

## Don't Call It Child Abuse If It's Really Poverty

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with  
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*As a society, we continue to broaden the jurisdiction of child abuse programs so that an ever larger proportion of poor children (and their families) are drawn into the child protective system. Helping these families does not require mandatory reporting laws, involuntary investigations, central registers of reports, and psychologically oriented "treatment" interventions.*

As a result, the child protective system—designed to remedy individual, psycho-social disorders—is being used to deal with problems associated with poverty. In most of these poverty-related cases, usually involving single mothers, current interventions are at best ineffectual, and at worst harmful. Heightening the need for corrective action is the fact that the most seriously affected children are disproportionately racial and ethnic minorities.

Society should acknowledge the overlap between child maltreatment and poverty—and adopt intervention strategies that address the families' broader problems. Such strategies might include compensatory child development programs housed in integrated service centers for teen mothers. But, even in the absence of such specialized services, society would do better if it did nothing in poverty-related cases, rather than the wrong—and often harmful—something.

Last year, about three million reports of suspected child abuse or child neglect were made to the police and child protective agencies. This essay argues that a large proportion of these cases—between a quarter to a half—is more properly considered a symp-

tom of poverty, and is more appropriately handled outside the nation's child protection system. Helping these families does not require mandatory reporting laws, involuntary investigations, central registers of reports, and psychologically-oriented "treatment" interventions.

For me, this is not an abstract issue. I prosecuted my first child abuse case twenty-five years ago this month, when the issue was far removed from public and professional attention. I have seen my share of brutally battered children, with open wounds and broken bones; of sexually abused children, who trembled at the touch of an adult; and, of filthy, melancholy children, who received less care than a child provides to a hamster. I have spent a large part of my professional life trying to protect these children, first as a prosecutor, then as director of a state legislative committee, and, later, as the first director of the U.S. National Center on Child Abuse and Neglect.

But throughout this period, I have also seen families weakened, if not torn apart, by a system that fails to recognize the overlap between what we now label as child maltreatment and the conditions of poverty—especially among families headed by single mothers. In this essay, I argue that society should cease treating these disadvantaged families as if they suffer from some form of psychological deviancy and, instead, should develop intervention strategies that better address their broader problems.

This work is divided into four sections: The first section summarizes what is known about the nature and extent of child abuse and neglect. The second section describes the available evidence showing the overlap between poverty and child maltreatment. The third section presents a framework for understanding different levels of government intervention and proposes an alternative to child protective intervention in poverty-related cases. The last section proposes a plan for implementation and assesses its political feasibility.

### I. Nature and Extent

The first step in policy making in this area, one hopes, is understanding the nature and scope of child abuse and child neglect. But this is not such a simple matter, considering that maltreatment usually occurs in the privacy of the home. Hence, to understand the size of this problem, one must make distinctions among:

1. annual prevalence: the total number of children who have been abused or neglected at least once in a particular year (whether or not reported to the authorities);<sup>1</sup>

2. reported cases: the total number of families or children<sup>2</sup> reported under formal procedures to child protective agencies (usually a social service agency but sometimes a law enforcement one); and

3. substantiated (or "indicated") reports: the total number of reports (counted either as children or families) that were determined, after an investigation, to be supported by specific evidence. (The legal test is often "some credible evidence.")

As will be shown, each category results in a vastly different estimate of the amount of child maltreatment. Taken together, however, they provide a useful portrait of the situation.

*Prevalence.* Two major efforts have been made to estimate the total number of abused and neglected children (whether or not reported to the authorities): "The National Study of the Incidence and Severity of Child Abuse and Neglect" (1980) and the "Study of National Incidence and Prevalence of Child Abuse and Neglect" (1986) (Westat 1981; Sedlak Sept. 1991).<sup>3</sup> Both were funded by the federal government's National Center on Child Abuse and Neglect and both were conducted by Westat, Inc. Partial results from a third National Incidence Study, also by Westat, were recently released.<sup>4</sup>

All three studies use essentially the same methodology: In a stratified sample of counties, a broadly representative sample of professionals who serve children was asked whether, during the study period, the children they had seen in their professional capacities appeared to have been abused or neglected.<sup>5</sup> This methodology does not allow Westat to estimate the number of children seen by nonprofessionals, such as friends, neighbors, and relatives. Thus, even if these studies had no other problems, the methodology inherently underestimates the prevalence of maltreatment because it does not count those children whose condition was either not seen or not recognized by a professional. (Complicated issues of sample frame and weighting also limit the ability of these studies to make more precise estimates of prevalence.)

Nevertheless, these two federally sponsored studies are the best source of information about unreported child abuse and

**Table 1: Definitions of Child Maltreatment**

**Definitions of Child Maltreatment Used by The National Study of the Incidence and Severity of Child Abuse and Neglect (1980) and the Study of National Incidence and Prevalence of Child Abuse and Neglect (1986)**

<b>Types of Maltreatment</b>	
Physical abuse:	includes any type of physical battering that leaves evidence of injury lasting 48 hours.
Sexual abuse:	includes penile penetration (oral, anal, or genital), molestation with genital contact, or inadequate supervision of a child's voluntary sexual activity.
Emotional abuse:	includes verbal or emotional assault (including habitual patterns of denigrating, belittling, or scapegoating) or close confinement (tying up the child or restricting the child to a small area).
Physical neglect:	includes refusal of health care, delay in seeking health care, abandonment, expulsion of the child from the home, or inadequate supervision.
Educational neglect:	includes permitted chronic truancy, keeping a child home from school for nonlegitimate reasons, failure to enroll a child in school, or failure to obtain remedial education services.
Emotional neglect:	includes inattention to a child's emotional needs, chronic spousal abuse in the child's presence, permission of drug or alcohol use by the child, permission of maladaptive behavior, refusal of needed psychological care, or delay in seeking needed psychological care.
<b>Levels of Severity</b>	
Fatal:	death as a result of child maltreatment during the study period.
Serious:	a life-threatening condition, requiring treatment to prevent long-term impairment.
Moderate:	injuries or impairments for which observable symptoms persisted for at least 48 hours (e.g. bruises, depression, or emotional distress).
Inferred:	the nature of the maltreatment itself gives reasonable cause to assume that injuries or impairment have occurred.

neglect. Moreover, substantial internal consistency exists between the findings of the two studies, conducted six years apart, as well as between them and data about officially reported cases. Thus, it seems reasonable to use them to provide a general picture of the nature, extent, and distribution of the various types of child maltreatment. What do they tell us?

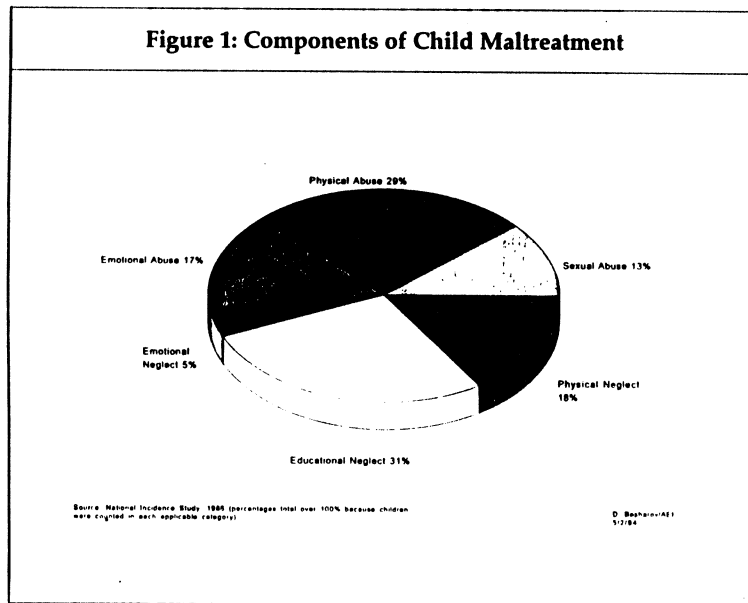
About one million children were victims of child abuse or neglect in 1986. (That would be 14.8 per 1,000 children.) Both of the Westat studies had a rigorous definition of countable cases that required that the child suffer demonstrable harm such as bruises, emotional distress, or depression that lasted at least 48 hours (see Table 1). However, since child protective agencies accept cases of "threatened harm" to children, the 1986 study also employed an additional (or optional) definition which included cases where the child's "health or safety was endangered through abusive or neglectful treatment." This broader definition resulted in about 500,000 additional countable cases.

Westat examined the distribution of child maltreatment by sex, age, race, and family size. Except for sexual abuse, rates did not differ greatly between males and females. Females were, however, about three times more likely to be sexually abused than males (2.9 per 1,000 female children vs. 0.9 per 1,000 male children).

The study found that the risk of maltreatment increased with age (2.4 per 1,000 children ages 0 to 2 vs. 21.8 per 1,000 children ages 12 to 14). However, this may be an artifact of the study methodology, which relied on what professionals saw, and, since they tend to see older children who are in day care, schools, and so forth, there is a natural bias against finding maltreatment among infants and toddlers. Also, the large proportion of educational neglect cases (described below), which, by definition, only involve older children, also raises the average age.

Rates of maltreatment did not differ by race, a surprising result given the relationship between reported maltreatment and poverty, discussed below. It may be that Westat's definitions are so broad that they pick up many cases of problematic child rearing among the middle class. The only difference found was that blacks were marginally more likely than whites to die as a result of abuse or neglect (0.01 per 1,000 white children vs. 0.05 per 1,000 black children). But because there were so few fatalities, this difference was not found to be statistically significant.

Figure 1: Components of Child Maltreatment



Family size likewise did not seem to be associated with differing rates of child maltreatment.

A relatively small proportion of maltreated children suffered **battering, sexual abuse, or serious neglect**. The Westat studies establish six categories of child maltreatment. The largest proportion of maltreated children experienced educational neglect (31 percent), followed by physical abuse (29 percent), physical neglect (18 percent), emotional abuse (17 percent), sexual abuse (13 percent), and emotional neglect (5 percent).<sup>6</sup> The majority of the maltreated children found by the study suffered from educational neglect (31 percent) and emotional maltreatment (both abuse and neglect) (22 percent)—situations of concern, certainly, but probably not what comes to mind when the public thinks of “child abuse” and “child neglect” (see Figure 1).

The vast majority of maltreated children suffered from **nonserious conditions**. The Westat studies establish four categories of severity: fatal, serious, moderate, or inferred.

1. **Fatal**: death as a result of child maltreatment during the study period.

2. **Serious**: a life-threatening condition, requiring treatment to prevent long-term impairment.

3. **Moderate**: injuries or impairments for which observable symptoms persisted for at least 48 hours (e.g. bruises, depression, or emotional distress).

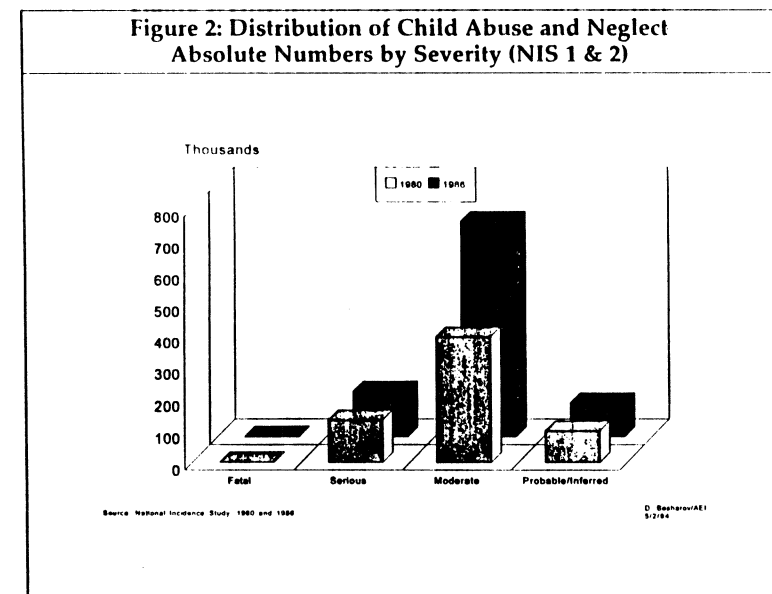
4. **Inferred**: the nature of the maltreatment itself gives reasonable cause to assume that injuries or impairment have occurred.

By far, the greatest proportion of children suffered moderate injuries (73 percent). Only about 0.1 percent of maltreated children died as a result of child abuse or neglect. Fifteen percent of the children experienced serious injuries and 11 percent had injuries that were inferred (Sedlak Sept. 1991, 2-15).

Although rating the cases by their severity is extremely helpful, some questionable classifications were made. For example, the definition of “serious” sexual abuse excluded penile penetration if the child was not considered to have suffered serious emotional trauma. As a result, only 6 percent of all sexual abuse cases were considered serious, even though over one third of them included penile penetration (Sedlak Sept. 1991, 2-7, 2-15).

Conversely, the definition of “serious” emotional neglect included the delaying or refusal of psychiatric care and the per-

Figure 2: Distribution of Child Abuse and Neglect Absolute Numbers by Severity (NIS 1 &amp; 2)

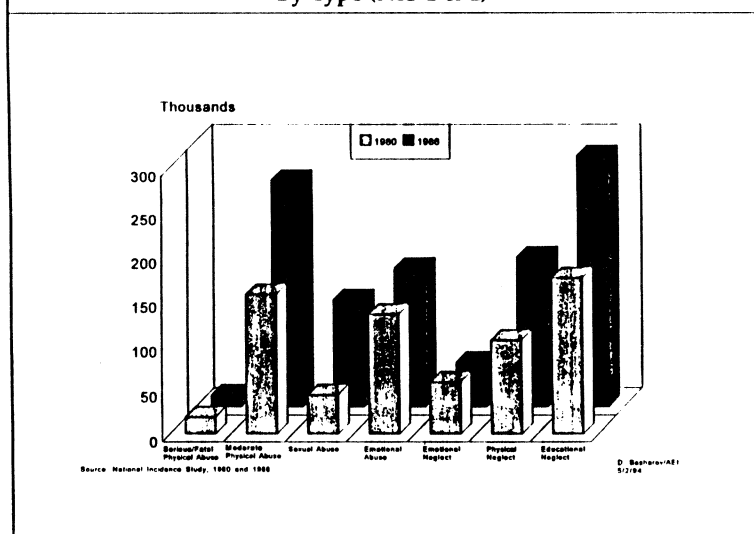


mitting of maladaptive behavior. While these conditions might be a cause for child protective concern, they are hardly the equivalent of child battering. Yet, the study labels them both "serious."

Public and professional definitions of child maltreatment seem to have expanded to include more cases of "moderate" harm to children. Although Westat counted a 49 percent increase in the prevalence of child maltreatment between its first and second studies, most of this increase was among cases of "moderate" physical abuse and neglect and educational neglect (with no corresponding increase among "fatal" or "serious" cases).<sup>7</sup> Hence, it seems reasonable to conclude that the level of child maltreatment did not grow nearly as much as suggested by the findings of the second incidence study. As Westat is careful to note, the increase "probably reflected an increase in the likelihood that professionals will recognize maltreatment rather than an increase in the actual occurrence of maltreatment" (see Figure 2) (Sedlak Sept. 1991, 3-12).

Awareness of possible child sexual abuse seems to have increased between 1980 and 1986. In only six years, the rate of observed sexual abuse cases nearly tripled, increasing from 0.7 per 1,000 children to 1.9 per 1,000 children (or from 44,700 to 119,200

Figure 3: Distribution of Child Abuse and Neglect By Type (NIS 1 & 2)



victims) (Sedlak Sept. 1991, 3-6). It seems highly improbable that the underlying prevalence of sexual abuse could increase almost threefold in only six years. Hence, much of this increase is probably due to greater professional awareness of this heretofore hidden problem (see Figure 3).

The Westat statistics are for all cases of child maltreatment seen by the surveyed professionals—whether reported or not. How many of these cases are reported?

*Reported Cases.* Since the early 1960s, all states have passed laws that mandate designated professionals to report specified types of child maltreatment. Over the years, both the range of designated professionals and the scope of reportable conditions have been steadily expanded.

Initially, mandatory reporting laws applied only to physicians—who were required to report only "serious physical injuries" and "non-accidental injuries." In the ensuing years, however, increased public and professional attention, sparked in part by the number of abused children revealed by these initial reporting laws, led many states to expand their reporting requirements. Now, almost all states have laws which require the reporting of all forms of suspected child maltreatment, including physical abuse, physical neglect, emotional maltreatment, and, of course, sexual abuse and exploitation (see Besharov 1990).

Under threat of civil and criminal penalties, these laws require most professionals who serve children to report suspected child abuse and neglect. About twenty states require all citizens to report, but in all states, any citizen is permitted to report. In addition, there have been extensive public awareness campaigns and professional education programs.

It is surprisingly difficult to get nationwide information about official reports of child maltreatment. Federal efforts to collect state data have been minimally funded,<sup>8</sup> and, actually, were suspended a number of times. Filling the gap have been a number of private organizations, primarily the National Committee for Prevention of Child Abuse (NCPCA) and the American Public Welfare Association (APWA).

In essence, each of these efforts uses the same methodology: a survey of state child protective agencies to determine how many reports were made in a particular year. This is not as easy as it sounds. Definitions and procedures vary sharply. For example, some states use family-based reports, while others use child-based

reports. Some states collect their data on a calendar year basis, while others use a fiscal year (McDonald May 1993). Compiling a national total requires a fair amount of interpretation and, thus, presents opportunity for error. Nevertheless, like the two incidence studies, there is a sufficient amount of consistency across the various studies to tell a reasonably reliable story.

In 1993, about three million reports of children suspected of being abused or neglected were made (Daro 1994). This is a twenty-fold increase since 1963, when about 150,000 children were reported to the authorities. As we will see, however, this figure is bloated by reports that later turn out to be unfounded and by substantial double counting.

A relatively small percentage of reported cases involve serious harms to children. AHA found that, in 1986, about 10 percent of physical abuse cases (less than 3 percent of all substantiated reports) involved serious injury to the child, which is consistent with Westat's prevalence findings (American Association for Protecting Children 1988, 22).

Professionals still fail to report many of the children they see who have observable signs of child abuse and neglect. According to Westat, in 1986, 56 percent of apparently abused and

neglected children, about 500,000 children, were not reported to the authorities. This is a decline in non-reporting from 1980, when professionals failed to report nearly two-thirds of the maltreated children they saw (Sedlak Sept. 1991, 6-23). (The study methodology, which involved asking professionals about children they had seen in their professional capacities, did not allow Westat to estimate the number of children seen by nonprofessionals, let alone their non-reporting rates.)

Professionals seem to report most of the children they see who are suffering from serious forms of abuse and neglect. Basically, the more serious the maltreatment, the more likely a report. The surveyed professionals failed to report only 15 percent of the fatal or serious physical abuse cases they saw. They also failed to report about 28 percent of the sexually abused children they saw, and 40 percent of the moderate physical abuse cases they saw (see Figure 4).

Non-reporting was concentrated in five types of cases: educational neglect (85 percent not reported); emotional neglect (76 percent); moderate physical neglect cases (75 percent); serious physical neglect cases (67 percent); and emotional abuse (56 percent) (Sedlak 1991, 3-19).

This means that, in 1986, about 2,000 children with observable physical injuries severe enough to require hospitalization were not reported. Over 100,000 children with moderate physical injuries were also not reported, as were over 30,000 apparently sexually abused children.

These results are difficult to interpret, however, in part because of the problems with Westat's classifications of severity described above. In addition, the large proportion of unreported educational neglect cases reflects the fact that most communities do not consider them to be within the jurisdiction of child protective agencies.

Many people ask whether this vast increase in reporting signals a rise in the incidence of child maltreatment. Although some observers believe that deteriorating economic and social conditions have contributed to a rise in the level of abuse and neglect, it is impossible to tell for sure. So many maltreated children previously went unreported that earlier reporting statistics do not provide a reliable baseline against which to make comparisons. One thing is clear, however; the great bulk of reports now received by child protective agencies would not be made but for the passage of

Figure 4: CPS Awareness of Maltreated Children By Type

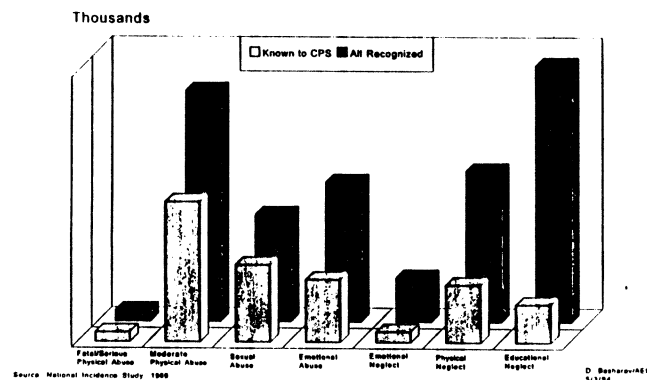
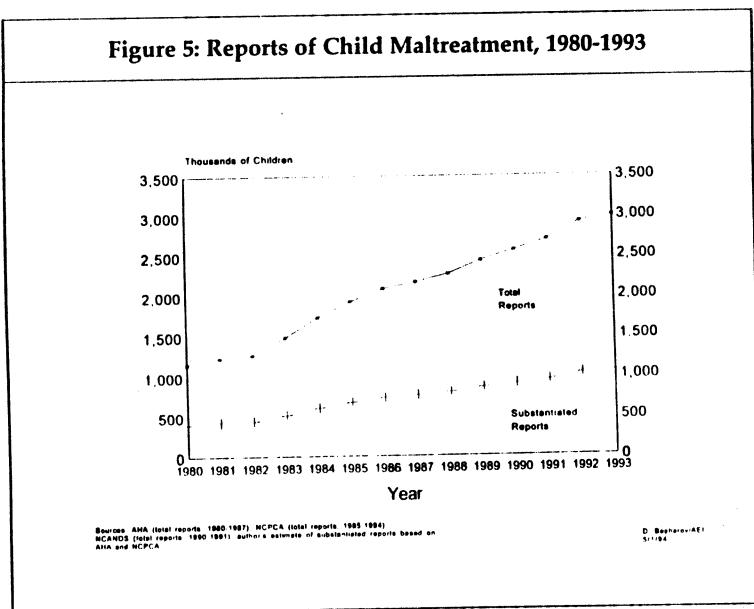


Figure 5: Reports of Child Maltreatment, 1980-1993



mandatory reporting laws and the media campaigns that accompanied them.

Although child protective programs still have major problems, some of which are discussed in this essay, the results of this twenty-year effort to upgrade them have been unquestionably impressive. All states now have specialized child protective agencies to receive and investigate reports, and treatment services for maltreated children and their parents have been expanded substantially. Federal and state expenditures for child protective programs and associated foster care services now exceed \$6 billion a year.<sup>9</sup>

As a result, many thousands of children have been saved from death and serious injury. The best estimate is that over the past twenty years, child abuse and neglect deaths have fallen from over 3,000 a year—and perhaps as many as 5,000—to about 1,100 a year (Sedlak 1991, 2-2, Table 2-1; Daro 1994, Table 3). In New York State, for example, within five years of the passage of a comprehensive reporting law which also created specialized investigative staffs, there was a 50 percent reduction in child fatalities, from about 200 a year to under 100 (N.Y.S. Department of Social Services 1980, Table 8).

This is not meant to minimize the remaining problem. Even

at this level, maltreatment is the sixth largest cause of death for children under fourteen years of age.<sup>10</sup>

**Substantiated Reports.** After a report is made, a child protective agency is supposed to investigate it to determine whether there is reason to be concerned about the child and, if so, what action should be taken. All states make this a formal process which concludes with a determination that the report was "substantiated," "founded," or "indicated" (terminology differs) or, conversely, that the report was "unsubstantiated," "unfounded," or "not indicated."

Collecting data on state substantiation rates is even more difficult than collecting data about raw reports, partly because states do not always keep the information and partly because there can be a long delay between the making of the report and a final decision about its validity. Nevertheless, all the efforts to collect nationwide data on the subject point toward a decline in the substantiation rate in the past twenty years.

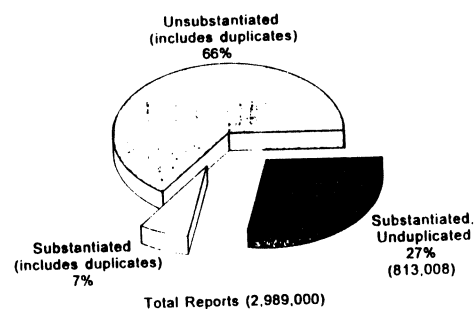
Most recently, the National Committee reported that, in 1993, only about 34 percent of the reports received by child protective agencies were substantiated. This is in sharp contrast to 1975, when about 65 percent of all reports were substantiated (American Humane Association 1976, 11). Thus, of the approximately 2,989,000 children reported to child protective agencies in 1993, only about 1,016,000 were actually determined to have experienced maltreatment (see Figure 5).

But even this is an overestimation. Most states are unable to tell how many reports are repeat reports on the same child. Hence, these national estimates are based on duplicated counts—meaning that repeat reports on the same child are added to the total. In its analysis of the Illinois State Central Registry, the Chapin Hall Center for Children found that within one year about 20 percent of the founded reports were repeat reports.<sup>11</sup> Other studies confirm this finding.<sup>12</sup>

Subtracting unsubstantiated cases and duplicated cases from the total number of reports reveals a vastly different picture of child abuse and neglect: The three million reports made in 1993 melted down to about 813,000 children involved in substantiated cases of child maltreatment (see Figure 6).

This leads to a fundamental question: Since the 1986 Westat study seems to have found about 600,000 substantiated reports,<sup>13</sup> which was about what the American Humane Association found

**Figure 6: Child Maltreatment Reports, 1993  
By Substantiation and Duplication**



Source: NCPA, unduplicated figure from Chapin Hall Center for Children

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for the same year,<sup>14</sup> was there really a 200,000 increase in substantiated cases in seven years? And, if so, what seems to be driving it? Is this an actual increase in prevalence? Or simply an increase in professional awareness and sensitivity? Unfortunately, the new Westat incidence study does not satisfactorily address these questions. If anything, it suggests that increased awareness and sensitivity are the major factors driving the increases (Besharov 1996).

But this is children—not families. If we want to see how many families are involved in substantiated cases, a better way to gauge caseloads, we need to divide the number of substantiated reports of children by the average number of children in a family. The National Center on Child Abuse and Neglect estimated that, in 1993, there were about 1.7 children per reported family (McDonald May 1993, 21). This means that, if a case is a family, there were about 478,000 cases of substantiated child maltreatment that child protective agencies handled.

As mentioned above, most experts attribute the increase in reports to greater public and professional awareness. But recent increases in social problems such as out-of-wedlock births, inner-city poverty, and drug abuse, may have raised the underlying rates of child maltreatment. On the other hand, a substantial portion of

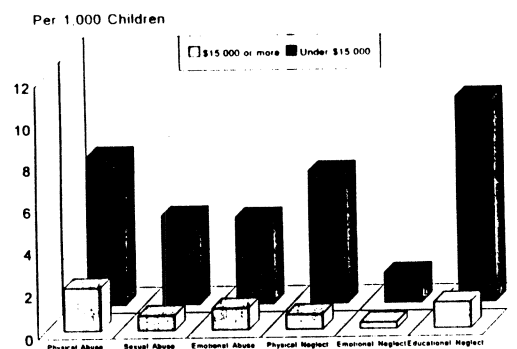
what we call child maltreatment is more properly considered a symptom of poverty and is more appropriately handled outside the nation's quasi-criminal child protection system. The expansion of child protective programs to cover such poverty-related cases could also explain the increase in reports.

## II. The Poverty Connection

A visit to any child welfare office would suggest a strong relationship between child maltreatment and poverty. And yet, data on income, poverty status, and welfare reciprocity is rarely collected in the studies described above. What is available, however, reveals an unambiguous association between maltreatment and poverty.

*Income.* Across all types of maltreatment, prevalence rates are highest among low-income families. Comparing families with incomes above and below \$15,000, the second national incidence study found that the rate of maltreatment was over five times higher in low-income families than high-income families (29.3 vs. 5.5 per 1,000 children) (Sedlak Sept. 1991, 5-27). Two-thirds of all cases of maltreatment identified by the study involved families with incomes below \$15,000. (No further divisions by income were made.)

**Figure 7: Differences in Rate by Family Income, By Type**



Source: National Incidence Study 1990

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These low-income families were more concentrated among particular types of maltreatment. They were nine times more likely than high-income families to be involved in cases of educational neglect and physical neglect, but only three to five times more likely across the remaining types of maltreatment (see Figure 7).

**Poor families also made up the majority of families reported to the authorities.** The Virginia Department of Social Services, for example, found that 45 percent of the families reported to the child protective agencies in 1991 had incomes of less than \$12,000 (Virginia Child Protective Services 1992, 10). (In 1991, the poverty rate for a family of four was \$13,924.) Similarly, in 1976, AHA found (based on incomplete data) that the median family income for reported families was only about one third of the national median income (\$5,051 vs. \$13,900). Almost 30 percent had incomes below \$3,000 (American Humane Association 1976, 13-14).

The association is even greater for AFDC families. In Illinois, for example, 48 percent of the children with founded reports of child abuse or neglect also received AFDC.<sup>14</sup> Likewise, welfare families made up about half of all reported families. Nationwide, AHA found that 49 percent of the families reported for any type of child maltreatment received public assistance, while almost 62 percent of the families reported for neglect received assistance (American Association for Protecting Children 1986, 28).

Further, Pelton found that AFDC parents who maltreated their children were palpably poorer than AFDC parents who did not. They were, for example, more likely to live in crowded housing and to have to share their child's sleeping spot, and they were less likely to have a shower or a telephone in their home (Pelton 1989, 39).

**Poor children also predominate in foster care.** National data on the income of the families of foster children do not exist. To fill this gap, researchers look at the proportion of foster care children who are Title IV-E eligible,<sup>16</sup> that is, whose families received or would have been eligible for AFDC prior to the child's removal from the home. Data from APWA's Voluntary Cooperative Information System (VCIS) show that, in fiscal year 1989, between 55 and 59 percent of the national foster care caseload were Title IV-E eligible (Motz 1994).<sup>17</sup> In New York, California, and Michigan, however, the proportion of AFDC children in foster care is considerably higher. In 1992, the percentages of Title IV-E eligible foster

children in these states were 72 percent in California, 77 percent in Michigan, and 86 percent in New York (GAO June 1993, 57-65). (These three states represented 52 percent of the total foster care caseload.)

A study in Illinois found that children who received AFDC within the first five years of their life were twice as likely as children who did not to be placed in foster care during this period (2 percent vs. 0.8 percent). Title IV-E eligible children made up over 58 percent of the state's foster care population.<sup>18</sup>

The level of poverty-related child protective intervention could grow even higher. Westat's second incidence study found that professionals did not report over 85 percent of the children who had been educationally neglected and 75 percent of the children with moderate cases of physical neglect. As noted earlier, poor children were particularly concentrated in these two types of maltreatment. If greater proportions of these types of "child maltreatment" were reported, an even higher proportion of child protective cases would involve the problems of poverty.

**Family Demographics.** This sharp connection between poverty and child maltreatment is further concentrated among families headed by single mothers, especially those who had their first babies as unwed teens.

**Reported child maltreatment is many times more prevalent among single-parent families than among two-parent families.** In Minnesota, for example, families headed by single parents were almost seven times more likely than two-parent families to have founded reports of maltreatment (28.7 per 1,000 children living in single-parent families vs. 4.3 per 1,000 children living in two-parent families). About 57 percent of all substantiated victims lived in single-parent homes (Minnesota Dept. of Human Services 1993, 48-49). In New Jersey, this proportion was even higher (69 percent) (N.J. Dept. of Human Services July 1993, 23).

The second Westat study showed this relationship by maltreatment type. While fewer than one quarter of the nation's children lived in single-parent families in 1986, 36 percent of those with substantiated reports of educational neglect lived in such homes. The proportions of single-parent families among the other maltreatment types were: physical neglect (33 percent); sexual abuse (32 percent); and physical abuse (31 percent) (Sedlak Sept. 1991, 5-2).

**Reported child maltreatment is more prevalent among families headed by teen mothers than families headed by non-teen**

mothers. For instance, in Illinois, 7 percent of teen-headed families had founded reports of maltreatment, as compared to only 3 percent of families headed by mothers who delayed their birth until their twenties.<sup>19</sup>

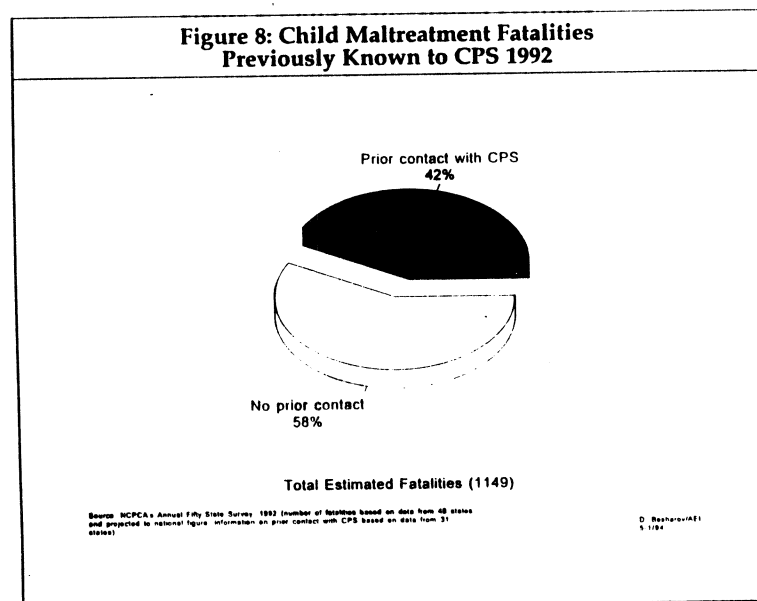
Among mothers on welfare in Illinois, families headed by mothers under sixteen years at the time of their first birth were almost twice as likely as those headed by mothers who delayed childbirth until their twenties to have founded reports of maltreatment (16 percent vs. 9 percent for a four-year period). The likelihood of maltreatment decreased as the age of the mother increased. Thirteen percent of the welfare families headed by mothers who were sixteen to seventeen at first birth, 11 percent of those with mothers eighteen to nineteen at first birth, and 9 percent of those with mothers twenty or over at the time of first birth had founded reports of maltreatment.<sup>20</sup> A study of foster care children in Oregon found that 83 percent of their biological mothers and 85 percent of their fathers were high school dropouts (Pelton 1989, 63).

**A strong association exists between race and reported maltreatment.** Although the Westat studies found no association between the two, this was probably due to the broad definition of maltreatment that they used. The National Center on Child Abuse and Neglect found that black children were greatly over-represented in reported cases—making up 27 percent of the substantiated reports (McDonald May 1993, 34). (Blacks comprised about 12 percent of the national population in 1991 (U.S. Census Bureau 1992, 46).) And, according to APWA, black children were even more prevalent among the foster care population: In 1989, 31 percent of the children who entered foster care were black, 54 percent were white, and 11 percent were Hispanic (Tatara May 1993, 51).

A study in Illinois found that black children were almost three times as likely as white and Hispanic children to have a substantiated report of child maltreatment in their first five years of life. (The rates were 85 per 1,000 black children, 29 per 1,000 white children, and 23 per 1,000 Hispanic children) (Goerge Nov. 1993, Table 48).

*Endangering Abused Children.* Ironically, this overreaction to poverty-related "child maltreatment" can endanger children who are in real jeopardy. Inconsistent as it may seem, given the overuse of child protective programs, workers and judges are deeply conscious of the hazards of foster care. Hence, they hesitate to remove

**Figure 8: Child Maltreatment Fatalities Previously Known to CPS 1992**



children from their parents' custody except in the most extreme cases. Unfortunately, after dealing with so many cases of social deprivation, caseworkers become desensitized to the obvious warning signals of immediate and serious physical danger. Many children are left in the custody of parents who have repeatedly abused them. One study of child abuse fatalities, for example, described how: "In two of the cases, siblings of the victims had died previously...In one family, two siblings of the victim had died mysterious deaths that were undiagnosed. In another family, a twin had died previously of abuse."<sup>21</sup>

The result, all too often, is the child's tragic death. Studies in several states have shown that about 35 to 55 percent of all child fatalities attributed to abuse or neglect involve children previously reported to a child protective agency (Region VI Resource Center on Child Abuse 1981, 26; Mayberry 1979, 109). In 1993, the NCPCA reported that, of the 1,149 child maltreatment deaths, 42 percent had already been reported to the authorities (see Figure 8) (Daro April 1994, Table 4). Tens of thousands of other children receive serious injuries short of death while under child protective supervision.

Part of the problem is the misuse of the child protective system. Social agencies fail to protect children who need help the

most—the victims of physical brutality—by not removing them from their abusive parents. At the same time, they overreact to cases of social deprivation in poor families. In fact, poor, socially deprived children are more likely to be placed in foster care than are abused children. Poor children, in no real danger of physical injury, languish for years in foster care. Living in emotionally traumatic conditions, hundreds of thousands of poor children suffer more harm than if they were simply left at home. When it comes to the plight of these children, we should remember the ancient medical maxim: *Primum, non nocere*—first, do no harm.

Given these realities, many commentators blame poverty for the parents' abusive or neglectful behavior. Certainly "poverty exposes parents to the increased likelihood of additional stresses that may have deleterious effects upon their capacities to care adequately for their children" (Giovannoni 1970, 196, 204). However, lest all families be stigmatized, it is important to remember that most poor families do not abuse or neglect their children. In any one year, fewer than one in five welfare families are reported for suspected abuse or neglect.<sup>22</sup>

### III. An Alternate Intervention

*Past Good Intentions.* The harmful use of child protective programs for what is, in essence, a problem of poverty is another example of good intentions gone awry. Socially deprived children living in poor families have been known to public welfare agencies for decades. Until the mid 1970s, though, these children were the responsibility of the welfare caseworkers assigned to each AFDC recipient family. But then the provision of cash assistance was separated from the delivery of social services.

Besides providing a more efficient means of distributing AFDC funds, the separation of income maintenance from social services was supposed to upgrade the quality of social services for poor families. The planners had dreams of a greatly expanded network of specialized family service agencies to replace the all-purpose welfare caseworker. Unfortunately, this network of services has never appeared. But the need for it remained, so cases of poverty-related maltreatment were transferred to the rapidly growing child protective system. (At the time, state child abuse reporting laws were being amended to require the reporting of child neglect, including emotional neglect.) Thus, responsibility for AFDC children whose needs were not being met by their parents was assumed by the newly expanded child protection system.

There was a major difference, however, between how the child protection system and the welfare system handled these cases. The welfare caseworker saw the family as the client, and was inclined to view poor child rearing as a correlate of poverty, requiring aid to the family as a unit. The child protective worker, on the other hand, rightly sees the child as the client, with poor child rearing as a reason for coercive state intervention. And, most significantly, the two types of caseworkers had entirely different orientations to foster care and court ordered removal. Welfare caseworkers were rarely in court; they were not trained—nor deployed—toward easy access to court and court ordered removal of children from the home. Child protective workers are.

In the context of heightened concern for the "abused" child, giving child protective agencies responsibility for these poverty-related cases of social deprivation inexorably led to more poor children being placed in foster care. (In addition, federal funding for foster care, rather than for in-home services, created an added incentive to resort to foster care.)

In a paper for the U.S. Advisory Board on Child Abuse and Neglect, Leroy Pelton wrote that, "The most effective way to reduce child abuse and neglect would be to raise family income" (Pelton 1993). If only it were that simple.

Norman A. Polansky, Regents Professor of Social Work at the University of Georgia, is the nation's foremost expert on the relationship between poverty and child maltreatment. Through fifteen years of research, he and his colleagues have concluded that the poverty/child maltreatment connection is a complex interaction: "parental personality plays a major role in determining how much income is available [to a family], as well as how it is handled" (Polansky 1981, 25). Polansky's research depicts maltreating parents as:

a group of people with a modal personality: less able to love, less capable of working productively, less open about their feelings, more prone to living planlessly and impulsively, but also susceptible to psychological symptoms and to phases of passive inactivity and numb fatalism. The image is one of men and women who do not cope well with life (Polansky 1981, 109).

These parents are extremely difficult to reach, let alone successfully treat. As Polansky concludes, programs "aimed simply at

increasing income will not solve the problem of child neglect" (Polansky 1981, 25).

*Thinking Long-Term.* If these families are to be helped, they will need long-term assistance. Unfortunately, child protective agencies can rarely provide intensive services over the long haul, even if that is merely defined as over ninety days. Propelled by a combination of budgetary constraints, misplaced faith in our ability to help deeply troubled clients, and single-minded prescriptions, child welfare agencies are focusing more and more on short-term services and treatment interventions.

In fact, it has even come into vogue to support short-term services like Homebuilders. There are times in people's lives when an immediate and decisive intervention can redirect their life course. Such crisis-oriented interventions can often accomplish beneficial change in family functioning more effectively—and more economically—than can long-term, intensive services. Crisis intervention is the essential, theoretical core of programs such as Homebuilders, and it is valid.

Many other families known to child welfare agencies, however, cannot be helped so easily and so quickly. They have more deep-seated problems, with roots in a host of social, economic, and familial troubles—and often going back many generations. For these families, to think that sustainable change can occur in thirty days, in sixty days, or in ninety days is wishful thinking. Worse, it undermines support for the kinds of on-going efforts that must be made on behalf of these deeply-troubled families.

There is an analogy here. It is unpleasant to talk about it this way, but if you accept that some of these clients have severe emotional handicaps as real as the physical disabilities that other people face, then picture a world in which we give someone a wheelchair, for thirty days or sixty days or ninety days—and then take it away. In child welfare work, this is what happens all too often.

When I was first appointed director of the National Center on Child Abuse and Neglect, I visited an inner-city multi-service treatment center. The center had a wonderful therapeutic day-care nursery and a counseling program for some relatively dysfunctional families. After the program had been set up, the staff realized that the three-room apartment over the day-care center could be used as a residential facility for severely dysfunctional families. Their plan was to place a family in the apartment and to nurture

the family with services until it no longer needed their help—and then to move in another family, and then another family, and so on.

I visited this center about three years after it had opened. The same family that had moved in three years earlier was still living there. The parents were coping well, I should add, and were taking proper care of their children. But, speaking metaphorically, they were still in the wheelchair. They could have been moved out of the apartment but, and this is the point, they still would have needed sustained support and supervision.

To help families like this one—and there are more of them than any of us would like to acknowledge—we must develop an infrastructure of long-term services. There is no magic about how to do this. The answer comes from the past, from the types of services that we have let atrophy in recent years.

In most communities, for example, the public child welfare agency used to maintain a "family service" or "preventive service" unit for long-term family supervision. Never well-funded, these units have shrunk considerably as agencies have responded to the often crushing burden of investigating an ever-increasing number of reports of suspected child abuse and neglect.

In-home services have likewise suffered. Homemakers, for example, were always in short supply, and many questioned how they were used. Nevertheless, most public child welfare agencies once could place homemakers with troubled families for extended periods of time. Now, budgets for homemaker services have all but withered away.

In thinking about long-term services, however, it is a mistake to think solely about what child welfare agencies can provide. At some point, child welfare agencies need to be able to turn families over to less intensive, more voluntary, community-based service programs.

As mentioned above, caseworkers used to be assigned to every AFDC family, and these caseworkers used to visit the families at home on a regular basis. There were, of course, abuses of the process: Many of us remember the notorious bed checks. Some of these workers thought their only job was to enforce the man-in-the-house rule, but many more saw themselves as helpers, as facilitators, and as encouragers of improvements in their clients' lives. Many assessed the functioning of the families on their caseloads to determine which needed on-going supervision and support. For these families, caseworkers made sure the children got to school,

even if that meant signing them up themselves; that children were immunized, even if that meant going with the family to the clinic, and that a host of other needs were also met.

With the separation of income maintenance and social services in the mid 1970s, this capability to provide on-going and non-categorical social services was lost. It is time to build a new and improved version of this lapsed infrastructure. Such preventive and supportive services would help families across the spectrum of social welfare programs, including AFDC, Medicaid, Food Stamps and WIC. This is the only way to provide coherent and coordinated long-term services to disadvantaged and at-risk families.

The challenge would be to build a program that is capable of both sustaining the long-term participation of the mothers and achieving some constructive change in their behavior. Developing plans for such a program would be a major objective for the project and, although much work still needs to be done, the program's essential elements would probably include: *Educational services*, including classes in cooking and housekeeping, literacy, and child development and parenting; *child care* for children while their mothers are in classes, work, or other activities; *health services* for the mothers and the children; some form of *home visitation* for families at risk of other social problems; sadly, for a large group, *drug and alcohol abuse treatment services*; *anti-smoking services*; and finally, *contraceptive services*, especially for the younger mothers. (These latter services should be voluntary in every sense of the word, but they should be provided with a clear message that, just as doing drugs is stupid, so is having another child out of wedlock.)

One important element of this service would be a modified version of a home-visitor service, an idea that C. Henry Kempe personally nurtured for many years and that was endorsed by the Federal Advisory Board on Child Abuse and Neglect. I say modified because the home visitors should be an adjunct to the standard package of child welfare/child protective services. In addition, an attempt should be made to recruit entry-level staff who have more in common with the families they are seeking to help, that is, who share similar social and economic backgrounds as their clients.

The base for such a program could be the expanded Head Start program. There is even a name for the revised approach, "two-generation programs," and it has three interrelated elements:

(1) reaching disadvantaged children much earlier with more intensive developmental services, (2) helping low-income parents to nurture and teach their own children, and (3) encouraging unemployed parents to work or continue their education.

Finally, humility and caution should infuse any new effort to create such a service structure. The problems faced by poor families make action along the lines described in this paper necessary, but too many questions remain unanswered to rush headlong into radically new programs. The history of social engineering is strewn with examples of perverse and unintended consequences from even the most promising of programs.

Planning should be based on properly controlled, multi-year experiments to determine the effects of new policies. Tentative as it may seem, we should adopt a step-by-step approach, securing sound successes and avoiding over-promising and over-reaching. After all, we are tinkering with the lives of some of the most deprived and the least powerful among us.

#### IV. Implementation and Political Feasibility

First, a reality check. No one in their right mind would say that this is a good time for social welfare programs in this country. In recent years, over thirty states have experienced such substantial budget deficits that they have had to cut or freeze child welfare spending. Twenty and 30 percent cuts in services are all too common.

At the same time, the problems clients face have worsened: Poverty rates are rising. Drugs are a plague on the parent-child, and especially the mother-child, relationship. More clients of child protective agencies live in violent, hurtful neighborhoods where powerful environmental forces add an extra obstacle to their doing better.

These are the realities within which services must be planned and provided. They should shape our understanding of what contemporary child welfare services can—and cannot—accomplish. Within this context, there are three other hurdles to recreating the kind of service structure I have described in this work. One is budgetary, one is conceptual, and one is political in nature. Ironically, it is the latter two that probably pose the bigger challenges.

*Budget Worries.* It would be wrong to delude ourselves into thinking that long-term services are somehow cheaper than short-term ones. On the other hand, they need not be as expensive—or as out of reach—as we sometimes fear. The key is in the structure

and orientation of the services.

Anyone who has reviewed child welfare cases has found numerous repeated reports on the same family—over the course of many years and often across generations. The best estimate is that, over time, the families in about half of all substantiated cases are reported again. (The cases in the other half, significantly, are not reported, suggesting that child protective intervention has an immediately beneficial impact on many families.)

So, in a horribly distorted sense, we do have long-term services. We open a case on a family and we close it, only to open another one on the same family and close it again, year after year, generation after generation. Hence, we end up providing services to a family for many years. But there is a cost: More time is spent investigating the repeated reports than with helping the family with their problems. And, of course, there is neither the continuity of service nor the continued momentum of sustained therapeutic involvement needed to achieve personal change.

I do not mean to suggest that keeping such cases open would result in vast savings. However, a long-term orientation toward services could save investigative and administrative resources that would be better used for treatment services. (A key challenge, of course, would be to distinguish between those families that require long-term help from those that do not.)

Other efficiencies are also possible. Readers who know my work on unfounded reports of child abuse know that I believe considerable savings could be achieved by reducing the number of inappropriate reports. Better professional and public education about what should and should not be reported, and improved screening at intake hotlines are needed.

Thus, even in the current fiscal atmosphere, calling for an increase in the amount of long-term services available to the clients of child welfare agencies is not as quixotic as it might seem. Nevertheless, providing long-term services can be prohibitively expensive if agencies do not know when or how to turn off services. That family living over the day-care center had already been there for three years—and it looked as if they were never leaving. Clearly, some constraint on the amount of services provided would have to be imposed.

Choices would have to be made about what services can reasonably be provided over the long-term. In other words, financial realities will prevent us from providing a Cadillac (or a BMW). But

we can probably afford a Ford. And isn't a Ford better than no car at all? That's the real alternative.

*Political, Professional and Bureaucratic Opposition.* A bigger barrier to developing long-term services, though, is conceptual and perhaps ideological in nature. For, truth be told, long-term services began to disappear long before the last recession. As a field and as a society, we do not like to think long-term. Three examples illustrate this shortcoming.

First, it is hard to build support for a strategy that does not promise immediately dramatic results. A long-term strategy just isn't sexy. In fact, it requires agencies to lower their programmatic sights. For many of our families, the most realistic goal for intervention is stabilization—not cure. That's simply not an inspiring goal; it is hard to build excitement for a program that, instead of promising to cure child abuse, seeks merely to manage it.

A major attraction of Homebuilders-type, family preservation programs, for example, lies in their promise to reduce foster care placements through a time-limited, four- to six-week dose of services. So, some creative nomenclature might help. How about: "long-term family preservation?"

Second, working with seriously dysfunctional families is not for the faint-hearted. Often the parents—and sometimes the children, too—do not welcome intervention, however well-meaning. Instead, they can be unpleasant, hostile, and even violent toward caseworkers and other helping professionals. Even when they do want help, they can be frustratingly unable to keep appointments, let alone to follow through with treatment plans. Behavioral change, in other words, can come slowly, if at all.

Third, a long-term perspective on client needs raises many controversial and discomfiting issues. Family planning and contraception come immediately to mind. Many of the parents in greatest need would do much better if they had better control over their own fertility.

How many times have we seen a drug-addicted mother's children taken from her, either all at once or one-by-one as they are born? Some of these mothers want to have more children. Many others do not, but have lifestyles and personalities not conducive to traditional methods of contraception. Our aim should not be to coerce abstinence or contraceptive use, but, rather, to help motivate clients by encouraging them to gain control over their own lives.

Technology may also help. Norplant and Depo-Provera obviate the lifestyle problems of other forms of contraception while being fully and easily reversible.

One need not agree with me about contraception to recognize how the issue is much more likely to arise during a long-term service relationship than in a brief one. And that is my point. Making a real commitment to these families means trying to address their real and multiple needs, whether for education, job training, employment, or contraception.

The obstacles to developing a long-term service capacity are great, and there can be legitimate debate about their scope and orientation. But the plight of these parents and their children (and the parents as well as the children deserve our humane concern) imposes a moral duty to respond. To do otherwise is to condemn a very large percentage of our caseloads to a life of continuing deprivation and despair.

It is not as if the overlap between child maltreatment and poverty is not known to large elements of the research and policy-making world. But making shifts in the institutional arrangements and funding streams described above requires the kind of political leadership in short supply these days.

Moreover, besides the usual political and bureaucratic inertia, there is another force against change. The current atmosphere—with its near hysterical obsession on preventing every last child fatality—puts enormous pressure on state and local officials to widen even further the child protective net.

How powerful are these forces? Even an administration like the Clinton Administration, with many senior officials who have written authoritatively about the need to limit state child protective intervention, finds itself pushing the states to expand their definitions of reportable child abuse and neglect—under threat of withheld federal payments.

Moreover, numbers have become an important element in reporting about social problems. One gauge of a problem's newsworthiness is its size, which, of course, creates an incentive for program advocates to exaggerate. Currently reported child abuse statistics are no exception. Up to now, though, most child welfare officials—in federal, state, and local agencies—have been reluctant to correct the public's misconceptions about the size of the problem, because they fear that such honesty will discredit their efforts and lead to budget cuts.

In the face of these substantial obstacles, the prospects for convincing the federal Congress to make the kinds of changes described in this essay seem dim. But the same is not true at the state and local level, where the harms caused by the current system are most palpable. It seems within the realm of possibility that one or more localities will try to reorient their systems. If they do so successfully, then others will likely follow—including, eventually, Congress. Given the need, the effort is well worth making.

#### Notes

1. As contrasted to annual "incidence," which would count the total number of "incidents." An incidence study would add five incidents to its count if a child was abused five times during a year, while a prevalence study would add just one child to its count. The difference, obviously, could result in widely different counts, which, as we will see, seems to be distorting official reporting statistics.
2. This is a substantial and confusing difference, since some states include all children in the family automatically, whether or not they have actually been abused or neglected.
3. The original report for this study contained inaccurate information because of weighting errors by Westat (see Sedlak September 1991).
4. This essay does not report on "The Third National Incidence Study of Child Abuse and Neglect" (1996) because all of the data from the study have not yet been released and the data that have been released raise too many questions of interpretation to be used at this writing (see Douglas J. Besharov, "Child Abuse: Threat or Menace?" *Slate*, October 4, 1996, p.9, Jacob Dembosky.)
5. Actually, the professionals were not asked the ultimate question of whether the children appeared to be "abused" or "neglected." Instead, they were asked to identify children with certain, specified harms or conditions which were then decoded into a count of various types of child abuse and neglect.
6. The percentages add to over 100, because one calculation was made for children falling within each applicable category of maltreatment and a separate one was made for the total number of maltreated children (Sedlak 1991, 2-15).
7. The estimated number of maltreated children increased from 625,100 children in 1980 to 931,000 in 1986. Over 90 percent of this increase was among moderate cases. A proportion of these moderate cases, however, were cases of sexual abuse, which, for the reasons described above, might more properly be classified as "serious." Unfortunately, Westat's published report does not provide sufficient information to enable us to exclude sexual abuse cases from the increase in moderate cases. (Sedlak 1991, 3-11).
8. Two major efforts were conducted for the federal governments National Center on Child Abuse and Neglect by the American Humane Association (1974-1987) and Walter R. McDonald & Associates, in con-

junction with Bowers & Associates and the American Humane Association (1990 to present).

9. Federal expenditures for foster care, child welfare, and related services, which make up less than 50 percent of total expenditures (state and federal) for these services. In 1992, they amounted to: \$273.9 million for Title IV-B child welfare services; \$1,192.1 million for Title IV-E foster care maintenance; \$1,017.7 million for Title IV-E foster care administration and training; \$70 million for the Title IV-E independent living program; and \$219.6 million for Title IV-E adoption assistance, totaling \$2,773.7 million. In addition, states may use a portion of the \$2.8 billion federal Social Services Block Grant for such services, though detailed data on these expenditures are not available. Beginning in 1994, additional federal appropriations will fund family preservation and support services (an estimated \$60 million in 1994 and \$150 million in 1995). (House Committee on Ways and Means. July 1993. 1993 green book. Washington, D.C.: U.S. Government Printing Office. Table 2, 886; and U.S. Government Printing Office. 1994. Budget of the United States government: Appendix. Fiscal year 1995. Washington, D.C.: U.S. Government Printing Office. 451.)

10. Based on comparison data from Government Printing Office. 1980. Vital statistics of the United States for 1980: Advanced report of final mortality statistics. Washington, D.C.: U.S. Government Printing Office.

11. A rough estimate calculated using 1990 data from the Illinois State Registry.

12. In its study, AHA found that about 25 percent of all reports to child protective agencies were repeat reports. AHA also cites a 20 percent duplication rate for official reports analyzed in Westat's second incidence study (American Association for Protecting Children 1988, 9).

13. The second national incidence study estimated that about 26 percent of the 1.7 million official reports were founded. An additional 26 percent of the reports were still pending at the close of the study. This indicates that somewhere between 440,000 and 870,000 children were substantiated as victims of child maltreatment that year. We believe the pending cases are more likely to be determined unfounded than founded, so the most probable substantiation rate is around 35 percent, or about 600,000 substantiated victims (Sedlak 1991, 7-4).

14. Based on data from 30 states, AHA estimated that reports concerning 737,000 children were substantiated in 1986. Given a 95 percent confidence interval, however, anywhere from 603,000 to 871,000 children might have been substantiated that year. (American Association for Protecting Children 1988, 11).

15. This figure refers to first-born children born in 1988. Of the children who had a founded report of maltreatment at some point in their first five years of life, 48 percent also received AFDC at some point during this time (Goerge November 1993, 14).

16. Title IV-E funding supports the placement and maintenance of AFDC children in foster care.

17. Based on data from 25 states, at the start of FY 89, 55 percent of the

foster care caseload were Title IV-E eligible. Of the children in care at the end of FY 89, 59 percent were Title IV-E eligible.

There is some evidence that states may be underestimating the number of poor children in their foster care population. In fiscal year 1990, the State of Colorado only claimed Title IV-E funds for 29 percent of their foster children, substantially lower than the national monthly average of 41 percent. A 1990 Performance Audit of the Colorado Department of Social Services revealed that the proportion of Title IV-E eligible foster children residing in Colorado was actually much higher, but the lack of proper identification and coding of eligible children resulted in a gross underestimation of the number. The audit found that many county department personnel were not even aware of the criteria for determining eligibility. Others thought it was not worth the paper work if the child was to be in placement for only a short time. Because of a sharpened focus on identifying Title IV-E eligible children, the proportion of Title IV-E children in Colorado foster care this year was around 54 percent.

18. This study looked at first-born children born in 1988 (Goerge November 1993, 15).

19. These figures represent the proportion of families that had their first child in 1988 that had founded reports of child abuse or neglect within five years of the birth the child (Goerge, R. November 1993. Table 49).

20. These figures represent the proportion of welfare families who had founded reports of child maltreatment at any time in the four-year period 1986 to 1990.

21. Confidential report held by author.

22. Author's estimate based on Social Security Bulletin (1984) reporting that, in 1983, 3,721,000 families received AFDC.

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