens and the caseworker becomes acquainted with all of the family members one of three things occurs. Either the caseworker finds that the report was unsubstantiated, meaning there are no signs of abuse or neglect, in which case a case is closed within nineteen days of the report being made. The second scenario is that the caseworker sends the case to a Community Intervention Program (CIP) (Muskie School of Public Service Staff, 2006. Session 4, Handout 12). These cases may be substantiated cases of abuse, but the caseworker has the prerogative to decide the extent and severity of the situation and decide whether or not one of these
programs would be able to benefit the family. The third possibility is that the report was substantiated and the case remains open until re-evaluation after thirty-five days.

In this last example, if the report was substantiated, the caseworker must then meet with his/her supervisor and complete a “preliminary safety decision.” In this assessment the caseworker evaluates the signs of risk or abuse, and how likely it is to occur again, as well as the severity of the risk or abuse ("Maine DHHS:OCFS:Policy/Rules." 2005. Section IV. D). Taken into account are the overall attitudes and levels of cooperation of each of the family members but particularly the needs of the child and how safe the child feels, as well as the harm that might threaten the child’s safety. If the caseworker determines that the child and family are in need of more extensive care and supervision from CPS they will ask for a “family team meeting.” During this meeting a safety plan is produced. This safety plan includes the family, who participates in assessing the past harm that has occurred and identifying what factors may have caused it to occur ("Maine DHHS:OCFS:Policy/Rules." 2005. Section IV. D).

Table 1B: Template for a Safety Plan

Safety Plan with the _________ Family:

1. These are the behaviors/conditions that I believe are making ______ unsafe.
2. These are the strengths/supports I have that could keep ______ safe.
3. These are the behaviors/conditions that DHHS believes are making ______ unsafe.
4. These are the things that DHHS sees that I have previously done to help keep ______ safe.
5. These are the changes in behavior/conditions that I will change to made to keep ______ safe.
6. These are the changes in behaviors/conditions that DHHS believes must be made to keep ______ safe.

7. This is what may happen if I am successful in making the changes needed to keep ______ safe.

8. This is what may happen if I am not successful in making the changes needed to keep _______ safe.

Signature Parent/Caregiver: __________________________ Date: _________
Signature Parent/Caregiver: __________________________ Date: _________
Signature Caseworker: ___________________________ Date: __________
Name of Supervisor: ____________________________ Date: ___________

The caseworker collaborates with the family to identify these factors and to find a solution to better the situation, and then they all decide how they can set reasonable goals to ensure safety for the child and the family so that the child and respective family are safe and the case can be closed. In an effort to serve the family, caseworkers may include recommendations for assistance and rehabilitation programs for the family to try, in order to attain their safety goals. Following the family team meeting and the creation of the safety plan, the situation will be reassessed after thirty-five days and the risk factors will be reassessed as well as the progress made ("Maine DHHS:OCFS:Policy/Rules." 2005. Section IV. D).

With the supervisor’s approval the case is then closed or remains open. If a case remains open a permanency plan is then created which provides similar services and assistance to families with the same goal of ultimate reunification. These permanency plans, can however, result in temporary removal of children from their homes if there is
an immediate and severe risk to the health and well being of the child. Based on the initial research and knowledge of the family’s history CPS strives to place temporary guardianship with relatives who have been deemed safe and willing to care for the child ("Maine DHHS:OCFS:Policy/Rules." 2005. Section IV. D).

The process of forming a safety plan is one that strongly emphasizes family involvement and cooperation, rather than imposing rules and regulations with the fear of imminent consequences and punishment at the hands of the government. The strong emphasis on working to assist the family in a team setting is a more recent practice model that CPS has adopted with assistance from Maine legislation under Title 22. Title 22 strongly emphasizes striving to keep the family together and working with the family and using rehabilitation and assistance programs to come to the aid of such children and their families. All this too, is a strong reflection of the federal legislation of the Adoption Assistance and Child Welfare Act (AACWA) which called upon states to make a significant effort to keep children in their homes and to work on assisting the family rather than simply removing children from their homes so hastily.

Although the policies and procedures of CPS are very detail oriented and involve extensive attention to detail, commitment to rules and regulations and copious amounts of paper work, each step, however minute it may seem, serves a specific process. The evaluation and assessments function to understand the family and the situation. In order to understand the allegations that have been made and to learn about each member of the family and the child, the caseworker has to dedicate a lot of time, hard work and care to understand the exact nature of the circumstances and to figure out a way to assist the family properly. Each child is unique, as is their family and their exact
story and situation. It is up to the caseworker to utilize the procedures to tailor a plan that best fits the situation in order to produce the best results and provide a safe learning and growing environment for the child. These intricate rules and regulations are what determine the precise steps that are taken to serve and protect the best interests of the child.

Chapter 3: Maine Child Protective Services

Whatever area a caseworker or supervisor specializes in, they each have extensive knowledge about the procedures and legal foundation that dictate the way they handle their cases. They use the rules and regulations to dictate their practices every day. Both supervisors and caseworkers interviewed in this study expressed their opinions about the Maine child welfare system and explained how their knowledge and experience have led them to better understand what actions should be taken to improve the quality of services rendered. Their experience has led many of them to believe that the relationship between CPS and both the federal and state governments needs to be re-evaluated, specifically the monetary relationship and the amount of money the government is willing to invest in the system.

Human Services Casework Supervisor A reflected on the role that federal funding plays in state law, but particularly practice models, policy and procedure. The purpose of practice models is to set up a system that strives to “improve practice and outcomes” by implementing or changing the methods of the child welfare system (Watson, 2011. pgs. 1-2). As with all sorts of laws and policies, the states function as the experimental grounds for federal policy. It is at the state level that we see laws being executed and the method of this execution is often changed in one state based on either positive or negative
results in another state. In the words of Justice Louis D. Brandeis, “It is one of the happy incidents of the federal system, that a single courageous state may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country” (Greve, 2001).

This holds especially true with the child welfare system. The goal of all state agencies is to help its citizens, and in the case of CPS, to serve and protect children and their families. Finding the method to best assist them, in order to satisfy federal standards and receive funding, is the issue at stake. Different practice models are what determine the quality of an agency and the level of effective assistance and positive outcomes (Watson, 2011. pg. 1). Supervisor A reflected that:

“A lot of what we do is driven by federal standards but each state has the discretion in that each state has their own specific laws and they vary from state to state. Some laws are hard and fast, but the federal government mostly sets standards and the states really choose how to execute and enforce those standards.”

CPS functions as a department under both the state and the federal government, both of which play a role in shaping the policies and procedures of the agency. State and federal “laws define the authority under which the agency operates and sets forth the requirements with which its programs must comply” (Texas Child Protective Services Staff, 2013). If the specific policies and procedures of CPS meet state and federal standards, the actual process of establishing new programs, the details of creating practices and the protocol and steps taken during every case are determined by the
agency. The methods and procedures of CPS are based on three major categories: leadership, competency and organization (Watson, 2011. pg. 12).

One of the most important aspects of the system, especially in child welfare, is the quality of leadership. It is the leadership that determines the agencies’ commitment to a specific practice model. In committing to a certain set of policies and procedures those in charge determine both the precise method, but also the pace at which the policies will be executed. Without establishing a certain practice model, the continuity and consistency of the entire system would hardly exist. Without consistency in practice, the procedure, policies, and laws become largely irrelevant. It is through diligent commitment to the system and adherence to the set practice that effective assistance is provided (Watson, 2011. pgs. 1-3).

As well as the quality of leadership, organization and competency function as key parts of the system. Without competent managers, supervisors and caseworkers, new caseworkers are not trained correctly, and cases are not handled correctly (Watson, 2011. pgs. 4-8). Having competent, experienced and committed supervisors and trainers provides inexperienced caseworkers with appropriate counseling, advice and insight into a job that is very stressful and emotionally draining. Although the first occupations that come to mind when thinking of first responders are generally firefighters, medical responders and police, caseworkers are, without a doubt part of this sector. Caseworkers deal with crisis situations and go into cases every day where information has been given, but is not founded, and often these situations can be dangerous posing substantial physical and psychological threats (ACS-BYU Children’s Trauma Institute Staff, 2012. pgs.1-2). Without correct training and proper support, caseworkers find themselves
unprepared for the difficulties of this job, burned out from large caseloads, and drained from the emotionally traumatic aspect of every case. Employees that experience this burnout experience what is called secondary trauma, vicarious trauma and compassion fatigue (“Creating an Effective Child Welfare Training System”, pg. 1).

One of the fundamental aspects of ensuring that the practice model works effectively and adequately prepares staff is the training process. In order to have prepared and competent employees, the state must train them so that they are ready to handle cases professionally, swiftly, and most importantly, effectively (“Creating an Effective Child Welfare Training System”, pg. 1). According to Augusta Supervisor A, it used to be that all caseworkers would go to pre-service training in Augusta to the Child Welfare Institute, which was essentially a course to prepare them to be a caseworker. Recent funding cuts ended this type of training in July 2012. Now the state of Maine relies on “in house training units” which consist of seven trainers for the whole state. Supervisor A said that she played an important role in deciding to cut the program, and her justification was the extensive cost to run the program.

These seven trainers travel all across the state to provide training for new caseworkers who are required under Maine state law to complete a certain number of training courses set out by CPS before they are cleared for carrying their own cases (Revised Maine Statutes, Title 22 §3911). There is a certain core curriculum that each caseworker is required to take. A lot of this training includes shadowing other caseworkers who have their own cases and varying levels of experience. One of the major reasons the Institute was cut, according to Supervisor A, was because the state had to cover the cost for hotels and meals for caseworkers traveling long distances to
Augusta. Supervisor A believes that the new system for training, sending the training to the agencies rather than having caseworkers come to the Institute is just as effective, and has drastically cut expenditures.

It is still a bit early for the state to determine whether or not the quality of training being provided is the same caliber as that offered at the Institute. Since a majority of the training includes working closely with the agency that the caseworkers are located in, there is cause to wonder if the type of training that they receive is being passed down from practice within their own agency rather than uniform practices mandated by the state.

In addition to ensuring that adequate training is provided, another critical aspect of CPS is the retention of caseworkers, both new and old. Bangor Supervisor B expressed deep concerns about this area. In evaluating the competency of employees it is critical to evaluate salaries because this undoubtedly influences the quality of work. Because of recent funding cuts in the state of Maine for child protective services, it is even harder to ensure that caseworkers continue with their work. According to a previous Bangor Supervisor, C who now works in a central office position working to recruit new staff, said

“Recruiting new staff is relatively easy and successful. A lot of the people you see being recruited and hired are right out of college and for them the starting pay is great, benefits are great, but keeping them from walking out the back door is trickier”
Benefits as an employee of DHHS include 90% state paid health insurance, 100% state paid dental insurance, 12 paid holidays, 32 hours of vacation, sick and personal leave, and mileage allowance and business reimbursement ("Human Services Caseworker" 2011). For college graduates in particular, these attractive benefits packages as well as modest starting salaries of $35,000-$40,000 are very appealing ("Human Services Caseworker" 2011). However, while starting pay and benefits are good, especially as a young adult, pay increases are near to nothing and are only given once every couple of years according to current caseworkers. New caseworkers are faced with piles of paperwork and on average have sixteen cases open at any given time, which quickly adds to stress levels and culminated with secondary trauma, Supervisor B says this is one of the major reasons employee turnover rates are so high. According to national statistics, this is a problem that the entire nation faces. Annual turnover rate of caseworkers is a soaring 30%-40% with the average employment lasting about two years (Salus, 2003).

According to national publications under the Child Welfare Information Gateway, leading causes for high caseworker turnover rates are low pay, high risk of violence, staff shortages, high caseloads, and administrative burdens which lead to inadequate training and supervision (Salus, 2003). These national issues are particularly relevant in Maine, and were discussed by each caseworker. Permanency Supervisor D explained that she has worked with DHHS for over twenty years and, while she does get paid more than the newly employed caseworker, her salary is only about $10,000 more per year than her new counterparts. For someone who has been employed for over twenty years it is difficult to be paid roughly the same amount as recent college graduates. Supervisor D also pointed
out that in the past four years she has only had one pay increase, and it was less of an increase than she had before that due to recent cuts in funding. It is only human for these employees to feel discouraged. When you have years of experience and skill, it is only reasonable to ask that you be rewarded for your competency and dedication.

Supervisor A spoke about the competency and skills that many of these caseworkers have acquired over the years through education, optional training and job experience. She expressed her opinions about the importance of having these qualities and the fact that many of the people being hired recently lack experience. She expressed that

“It is hard to get highly qualified applicants because it’s such a hard job with such a low starting pay and merit increase for someone who has already spent a lot of money on a quality education.”

This too, is an issue seen in CPS agencies across the country. One of the most frequent complaints is that the applicants are horribly under qualified. States end up employing people who are under qualified and investing in employees that never really had the tools to compete and succeed in the first place (Salus, 2003). Supervisor B pointed out that Maine is experiencing under qualified applicants as well. As recruiter she has extensive experience hiring young people right out of college. She says that these applicants are often looking for a job between their undergraduate degree and graduate degrees and both she and they know that they will not be with DHHS long, but she doesn’t have a wide range of applicants, and so these are usually the people who get hired. In her opinion, finding potential employees who have previous work experience and are highly qualified for the job is much harder. She reflected upon her own experience as a recruiter
“Hiring new cases workers who are getting paid exactly the same as people who have been working here for five years and not getting merit rises creates tension and discouragement among employees.”

Supervisor B blames this on the Maine Senate because they have resisted passing legislation that would increase what workers get paid and grant them merit increases. She believes that until significant merit increases are granted, the Maine child welfare system will continue hiring and training large numbers of caseworkers who stay a year or two and then choose to transfer out to another branch of human services or resign completely. Part of the problem here is training expenses. The state is investing money into training programs to prepare new employees for their jobs, but the vast majority of these caseworkers are not staying, which means the state just has to keep paying to train more and more caseworkers (Salus, 2003).

New caseworkers that transfer out or resign do so in part because of the substantial caseloads and the sheer amount of work, but also because of the emotionally draining nature of their job (ACS-NYU Children’s Trauma Institute Staff, 2012. pgs. 1-2). With recent budget cuts, the pool of money that is available has shrunk, so the number of positions in the child welfare system has been cut, which means that the number of caseworkers has decreased although the amount of cases has not. In the state of Maine about Supervisor B as well as Supervisor A both spoke passionately about caseworkers being over-worked, but especially about secondary trauma and the nature of the job and the toll it has on all of its employees. Budget cuts have led to “in house programs” for secondary trauma being cut. Employee Assistance Programs (EAP) provide services, but this requires the caseworker to take individual initiative. Currently there are no programs
within CPS that require periodic assessments and evaluations for all employees to ensure that they are not suffering from secondary trauma. Supervisor D believes that this in particular is leading to high turnover rates. Caseworkers just become burned out, run down and even traumatized.

In order to effectively implement the practice models and policy and procedure it is necessary to ensure that staff are motivated to perform well (merit increases) while simultaneously providing care and support for mental and emotional health. Supervisor D explained quite simply, that

“If the budget gets cut year after year, you cannot provide the same quality services year after year.”

She also pointed out that, overloading caseworkers with too many cases will directly affect the amount of time and energy that they can dedicate to each case, and when case workers resign, cases that they were working on are handed over to another case worker who does not know the child/children and the family or the situation. None of this provides the best services to Maine children, and it would be in the best interest of the state to find the means to fund the agency so that employees have the ability to service children and their families with quality assistance.

In addition to competent leadership that establishes a uniform and consistent practice model for the entire state, experienced, well trained and well provided for staff, organization is another vital aspect of an effective practice model. Organization is vital in evaluating cases and their outcomes. A particularly important part of organization is the consistent and accurate gathering and reporting of statistics. This is very important in the child welfare system because these statistics provide insight into the overall effectiveness
of services provided and show progress that has been made while indicating what areas need more attention. Without precise feedback it is hard at best to provide quality services and to improve, revise or create new policies that could aid in the reform of the system.

Caseworker E, who works with the performance and quality branch of CPS spoke about how she examines information and data collected from cases across the state of Maine and decides what can be done to improve services and better provide for children. Her biggest frustration in regards to the statistics and stories she studies are that separate parts of the state and certain agencies each execute policy and procedure in different ways. She emphasized the need for uniformity and argued that we cannot have an effective system when

“We have laws, rules and policies that do not always line up, we need to make sure that the entire state is interpreting it in the same way.”

An example of a law that is often enforced by certain Maine regional offices but not by others is ICWA. Supervisor A spoke about this piece of legislation in particular. Because training is based within individual agencies, largely assisted by supervisors and caseworkers employed by that agency, different agencies often teach their employees very different things. Supervisor A believes that one of the largest problems that Maine CPS has developed recently is identifying and reporting whether a child is of Native American heritage. Many agencies and their caseworkers forget to ask this critical question. According to this piece of federal legislation welfare must send the case to the appropriate tribe. Caseworkers are supposed to ask this question so that they know whether or not welfare should pass the case on, but this is often overlooked. Caseworker
E believes that instances such as this are quite common in Maine, not just with ICWA but other CPS policies as well.

Supervisor A blamed many of system’s flaws on the deficit, saying

“the laws, the policies and procedures, all these ideas are good but there
just isn’t enough funding to back them.”

She, Caseworker E, Supervisor A, Supervisor D and caseworker C each spoke about issues that they encounter in their field of the child welfare system that have been detrimentally affected by repeated funding cuts. Whether it is caseworker turnover rates, secondary trauma, lack of merit increases, or the type of training methods that are offered, each of these areas plays a role in what Caseworker E called “a domino effect” that ultimately decreases the caliber of services the bureau is able to offer children.

While budget cuts were the major complaint among CPS employees, there were two additional areas that were mentioned repeatedly. The issue of familial patterns and child abuse in wealthy families are both areas that concerned caseworkers. Supervisor B spoke about one of the poverty-stricken families she worked with very early on in her career. She talked about how poor many of these families are, and how often times they honestly have nothing to offer their children. It is not necessarily that they want to be horrible to their children, they just cannot do any more than the little they are doing. As Supervisor B put it

“A lot of these families can’t even afford to heat their trailers. You drive up and the windows don’t have glass in them, they’re just covered with wood and blankets. You go inside and they haven’t been able to buy oil and they’re heating their house by running the oven and leaving it open.”
Having worked for CPS for over twenty years, Supervisor D spoke about how profoundly poverty and neglect influences families and their offspring for generations. In conjunction with poverty, as previously examined, neglect and maltreatment have been statistically proven to go hand in hand with child abuse as one of the contributing factors particularly in child maltreatment.

Families that cannot afford to heat their house are not able to put food on their tables, clothe their children, or provide them with necessary medical care. Children who grow up in homes afflicted with extreme poverty and are neglected find themselves as adults struggling with the same social issues of their parents. Supervisor D talked about how, in her early years as a caseworker she dealt with many cases of neglect in such poverty stricken families, and that she is now working cases with those original children who are now parents themselves, facing allegations of child neglect and maltreatment similar to their parents.

Supervisor D also said that, while it is incredibly hard to break free from the community that they grew up in, the impoverishment that is second nature, many of these parents honestly believe that they are not neglecting their children.

“Many of these parents view the way they treat their children in light of their childhood. They tell me time and again that they had it so much worse, that they are much better parents than theirs were to them, that their kids have it really good.”

Caseworker C agreed vigorously, and said that she deals with the same things. She has been working with CPS for only seven years, but she is already seeing minors that she dealt with in cases growing up and becoming parents and finding themselves facing
eerily similar allegations as their parents. Research supports the observations of caseworkers. Female victims of childhood abuse are 1.2%-6.6% more likely to commit child abuse as adults, while males are 3.7%-11.9% more likely, and women are 3.7%-11.9% more likely to commit intimate partner violence, while men range are at a 1.3%-17.2% higher risk of committing intimate partner violence (Corso et al.).

The question we are faced with here, is how do we break this cycle? Although these cases are closed, the damage caused by childhood abuse undoubtedly affects the children to such an extent that it often determines the type of parent they are to their own children. But beyond the emotional repercussions and the damage caused directly from the abuse, we must examine in cases of neglect, the socioeconomic aspect, which plays a major role in child neglect. Are rehabilitation programs, welfare, and other private programs who function to assist families really working if we are seeing a familial cycle of abuse and neglect?

On the opposite end of the socioeconomic spectrum, caseworkers expressed frustration with cases involving higher income families. Obviously wealthy families are less likely to neglect their children because they have the means to provide them adequate medical care, appropriate clothing and food, so cases that involve families like this usual involve covert abuse such as physical abuse and sexual abuse. According to the National Coalition for Child Protection Reform, child abuse crosses class lines and wealth obviously doesn’t make you immune from such atrocities, but the rich have the means to “hide from the authorities” (National Coalition for Child Protection Reform Staff, 2011. pg. 1). Often times families already dependent on the state and living in a state of poverty already receive some form of state and or federal assistance and so the state is more likely
to become aware of possible cases of abuse. While abuse and neglect cross class lines, according to the fourth National Incidence Study of Child Abuse and Neglect report, abuse is in fact three times more common in families below the poverty line, and neglect is seven times more likely (National Coalition for Child Protection Reform Staff, 2011. pg. 1). Caseworker C spoke about the relationship between wealth and abuse saying:

“These families have the ability to call Grandma and have her take the kids away when things get really bad, or mom knows dad has gotten out of hand and sends the kids to boarding school or summer camp. These families have the economic means to put their kids in extra-curricular programs, get them out of the house as much as possible. They also have the ability to put up a fight. They are the ones that will beef up and pay the best lawyer possible and they will fight you tooth and nail.”

Supervisor D added that these people are also more educated, which she believes plays into their view of CPS and their reaction to allegations and the ability to, as aforementioned, avoid the authorities.

“People who have cases of child neglect open are usually already somehow dependent on the state in some shape or form. If they’re getting food stamps a lot of them seem to think that when CPS comes knocking at their door they are obliged to talk to us because we are ‘the government’ and we have the ability to stop their food stamps from coming. You don’t see that with the wealthier families that we deal with. These people are highly educated, they know what we want to hear, what they need to say, and how to work the system.”
Cases that involve families like this, although they are not as prevalent in the greater Bangor area, according to Bangor DHHS employees, do occur, and they prove to be some of the most difficult to handle because the families know they do not need to cooperate with CPS. As is the case with domestic violence, the perpetrator uses extreme fear and threats to keep the family members and children “in check,” ensuring that fear, humiliation, and control dictate their decision to remain silent (Smith, 2013). Ultimately this leads to dead ends for caseworkers who try to talk to family members, but can gain no insight or tangible evidence of abuse. According to caseworkers, these are often the cases that cause the most frustration and are very emotionally taxing because there is nothing they can do if the family will not cooperate.

However, despite the very stressful nature of this job, and although funding cuts have created some significant problems within the system, caseworkers who have continued with their jobs say that their success stories, formally termed as vicarious resilience, are what keep them going and what ultimately makes everything worthwhile. The knowledge that they have helped a child is what they say they carry with them every day. Supervisor B spoke about one of her success cases that she dealt with almost twenty years ago when she was working in the Lewiston area for CPS.

“This baby was terribly maltreated and neglected by his mother. The nurse caring for him at the hospital became especially attached to him and when we decided he had to be removed from his home, the nurse asked to be his foster parent. This was back in the early 1990s and we didn’t usually place children with people that they already knew, but we made it work in this case. To make a long story short, the man in the child’s life
turned out not to be his real father and the nurse ended up being able to adopt him. He is now in his 20’s and, although he has been blind from birth he had a successful high school career, he ran track and has assistance and is involved in special learning programs for his disability.

He is now enrolled in a local college and he is flourishing.”

Each of the other caseworkers nodded and smiled and said that they had similar stories, cases where the child ended up with a relative, a foster home that was able to adopt them, or the family was able to get the assistance they needed and the children were able to stay with their families and grew up to have safe and happy lives.

Supervisor D added that the best cases, in her opinion, are the ones where the children stay with their families. She could barely put into words how amazing she said it felt knowing how hard some of these families have worked to make improvements and the pride that the parents are able to take away after all the work, knowing that they are finally able to provide a safer environment for their children. She said that CPS is not there to find out who the best parent is or to cast judgment on people and tell them that they’re doing a bad job. She said that what CPS, what she wants, is safety. She wants the “...children to feel secure and to be safe and when both you and the family have spent so much time, energy and effort into fixing the situation, changing habits and making a better life for their children, there is no better feeling.”

While there are aspects of the child welfare system that undoubtedly need immediate attention, and despite the fact that there are certain aspects to every case, certain elements that make it much harder and even downright discouraging for caseworkers, there are plenty of cases that have been closed successfully. The Maine
child welfare system strives to bring the best services to every child and their families. The practice and policies are all effective on paper, putting them into practice through the best practice models can only be achieved with adequate funding and the support of the Maine legislature, which at this moment in time is not the case. We cannot expect to deliver quality care and assistance without putting in the raw materials.

**Chapter 4: Conclusion**

In order to deliver quality services the primary solution is to increase funding with specific budgetary emphasis on services rendered to educate and rehabilitate the family. However there are other minor areas that could use attention and alteration. In comparison with federal law, definitions and standards, Maine law is incredibly general in its definition of terms. I was surprised by how vague the language of Title 22 was in comparison to federal definitions and standards. The definitions outlined by the Center for Disease Control, although they too were general, seemed much more specific and better organized than Maine law. Title 22 did not define even the broadest terms, starting with the types of abuse in any sort of substantive manner. Title 22 defined child abuse as “injuries inflicted by a parent/caretaker as evidenced by serious harm or threat of serious harm; also called non-accidental trauma, could be rated mild moderate or severe.” Serious harm was then defined as serious injury (Maine Statute Tit. 22, §4002 (10) (B)+(C)). Much of Title 22 is like this, defining a word with another word, leaving you with a definition that is practically synonymous to the word being defined.

The legal burden of specifically defining the meaning of serious harm and physical injury falls upon the discretion and interpretation of CPS and Maine courts. I expected this to some level, but not to the extent that I found it. In addition to the sparse
language of Maine law, I was very surprised that it took the federal government so long to pass legislation regarding child welfare. I expected federal involvement during the early twentieth century, particularly during the Progressive movement.

However, despite my surprise regarding the sparse language of Maine law, and despite my perplexity at how long it took the federal government to legislate substantial laws regarding child maltreatment, what I found most surprising and problematic were the recent budget cuts passed by the Maine legislature. The policies and procedures of Maine CPS are, for the most part, seemingly sound and especially in recent years with the particular emphasis on the need to keep children with their families and kinship placement, much more conducive to addressing the problems rather than finding parents unfit and immediately removing children from their homes. In order to provide the support to address these issues and in order to help Maine children and their families through support groups and rehabilitation, funding is crucial. We cannot expect to effectively serve our communities if we are not properly training and equipping caseworkers. It is critical to have the proper policies in place, but without the funding there is no force to ensure that these policies are executed.

As mentioned by the caseworkers in this study, there are three particularly important areas that require immediate attention. Each of these areas is directly connected to funding. Caseworker retention and the domino effect have a particularly strong impact on the quality of work and the involvement of the state with the family. If one case has three caseworkers on a case, each time the family has to meet the new caseworker, and vice versa, the whole situation has to be reassessed and the caseworker must become familiar with the story and the family members. This takes critical time which could be
used servicing the family and working to fix the situation had the original caseworker still been employed.

One of the most important aspects in retaining employees and decreasing turnover rates is uniform and unbiased training. Although it is understandable that DHHS chose to cut the training program in Augusta because of travel and hotel expenditures, there is something to be said in defense of traveling away from your area. Meeting other people in your field and making connections is a critical aspect in any career, but especially in human services. The best way to learn is often learning from the mistakes and successes of others. An off-site training program would offer a forum for debate and learning that I cannot see happening if caseworkers stay in the area they live and work in. In order to truly be ready to serve in all sorts of situations with different types of families and varying issues, it is important to provide both extensive and comprehensive training. Supervisors working at the Maine headquarters stated during their interviews that although the program is young and it is still hard to tell what the results will be, their are specific departments focused on evaluating and assessing the efficiency of the new training methods. They acknowledged the concerns they have regarding the training program, but insisted that their options are few given the need to decrease the budget.

They explained that training within the area and the agency you are located in could indeed pose significant problems in the methods of executing and enforcing policy and procedures. This was a point of discussion I observed when speaking to caseworkers and supervisors from both Augusta and Bangor. They were of the opinion that often, although both the Augusta and Bangor areas have strong programs, that there are other areas in the state that do not enforce policies as well. By having “in house training,”
although there are a group of traveling trainers based out of Augusta, there is a much greater likelihood that bad habits and malpractice will be handed down within agencies as opposed to having caseworkers travel off-site.

Another important aspect of caseworker retention is providing a safe and healthy work experience. Hand in hand with low pay and lack of merit increases, secondary trauma is one of the deciding factors when caseworkers resign (Salus, 2004. pgs. 68-71). Because the nature of this job is so emotionally grueling and the stories so painful and violent, because the outcomes are not always neat and nice, and because what should happen cannot always be so, many caseworkers find themselves falling victim to the same emotions and trauma that the victims of abuse experience (Salus, 2004. pgs. 67-68).

The emotional and psychological trauma seen in caseworkers who do not receive adequate and proper medical and therapeutic care is extensive (ACS-NYU Children's Trauma Institute Staff, 2012. pgs. 1-2). According to Supervisor A, while services are offered under healthcare provided to CPS employees, there is no sort of mandatory and periodic evaluation that all employees must partake in. Services have to be sought out by the caseworker. To decrease cases of secondary trauma it would behoove the state to provide funding to ensure that everyone was required to undergo frequent assessments to ensure their safety.

In addition to training and retaining CPS employees, Maine needs to focus on requiring mandated reporters to all undergo the same training. As with the in-house training programs recently put in place, schools and private agencies are in charge of training their employees about mandated reporting. Certain school districts do a great job training teachers and mandated reporters within their jurisdiction, but there are those that
do very little to teach about abuse and how to identify when a child may have fallen victim to abuse (Stone, 2012). Supervisor A discussed the high quality programs that the state offers to train mandated reporters, but she pointed out that there is no requirement saying that all mandated reporters have to undergo this training, it is initiative based, so unless your employer requires that you do it, there are many who do not (Stone, 2012).

There are also many mandated reporters who have no idea that they even are a mandated reporter. Just because the law says they are does not mean we should assume they have read the statute or have been told they are required by law to report suspected abuse cases (Stone, 2012). Mandated reporting has been a hotly contested area especially under the LePage administration in Maine. Numerous cases of severe sexual child abuse have focused the medial spotlight on the issue of child abuse, especially the mandated reporting aspect of cases (Stone, 2012).

I would argue that the policies and procedures set out by Maine CPS are exemplary. No system is perfect, but the attention to detail and the particular emphasis on services rendered to help the family is incredibly important. Abuse is a devastating and horrendous issue, but statistics prove that the majority of abuse cases in both the United States but particularly Maine are vastly made up of neglect (Childhelp Staff, 2010). Often this neglect is due to poverty and a horrible cycle of generations of impoverishment, neglect and maltreatment that has been passed down from parent to child for decades (Cancian, 2010. pgs. 2-5). While this does not in any way condone the actions, nor does it diminish the responsibility that all parents have to their children, it is more productive to assist the family and try to right the situation rather than pass judgment and deem the parent unfit and remove the child.
Having determined that the policies and procedures are sound, it is within the legislature that we truly find the problem. Given the economic downturn of recent years, funding has been cut across the board, but it would seem that CPS is one of the areas that simply cannot afford funding cuts. Prior to the recession CPS in Maine was already underfunded and struggling according to caseworkers. Caring for our children hardly seems like a prudent area to cut funding in. It is the children that are the future, and it would honestly be wise of the state to provide the very best services and to even increase funding. Ultimately increasing funding now would save the state money in the future.

Child abuse, statistically proven to increase the likelihood of emotional, psychological and physical impairment inevitably leads to adults who become dependents of the state. Child maltreatment has been shown to correlate with poverty, unemployment, and adults who experienced child abuse are more likely to end up on state welfare and benefits (Cancian, 2010. pg. 3). There are countless areas that would undoubtedly see decreases in services rendered at the fiscal bequest of the state. There would be less people abusing drugs, receiving medical care that they cannot afford, less people committing crimes and ending up in Maine jails and prisons, and less people struggling to find jobs and instead receiving welfare and food stamps from the state.

“Stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home (which we termed adverse childhood experiences—or adverse childhood experiences) are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of
violence or re-victimization, disease, disability and premature mortality”

(Anda, 2013. pg. 2).

If we address the issue early, we could greatly decrease dependency on the state in later years. Given the statistically proven connection between violent behavior, socioeconomic standing and overall health of people who fall victim of child abuse, it seems hardly unreasonable to propose investing in quality services to keep Maine children safe. One could define this as preventative care.

And yet, despite the fact that we have medically and statistically proven the correlation between childhood abuse and physical, emotional, and psychological health in later years, the Maine legislature continues to decrease the budget to assist Maine children, and then we act surprised when drug abuse and crimes increase. Between 2010 and 2011 alone, Maine experienced a 5.4% increase in crime rates (Ricker, 2011). Many, including Maine’s Public Safety Commissioner John Morris, believe this is a result of drugs, particularly prescription drug addictions which have risen at troubling rates as well (Ricker, 2011). Among the most common forms of crimes that have risen between 2007 and 2011 in Maine are aggravated assaults, robbery and rape (Ricker, 2011).

However, despite increased cases of drug abuse, soaring crime rates and reports streaming into central intake every day, in 2008 under Governor Baldacci funding for human services was significantly cut. One of the departments most profoundly impacted was CPS. Among some of the services for children that had funding curtailed were mental health services for children, which lost $250,000 per year ("Impact of Curtailments November 19, 2008", 2008. pg.16). Other areas that had budget cuts were employee salaries. While cutting employment, budget cuts have simultaneously added to
the workload of caseworkers by cutting funding for contracted companies. These
companies perform evaluations such as home studies to ensure foster homes provide a
Due to budget cuts there are now fewer caseworkers, with even more work.

In total, for the fiscal year of 2009 Health and Human Services had $30,752,566
cut from the budget, profoundly impacting CPS. ("Impact of Curtailments November 19,
2008,” 2008. pg. 20). Then again, in 2010, Health and Human Services underwent more
budget cuts, this time decreasing funds once again for contracted services, especially
involving foster care and adoption ("October, 2010 Curtailment Order.” 2010. pg. 3). In
total budget cuts for the fiscal year of 2011 for the Department of Health and Human
Services amounted to $5,562,420 ("October, 2010 Curtailment Order,” 2010. pg. 4).

Although the recession was at its most severe point at this time, and with the
imperative need to reduce state spending by up to $10 million in the 2011 fiscal year
alone, budget cuts did need to be made. However, these reductions and the profound
impact on the public health combined with the serious need for human services due to
crime rate increases, seem reason enough not to cut funding for health and human
services, but especially CPS ("Governor Orders Curtailment of State Spending,” 2010.
pg. 1). The correlation between socially deviant actions, state dependence and overall
health of many who suffered from child abuse leads to increased numbers of people on
welfare, in need of medical care, and incarceration (Cancian, 2010. pgs. 2-4). At the same
time, with higher crime rates and drug abuse rates, the number of Maine adults involved
in illicit actions increases, increasing the number of parents exposing their children to
such activities.
The eventual need for funding increases in other areas such as prisons, first responders and police are only a few of the areas that would require additional money because of increased numbers of people requiring their services. While budget cuts may serve as a temporary solution to decrease state spending, it is by no means a wise or frugal solution. In the long run, if we do not act now, if we do not take the initiative and fight for these children, if we do not provide for them and their families, it will cost the state more eventually.

There are also indirect costs to such dysfunctional members of society. With increased crime and drugs the value of real estate goes down, communities start to crumble and people will start moving to other areas, possibly even out of state. The devastation and havoc that childhood abuse has not only on the primary victim but on the entire family, their community and the entire state are profound (Zielinski, pgs. 16-18). The developmental impairment, poverty and violent behavior that often emerges later in life are only of a few of the most serious results that many victims of childhood abuse experience (Xiangming et al., 2007. pg. 289). The lifelong repercussions and physical and emotional effects of child abuse strongly influence these children in their adult lives and the way they relate to others and interact and perceive the world. The direct connection between childhood abuse and adult violence, poverty and state dependence make child maltreatment an issue that requires diligent and quality care in order to ensure the health and well being of the future members of our community.

Although Maine has found itself in an increasingly fragile economic state, and it is crucial that we re-assess our budget and make cuts so that we do not accrue debt, the eventual social and economic repercussions of cutting funds for social services in
general, but especially CPS would be devastating. What may seem like a solution at the moment will, with time, prove to be a financial disaster. If we do not invest in quality services for Maine children we are placing not only the social well being, but also the economy of this state in jeopardy. Maine has the legal and procedural capacity to provide effective care and proper assistance, but can only do so with adequate funding. It is not the laws, the policies, or the procedures that need changing or seriously adjusting, it is the funding that needs to be increased. Unless action is taken and funding is provided we will see no improvement.

Given the fact that federal legislation regarding child maltreatment has only been in place a little over five decades, the profound impact it has had on the birth and growth of state child welfare agencies is profound. With the civil rights movement and continued efforts by minorities policies have evolved over the years to ensure that all children, whatever their race, creed and color, receive the highest quality of services and assistance. Emphasis on family life and the importance of the family in every child’s developmental years has aided in further establishing child welfare as a service that focuses not only on the child but on the family as a whole, in order to truly address the source of the abuse and to fix the problem, rather than mask it.

The relationship between federal legislation and state legislation in regards to the actual practice and procedures used by Maine CPS are significant. From a funding aspect in particular, both levels of government play an incredibly critical role in ensuring the efficiency and effectiveness of the caliber of services offered. Without this funding, the system will not work. It has been proven, medically, clinically and statistically, that child abuse has a profound and extensive impact on the development of a child and continues
to influence the individual in numerous ways throughout their life into adulthood.
Without proper care and state assistance these children find themselves dependent upon
the state or in many cases incarcerated. The policies, procedures and laws all establish
Maine CPS with the legal grounds and practices to provide for these children effectively,
but without sufficient funds, this assistance cannot be offered. Unless we as a state
recognize the impact that child abuse has not only on the individual, but on the
community, and unless we demand that Maine legislation choose to adequately fund
CPS, we will continue to experience the negative social repercussions that abuse has on
society.
APPLICATION FOR APPROVAL OF RESEARCH WITH HUMAN SUBJECTS
Protection of Human Subjects Review Board, 114 Alumni Hall, 581-1498

PRINCIPAL INVESTIGATOR: Charlotte R. E. Howson
EMAIL: charlotte.howson@umit.maine.edu
TELEPHONE: (207) 951.6375

CO-INVESTIGATOR(S):

FACULTY SPONSOR (Required if PI is a student): Mark Brewer (Honors Thesis Advisor, Department of Political Science University of Maine Orono)

TITLE OF PROJECT: Child Maltreatment in the State of Maine: A Study in Policy Undergraduate

START DATE: 2/12/2013
PI DEPARTMENT: Honors College
MAILING ADDRESS: 1301 Carmel Road North Hampden Maine, 04444
FUNDING AGENCY (if any): not applicable
STATUS OF PI: FACULTY/STAFF/GRADUATE/UNDERGRADUATE Undergraduate

1. If PI is a student, is this research to be performed:
   - [ ] for an honors thesis/senior thesis/capstone?
   - [ ] for a doctoral dissertation?
   - [ ] for a master's thesis?
   - [ ] for a course project?
   - [ ] other (specify)

2. Does this application modify a previously approved project? Y (Y/N). If yes, please give assigned number (if known) of previously approved project:

3. Is an expedited review requested? Y (Y/N).

SIGNATURES: All procedures performed under the project will be conducted by individuals qualified and legally entitled to do so. No deviation from the approved protocol will be undertaken without prior approval of the IRB.

Faculty Sponsors are responsible for oversight of research conducted by their students. By signing this application page, the Faculty Sponsor ensures that he/she has read the application and that the conduct of such research will be in accordance with the University of Maine’s Policies and Procedures for the Protection of Human Subjects of Research.

Date: 12/20/2012

ACTION TAKEN:

[ ] Judged Exempt; category ___ Modifications required? Y (Y/N) Accepted (date) 3/12/2013
[ ] Approved as submitted. Date of next review: by Degree of Risk: ___
[ ] Approved pending modifications. Date of next review: by Degree of Risk: ___
[ ] Modifications accepted (date): ___
[ ] Not approved. (See attached statement.)
[ ] Judged not research with human subjects

Date: 2/14/13

Chair’s Signature: 12/2012
Appendix B
IRB Consent Form

You are invited to participate in a research project being conducted by Charlotte Howson, undergraduate student in the Honors College at the University of Maine, advised by Dr. Mark Brewer, Political Science Professor at the University of Maine. The purpose of the research is to better understand the application of Maine state law and procedure in regards to child maltreatment. Participation is strictly voluntary.

If you decide to participate, you will be asked to give your interpretation and understanding of the application of Maine state law in regards to child maltreatment and the process you use in your job as part of the Department of Health and Human Services. It may take approximately an hour to participate.

Except for your time and inconvenience, there are no risks to you from participating in this study. While this study will have no direct benefit to you, this research will help us learn more about the application and legal process surrounding child maltreatment in Maine.

Your name will not be on any of the documents. Data will be kept in the faculty advisor’s (Dr. Mark Brewer) locked office. Your name or other identifying information will not be reported in any publications. Participation is voluntary. If you choose to take part in this study, you may stop at any time.

What will you be asked to do?
If you decide to you will be asked to tell me about your job and your interpretation and application of the policies and procedures regarding child maltreatment. It may take approximately an hour to participate. The following questions will serve as the basis for our discussion:

Would you describe to me the ideal paradigm set out under Maine statute in regards to child maltreatment, starting with the initial report and the steps taken between this initial contact and the closing of a case.

In your opinion, how does the ideal paradigm compare to the actual practice of these policies.
- please describe with possible scenarios and examples
- how do you incorporate Maine law and policy in these cases

In your opinion how effective is Maine state policy in protecting Maine children.

In your opinion how could we implement or change current policy to further protect Maine children.

In your opinion, what about current Maine laws and policies is effective, and what is not?

In your opinion, what are the strengths and the weaknesses of our current system.

Risks
- There is a possibility that you will be uncomfortable answering certain questions
• Except for your time and inconvenience there are no risks to you participating in this study.

Benefits
• There are no benefits to participating in this study
• The overall benefit of this study is a better understanding of Maine state policy regarding child maltreatment, the application, and what can be done to better the system.

Confidentiality
Your name will not be on any of the documents. This study will be completed in May of 2013 and all research materials gathered will be destroyed by May of 2014.

Voluntary
Participation is voluntary. If you choose to take part in this study, you may stop at any time. You may skip any questions you do not wish to answer.

Contact Information
If you have any questions please contact:

Charlotte Howson, Primary Investigator at (207) 951-6375 (or email charlotte.howson@umit.maine.edu)

Mark Brewer, Faculty Advisor at (207) 581-1863 (or email mark.brewer@umit.maine.edu)

Gayle Jones, Assistant to the Protection of Human Subjects Review Board at (207) 581-1498 (or email gayle.jones@umit.maine.edu)

Please indicate that you have read the above information and agree to participate.
Appendix C

IRB Interview and Group Forum Questions

The Following Questions served as conversation starters and a guideline for individual interviews and the group forum.

1. Can you explain to me what your job entails.
2. Can you describe to me how you incorporate the law and policies in order to protect Maine children.
3. Would you describe to me the ideal paradigm set out under Maine law and CPS policy and procedure in regards to child maltreatment, starting with the initial report and the steps taken between this initial contact and the closing of a case.
4. In your opinion, how does the ideal paradigm compare to the actual practice of these policies.
   - please describe with possible scenarios and examples
   - how do you incorporate Maine law and policy in these cases
5. In your opinion how effective is Maine state policy in protecting Maine children, what works well and what needs changing.
6. In your opinion how could we implement or change current policy to further protect Maine children.
7. In your opinion, what about current Maine laws and policies is effective, and what is not?
8. In your opinion, what are the strengths and the weaknesses of our current system.
Appendix D
Timeline of Major Federal Legislation Concerned With Child Protection, Child Welfare and Adoption

Child Abuse Prevention and Treatment Act (CAPTA) of 1974
Child Abuse Prevention and Treatment and Adoption Reform Act of 1978
Indian Child Welfare Act (ICWA) of 1978

Adoption Assistance and Child Welfare Act of 1980
Child Abuse Amendments of 1984
Child Abuse Prevention, Adoption and Family Services Act of 1988
Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992

Family Preservation and Support Services Program Act of 1993
Multiethnic Placement Act of 1994
The Interethnic Provisions of 1996 amends MEPA
Child Abuse Prevention and Treatment Amendments of 1996

Adoption and Safe Families Act of 1997
Foster Care Independence Act of 1999
Child Abuse Prevention and Enforcement Act of 2000

Promoting Safe and Stable Families Amendments of 2001
Child Abuse Prevention and Enforcement Act of 2000
Intercountry Adoption Act of 2000

Keeping Children and Families Safe Act of 2003
Adoption Promotion Act of 2003

Fair Access Foster Care Act of 2005
Deficit Reduction Act of 2005
Safe and Timely Interstate Placement of Foster Children Act of 2006
Adam Walsh Child Protection and Safety Act of 2006
Child and Family Services Improvement Act of 2006
Tax Relief and Health Care Act of 2006
Fostering Connections to Success and Increasing Adoptions Act of 2008

Patient Protection and Affordable Care Act of 2010
CAPTA Reauthorization Act of 2010

Child and Family Services Improvement and Innovation Act of 2011
Appendix E

Federal Terms and Definitions

• Caregiver: A person, or people, who at the time of the maltreatment is in a permanent (primary caregiver) or temporary (substitute caregiver) custodial role. In a custodial role, the person is responsible for care and control of the child and for the child’s overall health and welfare.

• Primary Caregiver: Must live with the child at least part of the time and can include, by are not limited to, a relative or biological, adoptive, step- or foster parent(s), a legal guardian(s) or their intimate partner.

• Substitute Caregiver: May or may not reside with the child and can include clergy, coaches, teachers, relatives, babysitters, residential facility staff, or others who are not the child’s primary caregiver(s)

• Child: Any individual from birth through 17 years of age at the time of the maltreatment.

• Child Maltreatment: any act or series of acts of commission or omission by a parent, or other caregiver that results in harm, potential for harm, or threat of harm to a child
  • Acts of Commission (Child Abuse): words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional, however harm to a child may or may not be the intended consequence. Intentionality only applies to the caregivers’ acts- not the consequences of those acts. For example, a caregiver may intend to hit a child as punishment (i.e., hitting the child is not accidental or unintentional) but not intend to cause the child to have a concussion. The following types of maltreatment involve acts of commission:
    o Physical Abuse: The intentional use of physical force against a child that results in, or has the potential to result in, physical injury
      i. Physical Acts (can include but is not limited to): hitting, kicking, punching, beating, stabbing, biting pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling, choking, smothering, burning, scalding and poisoning
    o Sexual Abuse: any complete or attempted (non-completed) sexual act, sexual contact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver
      i. sexual Act: Sexual acts include contact involving penetration, however slight, between the mouth, penis, vulva, or anus of the child and another individual. Sexual acts can also include penetration, however slight, of the anal or genital opening by a hand, finger or other object.
      ii. Abusive Sexual Contact: abusive sexual contact includes intentional touching, either directly or through the clothing, does not involve penetration.
      iii. Noncontact Sexual Abuse: noncontact sexual abuse does not include physical contact of a sexual nature between the caregiver and the child but includes, acts which expose a child to sexual activity, filming of a child in a sexual manner, sexual harassment of a child, prostitution of a child.
o **Psychological Abuse**: Intentional caregiver behavior (i.e., act of commission) that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another’s needs.

i. **Terrorizing**: Includes caregiver behavior that is life-threatening; makes a child feel unsafe (e.g. situations that are likely to physically hurt, kill, or abandon the child) sets unrealistic expectations of the child with threat of loss, harm, or danger

ii. **Isolating**: psychological isolation occurs when a caregiver forbids, prevents, or minimizes a child’s contact with others.

• **Acts of Omission (Child Neglect)**: The failure to provide for a child's basic physical, emotional, or education needs or to protect a child from harm or potential harm. Like acts of commission harm to a child may or may not be the intended consequence. The following types of maltreatment involve acts of omission

o **Failure to Provide**: Failure by a caregiver to meet a child’s basic physical, emotional, medical/dental, or educational needs- or combination thereof. Failure to provide includes the following:

i. **physical neglect**: Caregiver fails to provide adequate nutrition, hygiene, or shelter, or, caregiver fails to provide clothing that is adequately clean, appropriate size, or adequate for the weather.

ii. **emotional neglect**: Caregiver ignores the child, or denies emotional responsiveness or adequate access to mental health care (e.g., caregiver does not respond to infant cries or older child’s attempt to interact).

iii. **medical/dental neglect**: Caregiver fails to provide adequate access to medical, vision, or dental care for the child (e.g., caregiver does not administer prescribed medication, caregiver refuses to take the child for needed medical attention or seek timely medical attention).

iv. **educational neglect**: Caregiver fails to provide access to adequate education (e.g., caregiver allows child to miss 25 or more school days in one academic year without excuse, caregiver does not enroll the child in school).

o **Failure to Supervise**: Failure by the caregiver to ensure a child’s safety within and outside the home given the child’s emotional and developmental needs. Failure to Supervise includes the following:

i. **inadequate supervision**: Failure by the caregiver to ensure that the child engages in safe activities and uses appropriate safety devices to ensure that the child is not exposed to unnecessary hazards or to ensure appropriate supervision by an adequate substitute caregiver.

ii. **exposure to violent environments**: Caregiver intentionally fails to take available measures to protect the child from pervasive violence within the home, neighborhood, or community. Exposure of a child to violence between caregiver in the home may also qualify as exposure to a violent environment, especially if the caregivers do not take appropriate measure to protect the child from exposure (does not include instances
where caregiver is being victimized by a partner and alternative forms of protection for the child are not available).

source:
Appendix F

Maine Definitions Pertaining to Child Maltreatment

Child Abuse and Neglect: a threat to a child’s health or welfare by a person responsible for the child, child abuse and neglect include the following acts:

- **Physical Abuse**: physical injuries inflicted by a parent/caretaker as evidenced by serious harm or threat of serious harm; also called non-accidental trauma, could be rated mild, moderate or severe
- **Mental/Emotional Abuse**: impairment which now or in the future is likely to be evidenced by serious mental, behavioral or personality disorder, including severe anxiety, depression or withdrawal, untoward aggressive behavior, seriously delayed development or similar serious dysfunctional behavior
- **Sexual Abuse**: sexual abuse or sexual exploitation
- **Deprivation**: a threat to a child’s health or welfare by deprivation of essential needs such as adequate food, clothing, shelter, supervision or care or education, deprivation of necessary health care when the deprivation places the child in danger of serious harm

Child: any person who is less than 18 years of age

Jeopardy to Health or Welfare or Jeopardy: serious abuse or neglect as evidenced by serious harm or threat of harm, deprivation of adequate food, clothing, shelter, supervision, or care or education when the child is least seven years of age and has not completed grade size, deprivation of necessary health care when the deprivation places the child in danger of serious harm, abandonment of the child

Serious Harm: serious injury, physical impairment

Substantiated Findings: by a preponderance of the evidence, a parent(s).caregiver(s) has caused and or is likely to cause high severity child abuse and neglect. This person is considered a danger to children.

Indication Findings: by a preponderance of the evidence, a parent(s).caregiver(s) has caused and or is likely to cause low/moderate severity child abuse and neglect. Signs of risk may also be present.

Unsubstantiated Finding: by a preponderance of the evidence, a parent(s).caregiver(s) did not abuse or neglect a child. Signs or risk, however, may be present.

Source:
Appendix G
Types of Child Abuse

Statistics released by the The U.S. Department of Health and Human Services' Administration on Children, Youth and Families yearly, statistics in this graph were released in 2006 and are compiled data from the previous two years. These percentages add up to more than 100 because a child may experience a combination of more than one form of abuse.

Source:
Appendix H
Child Abuse Assessments in Maine 2003-2011

http://www.main.gov/dhhs/ocfs/cw/reports/cps_reports.shtml
Source:
http://www.maine.gov/dhhs/ocfs/cw/reports/cps_reports.shtml
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Youth and Families, Children’s Bureau, Office on Child Abuse and Neglect. (June 25, 2003).


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Authors Biography

Charlotte Howson was born and raised in Shaker Heights, Ohio and moved to Hampden, Maine in 2007 where she attended and graduated from Hampden Academy in 2009. She majored in both German and Political Science with a minor in Dance at the University of Maine. Charlotte served as Class Liaison for two consecutive years on the Student Council for the class of 2013 while serving as Vice President of the Hip Hop Club. As well as her involvement with various other academic and athletic groups, Charlotte has spent the past three years as a part time nanny for two children, ages five and seven. Charlotte is also a sister of Alpha Phi Fraternity where she served terms as both Community Service Chair and New Member Educator. Charlotte is passionate about leadership development, especially for women, as well as serving her community and advocating for those who cannot do so for themselves.

Charlotte plans to attend law school and earn her Juris Doctorate. Her future ambitions include advocating children’s and women’s rights and establishing her own law firm.