
Families Frequently Encountered by Child Protection Services:

A Report on Chronic Child Abuse and Neglect

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Introduction¹

Child Protection Services (CPS) receives reports of alleged child abuse and neglect (CA/N) on hundreds of thousands of families throughout the United States each year. For some of these families this is one time event and they are never seen again. Others either have had previous contact or will have further contacts in the future. Among these, there are families that may have one or two “recurring” reports. Other families are reported again and again. In this paper these will be referred to as *frequently encountered* (FE) families. How many FE families there are depends on the way they are defined. Nonetheless, even under the strictest definitions, FE families constitute the primary burden and work of CPS. The proportion of time that CPS workers spend with these families, costs of services to families and out-of-home placement of FE children far outweigh their representation among all families and children served by CPS. Any reduction in the number of FE families would have far reaching ramifications for the CPS system. However, because children are at risk in FE families, the reduction must come not by finding ways to avoid or turn away such families but by addressing more effectively the underlying problems that threaten child safety and welfare and lead to new CA/N reports.

The purpose of this study is practical. It is to apply empirical findings to answer certain basic questions about the nature of FE families and the way CPS has traditionally dealt with them. We will ask, what can be done to stem the repetitive cycle associated with FE families? As will become clear, FE families often have multiple problems that require a variety of social support responses and in many cases clinical treatments. This is a massive topic that goes far beyond the scope of this paper. The focus of this report is more modest—to identify barriers within the structure of CPS that make responses to FE families less than effective. A parallel question is, what are the characteristics of families that are *not yet chronic but later become so*. These are families that are determined to be low risk on risk assessment scales but nonetheless have many later reports and CPS cases—so-called *false negatives*. The question is, can families that are likely to become FE be distinguished early before they become FE, and if so, what preventive measures may be taken?

The term “frequently” will be taken to mean numerous encounters over a period of years—sometimes throughout the entire childhood of children. Families identified as FE will have been reported to CPS many times. The term “encounter” refers primarily to the process of receiving CA/N reports and responding with formal investigations or family assessments. Encounters with families may end at this point depending on the findings of investigations or family assessments, on the safety needs of children or on the service needs of families. For a minority of reports, encounters may be extended by opening formal service cases within CPS, providing various support and remedial services to families, and in some instances removing children and placing them in substitute care. In this sense, encounters may last for months or years. At some point, the encounter is terminated—the investigation or assessment ends with no findings, the formal case is closed, or children that were placed are returned home, are adopted or age out of the CPS system. In frequently encountered families the process is repeated many times in later months and years as new reports of CA/N are received.

¹ This work was supported in part by the Center for Community Partnerships in Child Welfare (CCPCW). The conclusions and policy recommendations in this report are those of Institute of Applied Research and do not necessarily reflect the views of CCPCW.

The process is made somewhat more complex by reports that are received while families are being initially assessed, during cases or while children are in placement. These reports are a small minority of all reports (less than five percent per year), and in this analysis we will treat each new CA/N report as if it were a fresh encounter with a family whether or not a family was simultaneously in contact with CPS.

Currently there is no agreed upon terminology to designate such families. The most commonly used term has been “chronic neglect.” This term describes an essential element of FE families, as we will see, that they have more reports of child neglect than child abuse. However, it is also extremely pejorative and unsuitable for use in working with families. It can also be misleading because scattered among reports of child neglect on FE families we also find a surprising number of reports of physical and sexual abuse of children.

This study is concerned with families as dynamic systems. The focus is not primarily on individual children, parents or, so called, perpetrators of child maltreatment but on the entire collection of children, caregivers and other adults that compose each family. The FE family is considered as a system, within which child abuse and neglect (CA/N) repeatedly occurs and the conditions and causes of CA/N are persistently present. Families are complex when examined at a particular point in time. They are doubly complex when examined over time, as a study of frequent encounters requires, because they often change in composition and intra-family relationships.

Frequently Encountered Families in this Analysis

Practitioners are well aware of the existence of FE families and experienced workers can recount stories of particular families that return again and again to the system. The research interest in CA/N *recurrence* (sometimes called CA/N recidivism) may have arisen in part from the recognition that some families encountered by CPS at any one point in time (i.e., in static research designs) had had earlier contacts with CPS. Some families were apparently being seen for the first time. For other families, the current encounter was simply one in a sequence of encounters.

Percentages of families with recurring reports have differed significantly in research reports. A recent review of the literature on CA/N recurrence (Fluke and Hollinshead, 2003), cited rates of recurrence reported in studies ranging from values less than five percent to over 66 percent. The variation is partly the result of definitional and data differences—disagreements over what should be counted as an encounter (see, for example the discussion in the next section of substantiated versus unsubstantiated reports), differences in the length of time that families are followed, in the way CA/N is detected (e.g., county versus statewide hotline systems), and in the way the data is recorded and families are tracked over time in local and state data systems. As these elements vary, wide ranging differences may occur in estimated proportions of families with recurring reports and, consequently, proportions of families that might be defined as chronic or FE. Other disparities result from real variations in CPS populations from one locality to another. Differences exist in report screening, that is, decision making about which of the many

reports received via child abuse and neglect hotlines will be *accepted* for further follow-up and which will be rejected because they are judged not to be about child abuse or neglect or not to be serious enough to warrant contacting the family. Differences also exist in substantiation, case opening and child removal dependent on legal and policy differences from state to state and upon differences in populations. Furthermore, the populations of CPS families targeted for research may vary significantly from one study to another.

The approach taken in this report is to define recurrence and frequent encounters by focusing on the mechanism that brings families into contact with CPS—CA/N reports that were accepted by CPS for investigation or family assessment. As noted, some studies of CA/N recurrence have limited their focus to *substantiated* reports, that is, to reports in which an investigator has determined that abuse or neglect actually or very likely occurred. The assumption has been that substantiation is confirmation of abuse and neglect while *lack of substantiation is a disconfirmation* of abuse and neglect. This is an important issue that merits further discussion.

Multiple *accepted reports* rather than multiple substantiated reports were used as a measure of recurrence and FE in the present study for two reasons. First, the primary samples were composed of CPS families in Missouri and Minnesota where CPS reforms have limited the number of investigations that occur. Under the differential response systems operating in these states (discussed more fully below), the majority of reports are *not* investigated. Instead they receive non-adversarial family assessments, which do not involve formal findings or substantiations of CA/N.

Secondly, there are methodological reasons for defining recurrence in this way. *Unsubstantiated does not mean false or incorrect*. Rather it means *unable to substantiate*. Some unsubstantiated reports are incorrect but the proportion in which this is the case cannot be known. It is better to think of a report *as a warning signal* from someone in the community, more often than not a professional dealing with children, indicating that the safety and welfare of a child may be threatened. This means that a CA/N report is one indicator of the risk of future abuse or neglect. If reports are risk indicators then reports alone, whether investigated or not and whether substantiated or not, should predict new reports and ultimately the emergence of FE. This is considered in more detail in the next section.

Unsubstantiated Reports in the Traditional CPS System

In the traditional CPS system, most reports of child abuse and neglect, if accepted for investigation, are either substantiated or unsubstantiated. Substantiation refers to the outcome of the traditional CPS investigation: findings of child maltreatment or probable cause to suspect maltreatment. The majority of reports of child abuse and neglect traditionally have not been substantiated. Investigations were conducted in these cases, usually involving interviews of family members, children and reporters and sometimes physical examinations of children but investigators concluded that the allegations of the report could not be confirmed. While investigators sometimes provide services to families, CPS has traditionally walked away from

the large majority of families with unsubstantiated reports. In this way, such families have been treated as if they were never reported.

While we can never know whether unsubstantiated reports of child abuse and neglect were false or whether they were true but simply unable to be substantiated, we can determine whether reports are indicators of risk of future child abuse and neglect. In the following analysis we ask whether reports alone—either substantiated or unsubstantiated—are associated with new reports of child abuse and neglect. The answer has implications for research on child abuse and neglect. New reports alone should be treated as negative outcomes. More importantly, there are policy and service implications. If reports alone are risk indicators, a different approach may be in order for reported families by restricting formal CPS investigations to situations of severe threat to child safety and making preventive services available to all other reported families without regard to immediate child safety concerns.

When a report of child abuse and neglect is received, it means that someone who is in contact with a family believes that a child is either being harmed or in danger of harm. Professionals, such as teachers, policemen and medical workers, are responsible for the majority of CA/N reports. Family members, friends and neighbors call in the remaining minority of reports. CPS investigators by substantiating reports are adding their assent to the judgments of reporters. In substantiated reports two different people have more or less concurred that child abuse or neglect occurred or that children were endangered. In unsubstantiated reports only one person has asserted this.

On this basis it seems reasonable to consider substantiated reports as superior indicators of danger to children than unsubstantiated reports. However, when a CA/N report is investigated and is *unsubstantiated*, should this be taken to mean that no maltreatment occurred, that no child safety threats currently existed in the family, or even more pointedly, that no risks to children existed in the family? To do so, is to make lack of substantiation a positive finding—that conditions and activities in the family are acceptable and safe—rather than what it really is most of the time: the *failure to prove* that maltreatment occurred or the *failure to confirm* that dangerous conditions existed that threatened child safety. As Drake and Pandey (1996) noted, substantiation implies two things: harm or the risk of harm occurred and evidence was found that supports and confirms the maltreatment. Moreover, because traditional CPS investigations are focused on the allegations of the report, conditions—sometimes highly dangerous—that threaten the health and welfare of children and their long-term safety may be ignored.

Before proceeding it might be helpful to distinguish these three concepts: Child *abuse and neglect*, child *safety* and *risk*. These are generally distinct concepts. However, the three are related, and consequently, are often confused. Child abuse and child neglect each refer to historical events. Investigations of child abuse and neglect, therefore, have an essential retrospective orientation: did the alleged maltreatment actually occur, were children in the family victimized, and who was the perpetrator of the maltreatment? For example, was a child actually physically harmed or sexually abused or left unsupervised by someone who was responsible for their care?

Investigators and CPS workers in general are also concerned about the safety of children in their current situation and immediate future dangers. Child safety is a prospective concept. Does the situation of the children make it likely that they will suffer injury in the short-term? For instance, does a sexual predator have access to the children; is the caregiver physically or mentally capable of caring for the children; is the home itself an unsafe environment for the children. Child safety is also a broader concept that extends into domains over which caregivers have no control. For example, are children unsafe in high crime rate areas? However, CA/N and child safety overlap because certain types of abuse and neglect imply future safety issues. For example, *past instances* of lack of supervision coupled with lack of serious concern about caring for the children may be an indicator of ongoing safety problems.

Risk refers neither to past CA/N nor future safety. Children may be at risk of abuse and neglect in families where no past abuse or neglect has occurred and where no clear safety problems are currently found. Risk refers to characteristics of families, family members and the situation of families that are *known to be associated* with CA/N. Sometimes the connection between risk factors and abuse and neglect is not at all obvious. For example, child abuse and neglect is more likely in families with several children than only one child. Families with several children are at higher risk of CA/N. In other cases it is clearer. For instance, children in intensely poor families are more likely to be inadequately nourished or poorly clothed in the future. Whether obvious or not, risk is a population concept. Risk, like child safety, is a prospective concept in that it embodies a prediction about families. But it is not a certain prediction. Risk refers to the *statistical probability* that CA/N will occur in the future in large populations of families with certain characteristics. However, no particular risk factor is a perfect predictor of child abuse and neglect—for example, child abuse occurs in only some large families. Most poor families manage to feed and clothe their children.

Risk, CA/N and child safety may overlap in that past CA/N increases the risk of future CA/N, and the presence of child safety problems is often associated with underlying risk factors. Regarding the latter, the previous example of lack of supervision plus lack of proper concern (safety indicators) may be found more often in families with young and inexperienced parents (risk factors). The three concepts also define levels of prevention. Reducing risk of CA/N requires primary and secondary preventive efforts that target broader populations. Safety from abuse and neglect and confirmed CA/N require secondary and tertiary prevention that typically target families in which child maltreatment is suspected or has been confirmed..

Risk and past child abuse and neglect are related in that past substantiated reports and past formal CPS cases, that is, previous encounters with CPS are powerful predictors of future encounters. The likelihood of future CA/N substantiated reports increases based on the number of previous substantiated reports. The preceding discussion suggests that the same might also be true of unsubstantiated reports. First, child maltreatment may have occurred whether or not it was confirmed. Second, even if no immediate abuse or neglect had occurred broader threats to child and family welfare that constitute risks of future child abuse and neglect may have been present.

Some recent research supports this idea. Drake et al. (2003) conducted analyses of 14,707 children with an initial CA/N report during 1993 and 1994 that was either substantiated

or unsubstantiated. The children were tracked over a (maximum) 54-month period from the date of the initial (index) report to determine three kinds of recurrence: whether they were 1) re-reported, 2) substantiated re-reported or 3) placed in foster care. No differences were found for the first variable, that is, children with an initial substantiated report were re-reported at about the same rate as children with an initial unsubstantiated report. Differences were found for the second and third variables in the rate of new neglect reports but not for other types of maltreatment, that is, children with an initial substantiated report were more likely to have a later report of child neglect than children with an initial unsubstantiated report. Similar results were found for case (family) level analysis.

In another study, Hussey et al. (2005) examined outcomes for 806 children in four US locations. They found no significant differences on several measures of developmental and behavioral outcomes between children with one or more unsubstantiated reports to CPS by age 8 versus children with at least one substantiated report by age 8. All the children in these two groups, therefore, had been reported at least one time for child maltreatment. If substantiation of a CA/N report means that greater harm to children occurred compared to an unsubstantiated report it might be expected that more children with substantiated reports would be damaged and that the damage would be manifested in higher rates of problems in behavior and development. This was not the case. On the other hand, differences in behavior and development were found between each of these two groups of children (substantiated and unsubstantiated) and a third group that had never been reported to CPS. The variable that had effects on outcomes was *any report of child maltreatment*, not substantiated reports.

These two studies suggest that the emphasis on substantiating reports through formal investigations of child abuse and neglect may be misplaced. Careful collection of evidence and substantiation of child maltreatment is important in court-involved cases where investigators and caseworkers will be called upon to provide legal evidence for their actions and recommendations. These are a minority of families in most states and jurisdictions, however. Most reports do not lead families into the juvenile/family court.

Because this paper is concerned with sequences of reports that characterize FE families, a different but related question is relevant. The two studies just discussed were concerned with whether a single substantiated versus a single unsubstantiated initial (or index) report was related to later outcomes. In this study we are concerned with sequences or series of reports over time, and ask: *How do past sequences of reports predict future report recurrence (re-reporting)?*

We know that past reports of child abuse and neglect increase the risk of future reports. We can ask whether the number of past reports is *additive*. If the number of past reports is additive then two substantiated reports would be a stronger predictor of future danger than one, three would be a stronger predictor than two, and so on. Similarly, if unsubstantiated reports have additive effects two such reports would be stronger than one, three than two and so on. Are both kinds predictive and are they both additive? Does the number of previous substantiated reports additively predict later substantiated reports ($S \rightarrow S$)? Does the number of previous unsubstantiated reports additively predict later substantiated reports ($U \rightarrow S$)? Finally, are combined substantiated and unsubstantiated reports stronger additive predictors than either separately ($U+S \rightarrow S$)?

In keeping with the focus of this report, this analysis concerns reports *for families*, that is, any report on any child who is a member of the family by any alleged perpetrator.

To examine this, all unsubstantiated and substantiated reports were counted for a sample of 9,829 Missouri families during a two-year period from mid-1993 through mid-1995.² Then, during the next two years the same families were categorized in one of two ways: received no substantiated reports or received one or more substantiated reports. If the answer to U→S question is yes, a relationship would have to appear between the number of unsubstantiated reports during the first two years and any substantiation that occurred during the second two years. For the S→S question to be answered yes, a similar relationship would have to show up between substantiated reports during the first two years and later substantiations.

Both questions are answered affirmatively and unequivocally in Table 1, which counts *families with any new substantiated report during the final two-year period*. The decimal values in the table are relative frequencies of families with at least one new substantiation during the final two years. For example, .10 means that one out of 10 families (or 10 percent) experienced a later substantiation. These can be interpreted as probability values for the occurrence of a substantiated report during the last two years. The probability ranges from 0 to 1, where 0 means no relationship and 1 means a perfect positive relationship. Thus, .78 is a high probability, .50 is a 50/50 probability, and .09 is a rather low probability. The number of families is shown as an integer value in the cell to the right of each probability value.

Table 1. Probability (p) of a Substantiation during a Two-Year Period by Number of Substantiated and Unsubstantiated Reports during the Preceding Two Years (n = Number of Families in each condition, Total families = 12,111)

Unsubstantiated (U) reports during first two years of data period	Substantiated (S) reports during first two years of data period									
	No S's		One S		Two S's		Three S's		Four or more S's	
	p	n	p	n	p	n	p	n	p	n
No U's	.10	382 [#]	.13	1694	.33	160	.56	34	.58	12
One U	.09	6000	.25	642	.40	111	.27	26	.23	13
Two U's	.15	1330	.30	308	.40	86	.52	23	.56	9
Three U's	.24	465	.30	149	.44	48	.44	18	.64	14
Four U's	.28	195	.37	70	.43	21	.43	7	.75	12
Five U's	.32	100	.22	23	.50	16	.63	8	.78	9
Six or More U's	.29	58	.47	34	.43	14	.62	13	.43	7

[#]. The families in this cell had CA/N reports during the first two years with other outcomes, such as harassment, family could not be found, or findings of home schooling rather than educational neglect.

² In mid-1995 Missouri began the SB-595 Demonstration Project, which tested the differential response (defined more fully below) system in 14 counties. Under this system, the most CA/N reports were *not investigated* by CPS and therefore were neither substantiated nor unsubstantiated. Instead, the agency response was a family assessment. For this reason, these counties and zip code areas could not be used in the present analysis. All families in this analysis were selected from other counties and zip code areas in the state where the traditional system continued to be used through 1998.

Focusing first on families in Table 1 with no substantiated hotline reports (No S's) during the first two years (first column of probability values), the probability of a future substantiated report effectively triples as the number of past unsubstantiated reports increases (from .09 for one U to .29 for six or more U's). Looking at the top row of the table, as substantiated reports increase for families during the first two years, the probability of a new substantiation during the last two years quadrupled (from .13 for one S to .58 for four or more S's). Furthermore, the probability values generally increase in the table from upper left to lower right, showing that substantiated and unsubstantiated reports together have additive effects. The answer to the U+S→S question is yes. For example, the 12 families with four or more substantiations and four unsubstantiated reports as well had a 75 percent chance of showing up with a substantiated report during the ensuing two years. The variation in probability values in the lower right cells of the table is partly a result of the small number of families (less than 20) in some conditions.

This analysis shows that past *sequences* of unsubstantiated child abuse and neglect reports are strongly predictive of later substantiations. If a family also had one or more past substantiated reports the predictive power increased. We can conclude that quantities of unsubstantiated reports are risk factors that are associated with the future occurrence of substantiated child maltreatment, and therefore, that all past reports are predictive of future substantiations. Reports alone are indicators of *risk* of future child abuse and neglect.

Samples of Families

The primary analysis of FE will be based on two samples of families from Missouri and Minnesota. Both states have integrated what we will call Differential response (DR)³ into their CPS systems. Each sample has certain advantages in providing clues to the nature of FE that the other sample does not have. Minnesota provides greater narrative detail than Missouri and certain additional information on risk characteristics of families. Missouri provides more accurate and complete data on demographics of individuals and families and relationship within families and types of child abuse and neglect.⁴

The Missouri sample consists of a very large group of families (33,395) selected from throughout the state and followed for the seven years from July 1995 through June 2002. Information was available on the characteristics of child abuse and neglect reports and formal cases opened throughout the state on these families.

³ The term *alternative response (AR)* was used in Minnesota. In Missouri several names were employed: *dual response*, *two-track* and *multiple response* were used, among others. The term *differential response (DR)* has been widely used in writing about the approach. Minnesota has now adopted the term *family assessment response*. This term has also been used in Missouri.

⁴ Missouri is a state administered system with a statewide hotline for reporting CA/N and an MIS that is centralized and state administered. Minnesota's CPS system is county administered. Each county office accepts reports and conducts intakes within its own local area. Each Minnesota county has its own MIS, although data are uploaded to the state agency on a monthly basis where they are combined. The MIS systems vary in other ways. Minnesota has a newer SACWIS system that includes narrative information. Missouri's system is older but has more accurate basic demographic data. Minnesota's system did not incorporate financial data (as of data collection) while Missouri's does.

The Minnesota sample consists of a smaller group of families (797) selected from a single county. Families were selected during 2001 and 2002 and were each tracked for a period of 27 months from the time of the initial report on each family.

Percentages of FE Families

Minnesota. In Minnesota, each of the 797 families had an initial report during the 2001-2002 period. (The term *initial report* means the first report for a family *in this analysis*, not the first report *ever*, since some families had a previous history with CPS.) The date of the initial report was marked for each family and each family was tracked for exactly 27 months from that date. Because the concern was the number and type of subsequent reports and other events in families, equal tracking times permitted families to be fairly compared with one another.

Under the definition for Minnesota, 149 families had three or more reports (counting the initial report) during the 27-month period. More than half of these (52 percent) had four or more reports. Thus, *a little less than 19 percent, or about one in every five Minnesota families in the present analysis were considered frequently encountered.* Of the families that were not FE, 77 percent had no new reports after the initial report leaving 23 percent with one new report. Of the FE families, counting the initial report, a little less than half (48 percent) had three reports. Another quarter (26 percent) had four. The remaining quarter received five or more new reports.

Missouri. Data for the Missouri sample were available over a seven-year period starting in July 1995. Families were selected for the sample during the one-year period beginning in July 1997 and extending through June 1998. Each of the families had an initial report during this period. “Initial” has the same meaning for this sample—the first report for this analysis but not necessarily the first report ever for the family. Families were each followed for exactly five years (60 months) from the date of the initial report in a manner similar to Minnesota families. This procedure of selecting families from inside a data period permitted information to be assembled for each of the 33,395 families for the previous two years. The seven years of data available for families, therefore, was split into two time periods: the two years before the initial report, called the *history period*, and the five years after, called the *follow-up period*. Selecting families in this way permitted them to be viewed from the position of workers investigating or assessing single reports of child abuse and neglect. A worker cannot know the future but he or she can know what the family looks like at the time of the report and the history of the family with the CPS agency.

Using the definition of FE for Missouri, 6,991 of the 33,395 families had *at least four new reports*. Together with the initial report, therefore, each of these families was reported five or more times during the five years. This amounted to about 21 percent of the Missouri sample. The pattern in Missouri was similar to that in Minnesota, taking into account the longer period of follow-up. About 74 percent of the non-FE families either had no new reports or one report, leaving 26 percent with two or three reports. Counting the initial report, a little less than half (48 percent) of the FE families had five or six reports during the five-year period. A quarter had seven or eight (25 percent) and the remaining quarter (27 percent) had nine or more total reports.

Chronic Populations are smaller over time: A fictional example. One-fifth still may seem to be a relatively large population of families. However, like all populations that include chronic and non-chronic cases, FE families constitute a smaller proportion of the population when considered longitudinally. To illustrate this, consider the following idealized example. Imagine a room occupied by 100 individuals at a party of which 20 are chronic. Let us suppose, for purposes of argument, the most extreme case: these 20 chronic partygoers never leave the room over a three-day period while the remaining 80 non-chronic individuals cycle out of the room completely over a single day. The room only holds 100 and each time a non-chronic individual leaves he or she is replaced by another non-chronic individual, and each day all 80 such persons are replaced by a new group of 80, like this:

Day 1	Day 2	Day 3	3-Day Total
80 non-chronic 20 chronic	80 different non-chronic Same 20 chronic	80 different non-chronic Same 20 chronic	240 20

On any given day, if we come into the room and do a count the chronic population appears to be 20 percent of the total, but because the non-chronic population has been replaced a different set of non-chronic individuals is observed each day. Over three days the non-chronics total to 240, but the chronic families remain the same: 20 individuals. Thus, over a three-day period the chronic population constitutes 20/280 or about 7 percent of the total longitudinal population.

This idealized example illustrates how chronic populations appear larger in static cross-sectional counts than they do in longitudinal counts. FE families are like this in the sense that they are much more likely to be found in the CPS population year after year while most other families are seen only one or two times and are replaced by different families. In reality, of course, some of the families being seen for the first time may appear to be non-chronic (and even low risk) but, in fact, they return again and again. Other families that have been seen many times cease being encountered because their children are no longer at home.

Grasping this idea is critically important in thinking about prevention of frequent encounters. Viewed in the long term context of years of CPS work, the proportion of FE families that must be served is a smaller minority than might be supposed, but if the phenomenon of frequent encounters—chronic child abuse and neglect—can be averted or reduced the effect could be a significant reduction of the CPS population at any one point in time.

How Types of Reported Child Abuse and Neglect Change Over Time

The Institute of Applied Research conducted an evaluation of the Missouri Family Assessment and Response pilot project between 1995 and 1998. One of the findings of the Missouri evaluation was that families that were re-reported to CPS were more often reported for different kinds of child maltreatment than the maltreatment in the first report (Siegel and Loman, 1998). This is explained more fully in the following analysis. Since then, Jonson-Reid and her colleagues (2003) conducted a series of analyses that also looked at Missouri data examining what she called “cross-type recidivism” (changes to different kinds CA/N from one report to the

next). Jonson-Reid used a more traditional and simpler categorization of child maltreatment (primarily neglect, physical abuse and sexual abuse) than is used in this study. The approach to analysis used in her study was focused on variables that might explain cross-type report recurrence compared to same-type report recurrence (the same type of CA/N in two successive reports. The analytic approaches in the present paper differ from the approach of the Jonson-Reid group and may permit other interpretations of how and why new types of child maltreatment appears in CA/N reports on families.

The approach taken in the 1998 report and the approach taken in this paper was first to illustrate changing patterns of child abuse and neglect by contrasting types of initial reports with types of later reports for a large sample of families reported to CPS. The following question was addressed: *Does the pattern of reports on families at one point in time reflect the kinds of reports that will be made on these same families in the future?* This is a first step in analyzing sequences of reports and is used to illustrate the categories or types of child abuse and neglect that were derived and the question of diversity within sequences of reports. The analysis considers all 33,395 families in the Missouri sample during the five-year follow-up period.

The categories of child abuse and neglect used in this analysis can be seen Table 2. They were based on information recorded by CA/N hotline workers who took calls on the Missouri's statewide child abuse and neglect hotline. All intake workers, therefore, were given the same training in interpreting reporters' descriptions and all worked within a single centrally located unit. This likely increased the reliability of coding of information compared to the dispersed intake units in county-administered CPS systems. Hotline workers had available 46 descriptors to use in characterizing reports. These are shown in the right hand column of Table 2. Up to five such descriptors could be applied to any one report. The approach in this study was to summarize the 46 categories into eight more general categories or CA/N types, shown in the left hand column of Table 2. The eight types were derived based on how often the items were *occurred together in the same report*.⁵ Thus, if one or more of the categories on the right occurred together the report was assigned to the summary category on the left. This procedure

⁵ An exploratory factor analysis was conducted in which 46 descriptors were treated as separate variables, with a coding of 1 or 0 to indicate whether they were or were not applied to particular incidents. Workers could use up to five descriptors for each incident, although in practice the use of more than three was very rare. For example, an incident might be characterized as involving "lack of heat," "lack of food," and "unsanitary living conditions." The analysis was designed to detect "co-occurrences of descriptors in the same incidents and, in this way, to determine a smaller set of underlying dimensions. The analysis yielded nine dimensions, which were reduced to eight by combining sexual abuse and the relative rare category of sexual injury into one category. Factor analysis was used as a method of isolating and grouping inter-correlated characteristics. Factor weightings and scores, which are not strictly applicable to dichotomous data, were not subsequently used. In the present analysis, indicator variables were created if *any* of the characteristics that composed that dimension had been coded "yes" by hotline workers. To determine the reliability of worker coding, a sample of 280 hotline reports was checked against written summaries of the content of telephone calls. The existing codes were verified in the large majority (97 percent) of reports. It was apparent, however, that actual descriptions of reporters sometimes contained more indications of abuse and neglect than were captured in the coding process. As these 8 categories were utilized for large samples of families, it became apparent that certain combinations occurred with sufficient frequency to constitute separate categories. Thus, three combined categories were created: less severe physical abuse and parent-child relationship problems, parent-child relationship problems and lack of supervision and proper parenting, and unmet basic needs and lack of supervision and proper parenting. A fourth residual combined category was then added to capture all other combinations. These 12 categories resulted in consistent grouping of Missouri hotline reports that had been categorized using the original 46 descriptors.

yielded consistent coding for a little less than 90 percent of reports. The remaining reports were in mixed categories, and therefore, three more categories were derived to handle combinations of four of the nine that themselves most frequently occurred together within the same report (see types 4, 6 and 9 in Table 2). Category 12 included multiple types of the other 11, but accounted for only a handful of reports.

Table 2. Empirically Derived Categories of Child Abuse and Neglect from Common Descriptors using by Missouri Intake Workers to Categorize Descriptions of Reports via the CA/N Hotline

Types of Child Abuse and Neglect	Descriptors used by Intake Workers
1. Sexual abuse:	Fondling/touching, oral sex or sodomy, digital penetration, intercourse, pornography, other sexual abuse, sexually transmitted disease, genital or anal bleeding
2. Severe physical abuse:	Internal injuries, fractures, skull fracture, brain damage, child fatality
3. Less severe physical abuse:	Bruises, welts, red marks, abrasions, lacerations, wounds, cuts, punctures
4. Combined abuse-relationship:	Items from both 3 and 5
5. Parent-child relationship problems:	Rejection through indifference, blaming, verbal abuse, threatening, exploitation (non-sexual), other physical abuse or injury, locking in or out, expelling from home, other (often, fighting within the family)
6. Combined relationship-supervision:	Items from both 5 and 10
7. Unmet medical needs:	Malnutrition (due to improper feeding), failure to thrive (due to neglect), untreated illness/injury, severe untreated dental, failure to give medication, sprains, dislocations
8. Unmet basic needs:	Lack of food, lack of / inappropriate clothing, poor hygiene, lack of heat, unsafe/inadequate shelter, unsanitary living conditions
9. Combined basic needs-supervision:	Items from both 8 and 10
10. Lack of supervision or proper care:	Exposure, freezing, heat exhaustion, burns, scalding, repeated ingestions, inappropriately giving drugs, lack of supervision, shaking, prostitution
11. Educational neglect:	Parents indifferent to educational needs
12. Other combination:	Any of the above in any combination

A sense of the meaning of the 12 types can be obtained by closely examining the descriptive categories on the right side of the table. The organization of the types is from abuse 1-3, through types in which abuse, emotional abuse and neglect are combined (4-6), to various types of child neglect (7-11). CA/N types 4, 5 and 6 also have an element of conflict and, as will become evident, are more closely associated with families that have teenage children.

In Table 3, the 33,395 Missouri families are organized by type of CA/N reports received. The types of initial reports can be seen in first column of numbers in the table. For example, the first report of 3,570 families was for sexual abuse while 1,834 families were reported for educational neglect. The percentages of families within each category of initial report that were reported at least one more time are shown in the next column. For example, 49.4 percent of the 3,570 families with an initial sexual abuse report were reported again (one or more times) over five years. This is called the “report recurrence” rate. Looking at the bottom of this column, notice that 55.5 percent of the 33,395 families were reported again.

The only types of reports considered in this table were those that were accepted by the hotline workers as valid and were provided to local offices for follow-up. An investigator or an

assessment worker went out to the home and met with the family for each of the 33,395 initial reports and, looking in the lower right hand corner of the table, for each of the 53,509 subsequent reports. Thus, over five years this group of families, as a whole, received nearly 87,000 home visits from workers in the Missouri Children's Division.

The interesting thing about this table is the *scattering* of new reports. The type of child abuse and neglect in an initial report *is not a reliable predictor* of types of subsequent reports. Take the example of educational neglect. This is generally not considered to be one of the more serious forms of child maltreatment. There were 1,834 families reported initially for educational neglect. Looking on the lower right side of the table, 54.2 percent of these families (about 1,000 families) received 2,611 subsequent reports. Although there were more subsequent reports for educational neglect than any other type of child maltreatment, *most of the subsequent reports were not for educational neglect*. Nearly three-fourths were in other categories. There were 190 reports of sexual abuse, 351 reports of parent-child relationship problems, 1,195 reports of unmet basic needs of children (food, clothing, hygiene, shelter). In fact, looking across the entire table the large majority of later reports were different from initial reports. The column on the right shows the percentage of later reports that were the same as earlier reports. It can be seen at the bottom of this column that only 28.5 percent of later reports were the same as the initial reports. *The rule in sequences of CA/N reports is variability rather than similarity*. The scattering is equally apparent in Figure 1, which is a graphic representation of the same data.⁶

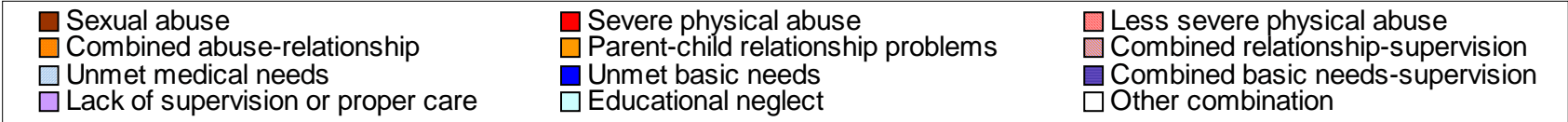
Jonson-Reid and her colleagues (2003) also found that an initial (or index) report of child maltreatment is not highly predictive of the types of later reports. A few other researchers have also noted this finding (DePanfilis and Zuravin 1999; English et al., 1999; Fluke et al., 1999).

In this light, we can ask whether a CA/N incident report, even when it is confirmed, provides information that can be used to characterize a family. If physical abuse was alleged or actually occurred in that family, is it a "physically abusive family?" Are physically abusive families distinguishable from other types, say "medically neglectful families?" If they are, it should be clearly apparent within a series of hotline reports and substantiated investigations. Statistically, the kinds of CA/N alleged and investigated in a single report should be predictive of the kinds alleged in other reports on the same family. This analysis shows that we would be wrong much more often than we would be right if we focused only on a particular incident to characterize a family.

⁶ A possible criticism of this table is that the types of CA/N vary because they represent only allegations of child abuse and neglect, and that allegations often turn out to be wrong. This can be addressed directly by restricting the table to *confirmed* allegations of child abuse and neglect, that is, *substantiated investigations only*. This cannot be done with the present data because it is based from the Missouri system where most report since 1998 were not investigated but rather received a family assessment under the Missouri differential response system. However, analyses of earlier data limited to counties using traditional investigations only and limited only to substantiated investigations resulted in the same pattern. It will be noticed that there is an association in Table 3 between initial and subsequent reports as illustrated by the slightly larger frequencies in the highlighted cells extending from the upper left to the lower right. This pattern is slightly strengthened when the data are limited to substantiated investigations only. Thus, when child maltreatment has been both alleged by a reporter and confirmed by an investigator, families continue to exhibit the same variability in sequences of reports of child abuse and neglect.

**Table 3. Number of Subsequent Reports of Abuse and Neglect for Each Type of Initial Report
During the Target Period: July 1997 through June 1998
(33,395 Families Tracked for Five Years)**

<i>Initial types of reported child abuse and neglect during the 7/97-6/98 period</i>	<i>Families by category of initial report</i>	<i>Percent of families with new reports</i>	<i>Later types of reported child abuse and neglect during the five-year follow-up period</i>												<i>5-year Totals of new reports</i>	<i>Percent match between later and initial reports</i>
			<i>1. Sexual abuse</i>	<i>2. Severe physical abuse</i>	<i>3. Less severe physical abuse</i>	<i>4. Combined 3 and 5</i>	<i>5. Parent-child relationship prob.</i>	<i>6. Combined 5 and 10</i>	<i>7. Unmet medical needs</i>	<i>8. Unmet basic needs</i>	<i>9. Combined 8 and 10</i>	<i>10. Lack of supervision/proper care</i>	<i>11. Educational neglect</i>	<i>12. Other combination</i>		
1. Sexual abuse	3,570	49.4	1,015	22	639	249	726	162	166	527	104	777	236	26	4,649	21.8
2. Severe physical abuse	338	41.1	39	28	69	18	60	16	14	50	11	80	13	6	404	6.9
3. Less severe physical abuse	6,245	53.7	917	60	2,135	834	1,843	297	412	924	198	1,490	317	62	9,489	22.5
4. Combined 3 and 5	1,845	54.6	284	21	609	313	656	92	124	237	52	383	110	17	2,898	54.5
5. Parent-child relationship prob.	5,854	51.4	793	44	1,341	590	1,924	350	370	863	196	1,379	332	77	8,259	23.3
6. Combined 5 and 10	1,004	60.8	144	17	269	99	344	86	79	232	73	433	94	16	1,886	41.2
7. Unmet medical needs	1,502	59.3	242	21	351	121	380	101	267	400	89	521	155	15	2,663	10.0
8. Unmet basic needs	4,242	64.9	748	59	1,039	372	1,176	276	444	2,525	372	1,392	498	50	8,951	28.2
9. Combined 8 and 10	909	71.3	146	12	214	77	263	69	101	502	127	472	114	21	2,118	52.0
10. Lack of supervision/proper care	6,048	55.4	839	62	1,313	445	1,456	386	410	1,195	351	2,550	475	76	9,558	26.7
11. Educational neglect	1,834	54.2	190	8	189	93	351	69	124	361	63	439	698	26	2,611	26.7
12. Other combination	4	100.0	1	0	2	0	3	0	1	6	3	5	2	0	23	Average
Total	33,395	55.5	5,358	354	8,170	3,211	9,182	1,904	2,512	7,822	1,639	9,921	3,044	392	53,509	28.5
Percent types of new reports			10.0	0.7	15.3	6.0	17.2	3.6	4.7	14.6	3.1	18.5	5.7	0.7	100.0	
																Number of new reports per family = 1.60



Type of Initial Report

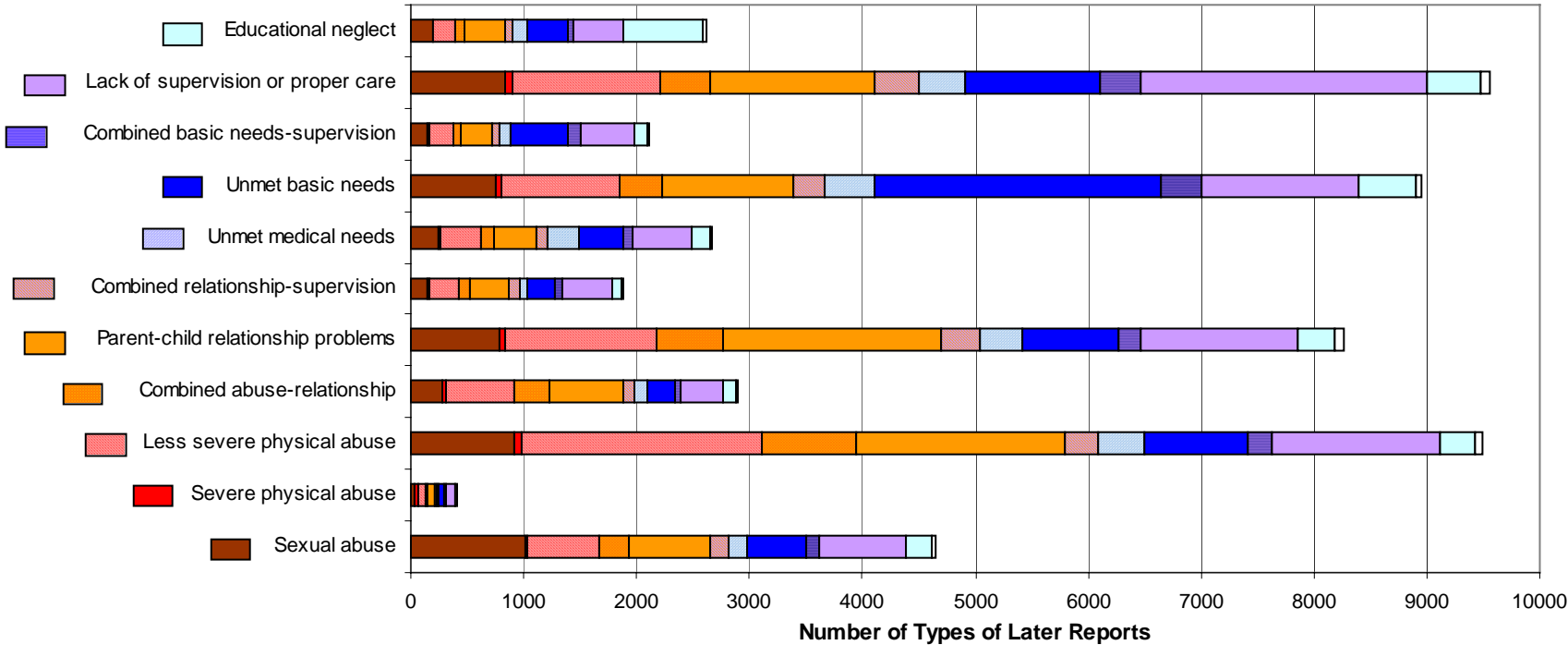


Figure 1. Subsequent Reports of Abuse and Neglect of 33,395 Families over Five Years Compared to Initial Reports

The Iceberg Metaphor. CA/N incident reports, by their very nature, represent limited views of families. One metaphor is that of the *revolving iceberg*. A single report is like the tip of an iceberg. Over time this iceberg revolves, and the next time it is seen, a new and different tip has appeared. This metaphor highlights the existence of deeper and more fundamental causes of child abuse and neglect. It may also be taken to depict *latent* abuse and neglect, that is, acts that under the proper circumstances *might have been reported* as CA/N. Latent abuse and neglect is taken up in the next section. The particular allegations of the report refer to events in the lives of families. The underlying conditions and causes are more complex. They may become manifest in different ways at different times. For example, parental mental illness may lead to a variety of threats to children. In one report the children are not properly fed. The next time they are not appropriately supervised. A third time they may be physically abused.

The Film Metaphor. Another metaphor is the *family as a film*. A particular child abuse and neglect report is like one frame of a film. It is unlikely that a single frame will be representative of the entire film. Each report represents a point-in-time allegation of actions or situations that may indicate threats to the safety of children. However, families are not static entities. They change over time. There are formal and informal unions, divorces, and separations. Relatives may move in or move out. Children leave to live with relatives. Some children may be removed and placed in foster care. Children grow from infancy to school age to teens, and as they do, relationships change within the family and between family members and others outside the family. Some of the youths in an earlier report have become adults by the time later reports are received. Babies are born. Single parents form relationships and new partners appear in homes. Two formerly separate families may combine to become a single blended family. The situations of families change as well. Income, employment, housing, health and health care improve and decline. These and other stressors appear and disappear. From this standpoint as well, it is not surprising that the nature of reported child maltreatment changes over time. However, in CN families certain scenes are replayed with variations.

Latent CA/N: Events in Families that might have been defined as Child Abuse or Neglect

Before going on to consider the factors that are associated with FE families, another question might be asked about variation in sequences of reports. It is commonly believed that CA/N reports represent only a small proportion of the maltreatment that children experience. Whether child abuse and neglect is defined based upon accepted reports or upon substantiated reports, most CA/N remains private within families. Acts that under the proper circumstances might have been formally reported as abuse or neglect, becoming official allegations or findings, but were not may be called *latent CA/N*. The question arises: If we were able to observe latent CA/N would we see the same kind of variation that we see in sequences of reports like those shown in Table 3?

Families that were followed in a previous study (Loman and Siegel, 1994) provided such an opportunity. The sample consisted of 227 families with open CPS cases randomly selected in three Missouri counties that were followed for 18 months or until the case ended. Researchers had repeated contacts with CA/N investigators, CPS caseworkers in all of the 227

cases, and with many of the parents and children. Methods of data collection included interviews, observations of visits with families, and reviews of narratives and other materials that child welfare workers routinely produced.

Because this study was conducted prior to the differential response reforms in Missouri, described above, most cases began in one of two ways. Either reports had been substantiated or in a minority of cases reports had been unsubstantiated but the family agreed to voluntary preventive services. A few others began as high-risk infant reports or were initiated by the Juvenile Court. In the course of their contacts with families, caseworkers hear about and sometimes witness directly incidents that may be interpreted and reported as child maltreatment. Sometimes workers report these as new abuse or neglect, and in very serious cases they may take custody of children. However, because the family is already being monitored, reporting new incidents is often considered unnecessary. While they may not make formal reports of all new incidents, they nonetheless know about them. Through reviews of case narratives and interviews of workers, known problems, strengths and needs and services received were recorded while families were in contact with the CPS agency.⁷

To examine latent child abuse and neglect while cases were open, two general categories were created. The first combined physical violence and verbal abuse. Table 4 *excludes* families whose cases were opened because of physical abuse. Several other kinds of cases were analyzed, including various types of child neglect, sexual abuse and cases that were unsubstantiated but opened for preventive services. Although none of the cases listed in this table began for reasons of physical abuse, various kinds of violent and verbally abusive acts occurred in substantial numbers of families while their cases were open. The highest proportions were found in preventive services cases that began voluntarily after investigators had been unable to substantiate formal allegations of abuse or neglect. In over one-third of such cases, at least one act of violence to a child occurred while the agency had a case open on the family.

The acts cataloged in the table varied greatly in intensity and in significance. Most were not reported to the CA/N hotline, and had they been reported, the pattern of substantiation may have been no different than is normally the case with hotline calls, that is, investigators would not have substantiated the large majority. On the other hand, information about actions, such as kicking, biting, shoving, threats to kill, and so on, and the consequences of actions, such as bruises, burns, scrapes, and the like, is probably more reliable than in the general run of CA/N reports, because they originated from caseworkers who were in regular contact with families. The cells of the table contain certain duplications in that families appeared in more than one column. Removing all such duplications, 61 families out of the 159 included in the analysis (38.3 percent) subsequently engaged in various kinds physically or verbally abusive actions during the course of open cases.

⁷ Reviews were conducted of all written narratives of caseworkers in each case from the start of the case through its conclusion or through the end of the study—over an 18-month period. Workers were interviewed at least twice in each case. Observations were conducted for a smaller sub-sample of the 227 cases.

Table 4. Families with New Instances of Latent Physical and Verbal Abuse after Non-Physical Abuse Cases were Opened (159 families)

Official Type of Child Abuse or Neglect at Beginning of Case	Families¹ in which latent abuse occurred after case was opened:			Total Cases⁴ (n)
	<i>Violence and its effects²</i>	<i>Verbal abuse³</i>	<i>Overly severe discipline</i>	
<i>Child Neglect unmet needs, lack of supervision)</i>	22.7%	4.5%	3.0%	66
<i>Medical Neglect</i>	33.3%		11.1%	9
<i>Educational Neglect</i>	15.0%	5.0%		20
<i>Sexual Abuse</i>	31.8%	9.1%	9.1%	22
<i>Unsubstantiated, Preventive Services Indicated</i>	35.7%	16.7%	16.7%	42
Total	Unduplicated Total = 61			159

1. Families in each row may be counted more than one time. Table excludes cases that began as: high risk infants (n=5), court ordered (n=10), emotional maltreatment (n=1), and physical abuse (n=52).

2. Major categories included: throwing the child, hitting with an object, kicking, biting, restraining, choking, hitting with hand, pushing, shoving, shaking an infant, internal injuries, bleeding, burns, scrapes, lacerations, and bruises.

3. Major categories included: threats to kill, threats to harm, cursing at the child, derogatory names, and screaming or yelling at the child.

In this small sample, two statistically significant results were found between the families with latent physical and verbal abuse and neglect and the remaining families: higher prevalence of children with emotional and mental health problems and of children with severe behavior problems. More children were suicidal, depressed, suffering from anxiety reactions, or were admitted to psychiatric units. More children were violent and uncontrollable or sexually disturbed than in the remainder of families. The new violence toward the children sometimes involved frustration at trying to control the child or overreaction to the child's behavior or words. Such behaviors can be and often are the *result* of abuse but such characteristics of children, particularly behavior problems, may also *cause* abuse to occur.

The second general category analyzed involved the components that are usually combined in child neglect cases (Table 5). This analysis was *limited to* families whose cases were opened for physical abuse, sexual abuse, or preventive services. Counting across cells, a total of 62 of the 116 families examined (53.5 percent) had some kind of subsequent occurrence of events normally associated with child neglect.

An analysis was conducted comparing the 62 unduplicated families in the cells of this table to the remainder of the 116 families. A slightly wider array of characteristics (with statistically significant differences) separated the two groups. Like the families in which verbal and physical abuse appeared, they also were more likely to have children with severe behavior problems. Several other problems that affect family stability and care of children were found: parents were substantially more likely to be abusing drugs or alcohol; adults with criminal involvement, such as arrests, trials, convictions, or incarcerations were more frequently present in these families; families were also more likely to have a family member with a serious health problem.

Table 5. Families with New Instances of Latent Child Neglect after Non-Child Neglect Cases Were Opened (116 families)

Official Type of Child Abuse or Neglect at Beginning of Case	Families¹ in which latent neglect occurred after case was opened							
	<i>Child rearing²</i>	<i>Home sanitation³</i>	<i>Safety of home⁴</i>	<i>Child cleanliness</i>	<i>Child clothing and food</i>	<i>Abandonment of child</i>	<i>Lack of supervision of child</i>	<i>Total Cases⁵ (n)</i>
<i>Physical Abuse</i>	25.0%	9.6%	25.0%	5.8%	3.8%		11.5%	52
<i>Sexual Abuse</i>	13.6%	13.6%	18.2%	4.5%				22
<i>Unsubstantiated, Preventive Services Indicated</i>	14.3%	14.3%	23.8%	7.1%	2.4%	4.8%	16.7%	42
Total	Unduplicated = 62							116

1. Families in each row may have been counted more than one time. Table excludes cases that began as: high risk infants (n=5), court ordered (n=10), emotional maltreatment (n=1), child neglect (n=66), medical neglect (9), and educational neglect (20).
2. Included unrealistic expectations of young children, lack of sense of responsibility to children, no affection for child, and poor knowledge of child development.
3. Major categories included unhealthy pets, offensive odors, food/feces/pests/dirt on floors, and excessive clutter.
4. Major categories included homelessness, structural problems, utilities turned off, dangerous appliances, inadequate furnishings, inadequate cooling or heating, drugs in household, fire hazards or a fire occurred, inappropriate locks, and home condemned.

These factors are disruptive of family life and partially explain why problems in providing for and supervising children appeared more frequently. These two simple analyses demonstrate that a variety of conditions exist in families that manifest themselves in different ways at different times. Many other conditions or risk factors are associated with the emergence and the recurrence of child abuse and neglect and are examined in the next section.

The answer to the question posed at the beginning of this section is, yes, latent CA/N varies in the families in the same way that formal reported CA/N varies. This is a further validation that the patterns seen in Table 3 and Figure 1 represent real variations in types of abuse and neglect of children.

The More Reports Received, the More Reports of Neglect

Figure 1 is a jumble. Are there patterns hidden within it? As noted, it is easy to see that the largest category in each bar seems to correspond to the initial category (the small box on the left). For example, families whose initial report was failure to provide for the basic needs of their children (unmet basic needs) had more later reports of unmet basic needs than any other single type of abuse or neglect. But if we begin to break the families into types another pattern emerges.

The question is whether certain general types of reports appear more frequently as the number of encounters of FE families with CPS increases. In Figure 2, all reports (both initial and later) are charted using the same categories as the previous table and figure for three categories of families: 23,593 families with 1 to 3 reports, 4,791 families with four or five reports and the 5,011 families with six or more reports during the five-year follow-up period in Missouri.

Categories 1 through 5 in the figure refer to types of abuse and conflict; categories 7 through 11 refer to types of child neglect; category 6 is mixed. The arrows in the chart show the direction of difference among the three groups. Families reported more frequently have *more reports of medical neglect and especially unmet basic needs. The more chronic the family, the greater the proportions of these types of reports.* Conversely, the more chronic the family the fewer reports received for types of child abuse. No difference appears for lack of supervision or educational neglect, however.

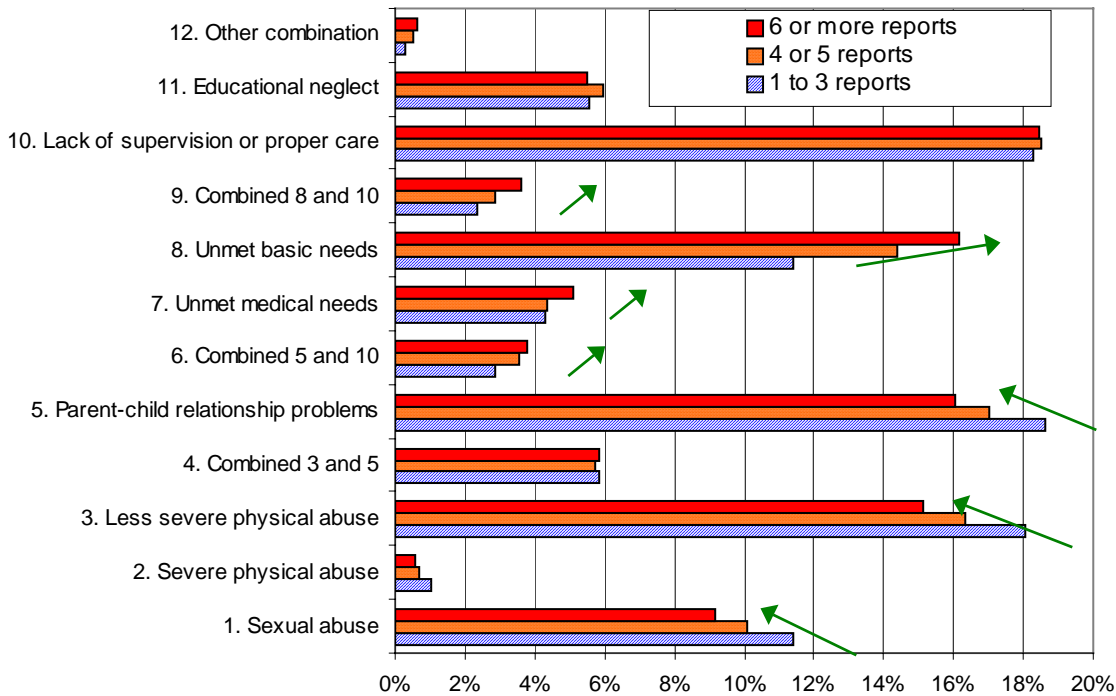


Figure 2. Comparison of Types of Reports Missouri Families over Five Years by level of reporting

This change, then, is the primary justification for labeling FE families with the term “chronic neglect”. As more reports are received for families over a period of years the proportions of neglect reports increase. *Families continue to shift back and forth between abuse and neglect as Table 3 and Figure 1 indicate, but they shift more often from abuse to neglect than from neglect to abuse.* The direction of this shift coupled with the types of child neglect is revealing.

Other researchers studying recurrence have also found that neglect is more common in recurring reports (DePanfilis and Zuravin, 1999; Fluke et al., 1999; Jonson-Reid et al., 2003). One of the differences between the present analysis and those studies is that *levels of child maltreatment* are analyzed within each category: the greater the number of reports of these types, the greater the effect of the shift from abuse to neglect. Another difference between the present analysis and the earlier studies is that types of child abuse and neglect are finer grained. In the studies cited, child neglect referred to a general category that encompassed all the

different types of neglect shown in Figure 2 (types 7 through 11). In the present analysis, we can see that the change appears to be primarily limited to two types of child neglect: unmet basic needs and medical needs. The category of unmet basic needs includes lack of food, lack of clothing, inappropriate clothing, poor hygiene that is health threatening, lack of heat, unsafe or inadequate shelter and unsanitary living conditions. Unmet medical needs include malnutrition (due to improper feeding), failure to thrive (due to neglect), untreated illness/injury, severe untreated dental, failure to give medication, and sprains and dislocations.

Each of these categories is associated with the income status of families, including the last two because there is an association between childhood accidents and family poverty. That most families encountered and served by CPS are from the lowest income groups in our society is well known.

Characteristics of Frequently Encountered Families

Income and Income-Related Factors. The theory that poverty is a contributor to child maltreatment has been thoroughly established (Ericson and Egeland, 2002; Smith and Fong, 2004; Knudson, 1992; Thomlinson, 1997; Pelton, 1981). Poverty and the economic problems that are associated with low income have the strongest relationship to child neglect and a somewhat weaker relationship to the various forms of child abuse (see for example, Garbarino and Collins, 1999; Pelton, 1978; Sedlak and Broadhurst, 1996, Zuravin and Greif, 1989). One of the perennial problems in defining child neglect is distinguishing when the neglect is a direct effect of family poverty that the family was powerless to overcome due to lack of resources or when it arises from lack of concern, ignorance of parenting, poor financial planning, mental incapacity, addiction, parental disabilities and medical conditions, homelessness and many other factors. However, coping with these conditions is made more difficult by lack of resources, and some CA/N cases arise when impoverished families at one point in time cannot find a way to cope (Dubowitz et al., 1993; Dunn et al., 2003; Rycraft, 1990)

Nelson et al. (1993) in attempting to understand chronic child neglect focused simply on the correlates of *any* child neglect rather than *chronic* child neglect. This distinction is important because Nelson and colleagues, and most others who have written on CA/N recurrence compared families with any second encounter to those with no recurring encounters—an “any-none” comparison. Under that approach, a family with 10 new reports and multiple cases, for example, would be combined with a family with one new report. In effect, chronic families are combined with one-time recurring families and compared to families with no recurrence. The emphasis in this paper, as is illustrated in Figure 2, is on comparing families that have several recurring encounters with CPS (frequently encountered families) to those with few or no new encounters. An important question is whether predictors of any recurrence in the any-none literature also predict frequent encounters.

In their review of literature, Nelson and colleagues found several areas of concern that may account for neglect of children. They created several categories of correlates. The first was a set of demographic factors. “Neglectful” families more often involve younger parents, younger children, and greater numbers of children. They are more likely to be unmarried—

usually single mothers. The housing status of families (such as homelessness) is also strongly associated with child neglect. A later longitudinal study of 644 families (Brown, et al., 1998) also supported the association of several of these characteristics with instances of child neglect, including large family size, low maternal education, receiving welfare, maternal youth, single parent status and low income. Similarly, Schumacher and associates (2001) in their review of literature for risk factors associated with child neglect found greater rates of neglect related to low income, less education, lack of employment, larger family size, and higher rates of single-parent status. The common thread connecting these demographic factors is that they are all associated with low income (and consequent lack of resources available to the family). Mother-only families are the poorest families in our society. Single mothers, living alone, are poorer because they are the sole potential earners in their families and have greater difficulty with child care and living expenses, and also have lower levels of education, as a group, and less work experience. Poor families tend to have comparatively more children. Low income is related to low levels of education, and together these are two commonly used measures of low socioeconomic status.

Low Income and First Appearance of Child Maltreatment. The poverty-CA/N relationship has been established for families previously encountered by CPS, but is it true more generally of families from the general population never before reported for child abuse and neglect? Two studies support this relationship. The first is a study of mothers of high-risk infants in North and South Carolina (Kotch et al., 1995, Kotch et al., 1999). These mothers were identified based not on CPS involvement but on developmental, health and social characteristics of infants and their families. Mothers were interviewed and then families were tracked over a one-year (a 1995 report on 1,111 mothers) and over a four-year period (a 1999 report on 708 mothers from the same sample). During the first year after the child's birth, maltreatment reports were predicted by extreme low income (measured through income-support program participation), low maternal education, maternal depression, the presence of other young children in the home, and the mother's separation from her own mother by age 14. These same variables continued to be predictors over the ensuing three years. After four years had passed, alcohol use and the mother's psychosomatic symptoms also emerged as predictive factors. In addition, the level of social support received by the mother (the family) was a significant factor in occurrence of maltreatment. A noteworthy finding was that social support was predictive regardless of the level of stressful events in the mother's life or the mother's level of psychological depression.

A second study by Lee and Goerge (1999) also focused on a more general non-CPS population of 59,062 children born over a seven-year period in Illinois. Birth records were used to identify children and to collect maternal characteristics. The mother's age was known but in this case poverty status was defined in terms of the neighborhood in which the parent resided: the percentage of children below the poverty line. Child maltreatment was measured by tracking substantiated reports for each child before age 5 within Illinois. The study found that both poverty and maternal age were strong predictors of subsequent maltreatment reports. In particular, children born to teenage mothers were more likely to be indicated as victims of child maltreatment than those born to older mothers, regardless of the type of alleged child maltreatment. The study showed that these two variables combined to produce strong effects. In addition, the variables predicted all types of maltreatment, including child neglect, sexual

abuse and physical abuse, but with slightly higher probabilities of neglect. For example children of mothers age 17 and under who lived in high-poverty communities (40 percent or higher) were over 17 times more likely to have a substantiated child neglect report than children born to mothers age 22 and over living in low-poverty areas (10 percent or less). Other studies of static populations that have use neighborhood residence as a measure of poverty have also found positive associations between poverty and child maltreatment (Coulton et al., 1995, 1999; Drake and Pandey, 1996). This variable is actually a broader measure of community resources and its power to predict higher incidence of child maltreatment may be an indicator of the power of social capital, discussed below.

The finding of interest here is, first, that among a general population of mothers and mothers of high-risk infants, socio-economic factors were critically important predictors of the emergence of child maltreatment reports. Second, the prediction that low level of social support is also independently predictive of reports supports the proposition that social support moderates the effects of poverty, as outlined below.

Psychological Factors. Nelson and associates (1993) also document the predictive power of various indicators of poorer psychological well being in studies of families labeled as neglectful. Many other studies have confirmed these findings. We can cite two later reports that focused solely on poor single mothers. Gaudin et al. (1993) restricted their study to low income families divided between neglectful (substantiated neglect reports) and non-neglectful (not reported to CPS). They found statistically higher rates of reported *loneliness* and in measures of *depression* in the neglect sample. Bishop and Leadbetter (1997) found increased depressive symptoms among low-income mothers who were reported for maltreating their children. Similar findings resulted in the Brown and associates (1998) study and in the study of Kotch and colleagues (1995, 1999) cited above. Reported psychosocial stress, a more generic concept, is greater in families of neglect (Gains et al, 1978; Whipple and Webster-Stratton, 1991).

Social Interaction: Networks and Support. A fourth type of factor, interactional patterns, is also a predictor of differences in neglect within the low-income population. A continuing finding is that parents reported to CPS tend to be more socially isolated and lack social supports, as noted above regarding the studies by Kotch and associates (1995, 1999). Coohy's (1996) summary described 15 studies that controlled for income status and found that maltreating parents described themselves as having fewer contacts with members of their social networks and smaller social networks. Such parents more frequently reported less support from their networks, that is, they had lower *perceived* social support. In addition, Coohy's own study along with two other studies (Crittenden, 1985; Giovannoni and Billingsley, 1970) measured *actually received* emotional and instrumental (e.g., money) support from friends and relatives rather than only perceived support used in other studies. Coohy concluded that "*neglectful mothers* had fewer total contacts with others, had less contact with the network members they did have, perceived their members to be less supportive, and received fewer instrumental and emotional resources from their network members compared to mothers who did not neglect their children" (p. 249, emphases added). Schumacher and associates (2001), as cited above, also catalogued studies supporting the relationship of low levels of social support with child neglect.

These findings suggest a partial explanation of chronic neglect. First, poverty is a structural variable that is manifested at the social psychological or interactional level as an inhibitor of needed resources. Poverty usually results in fewer instrumental resources, that is, those things considered necessary to live a healthy and happy life in contemporary society. Second, lack of instrumental supports from friends and relatives is an added inhibitor. Psychological factors such as depression and loneliness may be a result of these circumstances and may in turn further contribute to them. Emotional states may inhibit relationships with friends and relatives and may detract from abilities to earn income. Being cut off from helping networks can, in turn, have significant negative effects on motivation, abilities and psychological states. In this way, statements made by some that lack of motivation or deficiencies in abilities may cut mothers accused of neglect off from helping networks (e.g., Polansky et al., 1985; Shahar, 2001) may be understood without assuming that the causes of complex human interaction can be explained simply in terms of psychological traits.

In addition, other problems and practices have been found to be significant within this process, including parental mental illness, parental substance abuse and children's developmental and behavioral problems. These factors must also be viewed in an interactional context. Finally, another more recently researched factor, violence between adults in families, that is, domestic violence must be included as well.

Effects of Poverty on Parenting. Stepping back from the specific behaviors that come to be reported to CPS, there is also a body of literature that shows that lack of resources, lack of social support and poor psychological and emotional states come together in some parents to seriously impede their *parenting abilities and behavior*. Child abuse and neglect is a one manifestation of more general deficiencies in parenting. Kaiser and Delaney (1996), in their review of literature, show how poverty is marked by greater difficulties associated with conditions that families require to be successful parents, such as a stable environment, security, stable family relationships and friendships. This may begin before children are born when poor maternal nutrition and lack of prenatal care—found more often among low-income mothers—impair the prenatal environment and consequently the development of the child. Various other studies have documented lower levels of vocal stimulation of infants, less complex and diverse language used with children, more negative interactions with children, less consistent and more punitive approaches to discipline among lower income families as a group. Kaiser and Delaney review the evidence showing that living in poverty can create chronic psychological distress and depression, as just discussed in reference to child maltreatment specifically, and over extended periods may have deleterious effects on mental health. For some families, these effects lead to difficulties in relationships, including marital conflict, less expressive relationships within and outside the family. There is evidence that parents in chronic poverty, in general, may have less capacity for supportive, consistent parenting. The literature on behavioral problems of children of divorce (e.g., Hilton and Descrochers, 2002; Ram and Hou, 2003) has shown a relationship between reduced economic and familial resources of single (divorced) parents, their parenting capabilities and the behavior of their children. Psychosocial stress arising from real deprivation and feelings of deprivation is the most likely connector between growing up in and living in poverty and higher incidence of the personal and interactional problems that underlie poor parenting (see, for example, Gaudin et al., 1993).

Types of Pathways from Poverty to Child Maltreatment. The relationships between each of the factors discussed so far are poorly understood but it is likely that there are multiple paths leading to frequent encounters with child protection. Poverty and social support, manifested at the level of family interaction as lack of resources, appear to play a crucial role in the process. The two simplest pathways are moderating and direct. First, access to resources can have **moderating effects** on various characteristics that themselves are independently associated with child maltreatment. Put negatively, lack of resources may exacerbate other factors that can cause child abuse and neglect. For example, inability to care for children becomes child neglect—as lack of proper supervision—for the poor and isolated substance abusing parent but perhaps not for the middle class substance abusing parent who has resources for purchasing child care or has relatives who will step in to care for the children while he or she is incapacitated. Or, a middle class family can more easily afford (and has the education and contacts to learn about) the resources to assist them with their developmentally disabled child compared to the impoverished family, who may consequently suffer greater stresses associated with the care of the child and have an increased likelihood maltreating the child.

Second, lack of resources can **directly** cause a variety of problems, as just discussed, including chronic psychological distress and depression, conflict within families, breakdown of relationships, and many other effects that, in turn, are associated with child maltreatment. In this case poverty and lack of social support may themselves lead directly to the interactions that become child maltreatment. For example, if poverty and isolation produce depression, which then leads to lack of proper supervision of children they can be said to have caused child neglect. But if they exacerbate depression arising from other causes (for example, a parent’s physiology) then they are moderators.

Moderating and direct effects are, in fact, often difficult to separate, and in most situations poverty and isolation have both direct and moderating effects. Saying that poverty and social isolation *are implicated in* child abuse and neglect is softer terminology that encompasses both of these ideas.⁸ These two pathways are fairly easy to understand. The relationship is basically one-way—abuse and neglect are the effects while other factors are the causes—and for this reason may be seen as simplistic. This is not to say that one-way pathways do not have multiple steps. For example, a direct pathway might be: lack of resources leads to psychosocial stress, which leads to depression, which leads to less attention to the behavior and activities of child or to poorer decision making regarding care of the children, which at some point results in a child in danger or harmed, which is seen and reported to CPS as lack of proper supervision. Or, loss of employment leads to lack of resources, which leads to psychosocial stress, which leads to higher levels of frustration, which leads to more intense and angry responses to children, which leads to overly severe discipline of a child, which is observed and reported to CPS as physical abuse.

⁸ Another soft terminology is that these are “risk factors,” indicating that they are associated or correlated with the occurrence or recurrence of child abuse and neglect, as noted above. A slightly stronger terminology that permits certain types of risk factors to be combined, without committing to exact causal relationships is “risk chains.”

The following is an example of a moderating pathway from a case the author observed and followed in which lack of resources exacerbated other developmental and health problems: A mother with a previous head injury that led to extreme mood swings and a father who was mildly mentally retarded were reported by a Parents as Teachers worker who observed a dirty toddler in an unclean, unhealthy apartment. Both parents were unemployed and were able to pay the rent at that time only because of (limited) financial help from the mother's parents. The apartment owner would not fix the toilet, which had been stopped up for days. The family was behind on utility payments. The mother had been depressed and living with her parents off and on. A Family Preservation Services worker intervened, paid the back utilities from FPS funds, saw that the apartment was cleaned, and got the apartment owner to fix the toilet, but after six weeks the FPS case was closed. The underlying problems were not solved through this intervention and the family was reported again to CPS a few months later. Here is another example of the effects of finances on the choice of relationships in a family I followed. A single mother with three girls in elementary school was having a very difficult time making ends meet. She met an attractive man who was employed. They formed a relationship, and while she knew little about his background, he eventually moved in with her and the children. He helped out with the rent and food. Later, after he had gained the mother's full trust, he took the girls on a camping trip where he fondled the older girl (about ten years of age). The girl told her mother who reported this to CPS. The man absconded but later was located with another woman and her daughters, where he had repeated the same pattern of sexual abuse. Could these two examples of moderating effects have happened to people in better financial circumstances? Yes, but in the first case the lack of resources exacerbated other problems and in the second case they increased the likelihood of making a poor choice of partners.

The relationships between the components of potential causes of child maltreatment (demographic, financial, psychological and interactional risk factors) are actually more complex than these one-way pathways suggest. Proponents of the ecological model of child maltreatment have also emphasized the idea that pathways to child maltreatment are many and diverse (see, for example, Belsky, 1993). Under the ecological approach, developmental history of families and family members are introduced. In addition, other environmental factors beyond social networks, such as community safety and the availability of public assistance can be introduced. With the addition of these factors it is possible to envision more complex pathways in which particular characteristics of families and family members may be causes, moderators *and consequences* at one and the same time. Factors such as income and social support can be seen as embedded in more complex **feedback processes** and chains of **circular causality**.

This implies that the causes of child abuse and neglect are better viewed as a system and must be addressed as a system, something that is beyond the capabilities of CPS alone. For example, both low income and estrangement from friends and extended family may be an *effect* of substance abuse. But it is well known that substance abuse is more often found among individuals who had a parent who abused drugs or alcohol or who were sexually or physically abused as children (see, for example, Cash and Wilke, 2003). In this example, substance abuse, low income, social isolation and the child neglect that may be associated with these are tied together in more complex (and diverse) ways and themselves may be seen as consequences arising from harmful events and injuries during the childhood of the parent.

Diversity within Specific Categories of Child Maltreatment. In the preceding sections, we have emphasized the diversity of child maltreatment across multiple reports and as latent CA/N is compared to official CA/N. We have also discussed that there are various and complex pathways to child maltreatment, but that poverty and social isolation are commonly implicated in these. These same issues can be further understood by drilling deeper into specific instances of child maltreatment.

Most of the research on child abuse and neglect that has utilized institutional data addresses three general categories of CA/N—physical abuse, sexual abuse and neglect. In some studies, a fourth category, emotional maltreatment, is added. In this paper, a more complex scheme of 12 categories is used. These 12 were taken as the best summary of 46 more detailed descriptors utilized by Missouri intake workers (Table 2). The 46 descriptors in Table 2 appear at first glance to be basic enough. But even these encompass disparate circumstances of families and characteristics of parents and children. The points made above about the disparate nature of separate incidents of child abuse and neglect are reaffirmed as we look at specific cases within official categories. We will look at a few cases within one of the 46 descriptors, *lack of supervision*, to illustrate this. We will also show that, notwithstanding the complexity of causal pathways leading to child maltreatment, the effects of lack of resources and social isolation stand out of common problems within most CPS families.

Here are a few of the kinds of problems that were investigated and designated as lack of supervision in families the author has studied: inadequate evening child care by a working parent, failure to pick up children from daycare on time, leaving very young children alone and unsupervised for long periods, letting young children wander the streets alone, not closely supervising a mentally retarded child, leaving young children under the care of a preteen child, lack of concern over the whereabouts of a child in the late evening or overnight, allowing children to stay with a dangerous adult... This is only a small fraction of the full list within the general category of lack of supervision. All of these incidents were defined as lack of supervision of children, and more generally, as child neglect. We could search for a common *psychological* thread running through all, such as the level of parents' concern for their children's safety or parents' knowledge of their children's capabilities. These were present. However, some but not all of the parents were depressed. Some but not all had inadequate knowledge of child development. Some but not all showed a lack of sound judgment about situations that might be dangerous to a younger child. The absence of a particular personality profile or set of psychological characteristics among families involved with CPS suggests that these characteristics are intermediate (mediating variables), at best (see, for example, Wolfe, 1985).

The common thread running through all these cases was lack of resources. All the families had low incomes, as do the large majority of families encountered and served by CPS, and most were socially isolated in one way or another. For instance, the first case involved a single working-poor mother with a son and daughter (ages 12 and 10 years), who stayed at home alone while the mother worked the night shift—a marginal lack of supervision case, to be sure, but one that was largely explainable by her poverty and isolation. The supervision of the MR child was similar except in this case the child was alone after school until the mother

returned in the evening. The younger children (ages 3 and 5 years) in the care of a preteen child (age 10) involved a mother who had recently lost her job and was suffering from depression. The family was currently living on the social security check that came to the older child, whose father had died the year before. The mother expressed guilt about using her daughter's check for food and rent. She had no alternative for childcare when she had to go out. The girl (age 13) who had stayed out overnight without informing her mother had had a history of violence and had fought with her younger sister and mother. The mother was not unconcerned, but she was angry and had slapped the child during a fight between the mother and her daughters in the home. The girl had run away after that to a friend's house (where incidentally she was raped that night). The child's violent behavior was so severe that she needed psychological counseling (and, according to the social worker, residential treatment) but the working poor mother did not have medical insurance to cover such treatment, and at that time, earned too much to qualify for Medicaid. The mother voluntarily agreed to give custody of her daughter to CPS, so that the state could assume the costs of medical treatment. This case would never have been opened in a family with adequate medical insurance. It would be possible to proceed through several hundred cases that the author has examined in detail to illustrate the role of finances and financial or emotional support in the events that led up to encounters with CPS.

Having shown the importance of these issues to understanding the occurrence and recurrence of child abuse and neglect, we can now ask whether they are also implicated in the *frequent* child abuse and neglect, that is, in FE families.

Poverty in Frequently Encountered Families

As noted, most studies of CA/N recurrence have treated maltreatment itself as a dichotomous yes-no variable. Did child maltreatment recur or not? In this report the dynamic nature of child maltreatment is being emphasized. In some families it occurs again and again, and as it recurs it changes. Consequently, the question for this report is whether the kinds of variables we have seen are associated with *increased frequencies* of child maltreatment? This can be asked by comparing the families we have defined as FE with other families not so defined. The analysis shown in Figure 2 is such an analysis.

Severe Financial Difficulty in FE Minnesota Families. The Structured Decision Making (SDM) Family Risk Assessment (FRA) instrument was used for each of the families in the Minnesota sample at the time of the initial report. A full analysis of this instrument, including analyses of individual risk items, can be found in Loman and Siegel (2004b: available online; see references).⁹ The purpose of risk assessment is prediction of (reports of) new child maltreatment. The FRA contains a variety of items related to the current circumstances and the history of the family and family members that are predictive. Families that score high on several of these are more likely to be seen again by the CPS agency.

⁹ The SDM Family Risk Assessment is one among a battery of instruments produced by the Children's Research Center: http://www.nccd-crc.org/crc/c_sdm_about.html

One of the FRA items is related to family income status. Workers are asked to check whether the family that has been reported is experiencing severe financial difficulty. The item is checked when the caregivers in the family cannot consistently pay for one or more basic necessities, such as rent, heat, light, food or clothing. Measuring financial status at the time of the first report, *almost twice as many FE families (20.8 percent) were considered to be in severe financial difficulty as non-FE families (11.6 percent).*

In further analysis of the predictive validity, FRA items were analyzed individually as well as in combination. Severe financial difficulty predicted new reports of child neglect but not new reports of child abuse. Thus, there is a relationship between extreme poverty in families (centering on basic necessities) and subsequent reports of child neglect.

In the Missouri sample, information was consistently available in two other areas related to financial difficulties: employment and single parent status. The relationship between *employment* and FE families is illustrated in Figure 3. Significantly *more families with no employed adults at the time of the initial report had recurring reports.* The reverse was true of families in which an adult was employed. As can be seen, the big difference occurred for families with no new reports and families with four or more. Employment was an important risk factor for families in the Missouri sample and indirectly tells us about the relationship between chronic CA/N and the financial status of families.

The other variable in Missouri was mother-only families (See Figure 4). In the Missouri sample, this referred to female-headed single parent families with

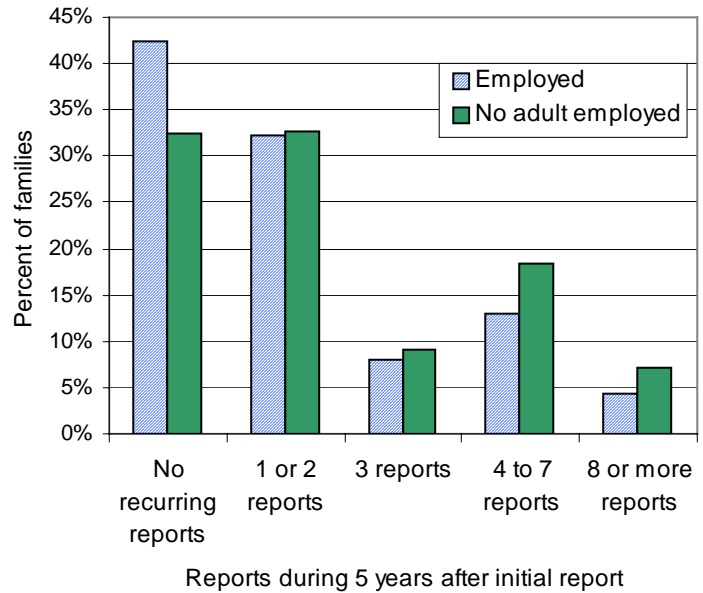


Figure 3. Percent of Families with One or More Employed Adults or No Employed Adults with Recurring Reports of Child Abuse and Neglect (33,395 Families)

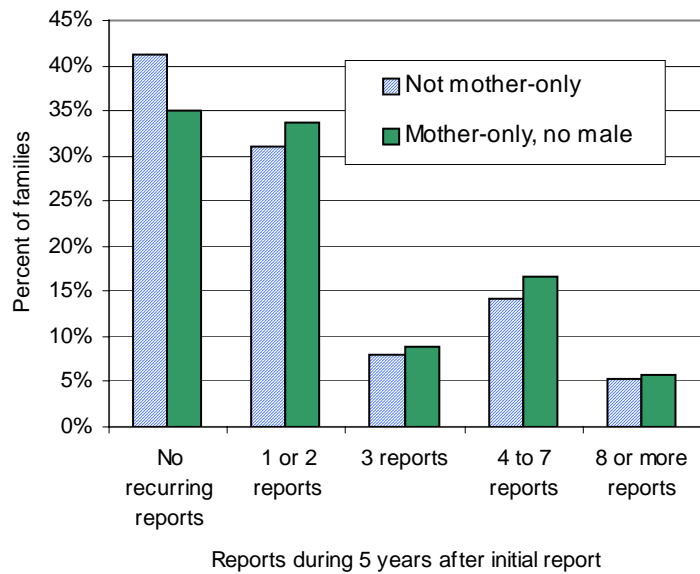


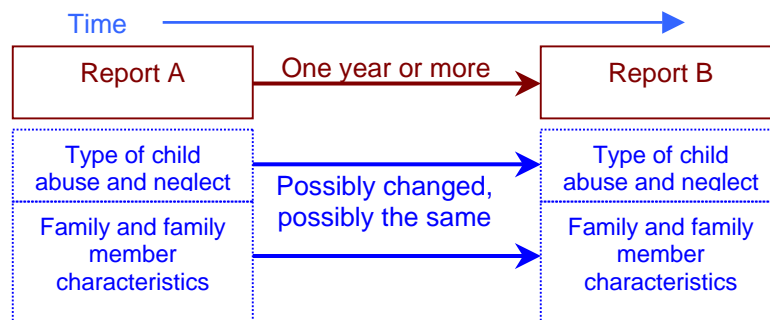
Figure 4. Percent of Mother-Only and non-Mother-only Families with Recurring Reports of Child Abuse and Neglect (33,395 Missouri Families)

no male present in the household. Mother-only families are the lowest income families in our society. This is true for at least four reasons: There is only one adult available to work in such families. Daycare arrangements for families with young children continue to be problematic in U.S. society for poor families making full-time work difficult. Earnings of women continue to lag behind earnings for men. And, child support from absent fathers is deficient for families in which the father does not reside with the mother and children. Mother-only families were also more likely to become FE. The differences were not as great as from employment but a slightly greater proportion of mother only families were found in the categories of recurrence when compared to non-mother-only families.

Changing Family Structure and Changing Employment

It is tempting to think about poverty and financial distress as permanent conditions of families, like the metaphor of the iceberg discussed above. They are not. Over time, families move in and out of poverty. Income and employment change and as they do the financial status of families change. Mother only families escape poverty less often than two-parent families, that is, they are more likely to be poor for longer periods of time. However, even in these families, financial status, employment and sometimes single-parent status are like the frames of the film that was mentioned above. In one frame the family is mother-only but in a later frame a partner is present; in an early frame no one is employed but in a later frame an adult has found a job. Do such changes affect chronic neglect?

To examine this, two (and only two) successive reports were selected for each family in the study that had two or more reports. The criterion used was that the two reports had to be separated by at least one year in time.¹⁰ These can be diagrammed as follows:



¹⁰ As it turns out, the length of time between reports is not relevant to this analysis, that is, whether the time between the reports was one month or five years, the same results were found. In addition, limiting each family to only one set of paired successive reports also turned out to be irrelevant. To understand this, take the example of two families, one with only two reports and one with four reports. The first has only one transitional pair: report 1 to report 2. But the second has three pairs: 1 to 2, 2 to 3, and 3 to 4. When a family had multiple pairs in this way, only one of the pairs was selected for the present analysis. The reason for not duplicating families in the analysis is statistical, in that other characteristics of families with many report pairs might come to dominate the results. This did not appear to be the case. Analyses that included all pairs for all families produced results that were very similar to analyses in which pairs were limited one to a family.

This analysis is limited only to families with recurrences of child abuse and neglect reports. FE families are not singled out in the present analysis, and for this reason, it represents a more general analysis of the characteristics of families with recurring reports.

Under these conditions, 11,883 families were selected for the analysis. There were 3,807 families (32 percent) in which the only parent was a woman and there was no man in the household at the time of both the first and second report. We refer to these as report A mother-only → report B mother-only families. This can be abbreviated to $MO_A \rightarrow MO_B$ or more simply: $MO \rightarrow MO$. Conversely, there were 4,153 families (35 percent) with both a man and a woman in the household during both reports. The majority of these were married couples but in a substantial minority the couple was unmarried. We refer to these as male present → male present families or $MP \rightarrow MP$. There were also smaller groups of families that experienced a change in family structure between the first and second reports: 1,857 (16 percent) changed from male-present to mother-only ($MP \rightarrow MO$) and 2,066 (17 percent) changed from mother-only to male present ($MO \rightarrow MP$). Family structures changed in about a third of the families (at least once) during this period (one to four years).

The employment status of families was measured at both times as well. There were two categories: no adult in the family employed (that is, unemployed = U) and at least one adult employed (E). Thus the transitions were unemployed at the time of both reports ($U \rightarrow U$), passage from unemployed to employed at the time of the second report ($U \rightarrow E$), employed at the first report but unemployed at the second ($E \rightarrow U$), and employed at the time of both reports ($E \rightarrow E$). These combinations of family structure and employment were cross-tabulated. The results are shown graphically in Figure 5.

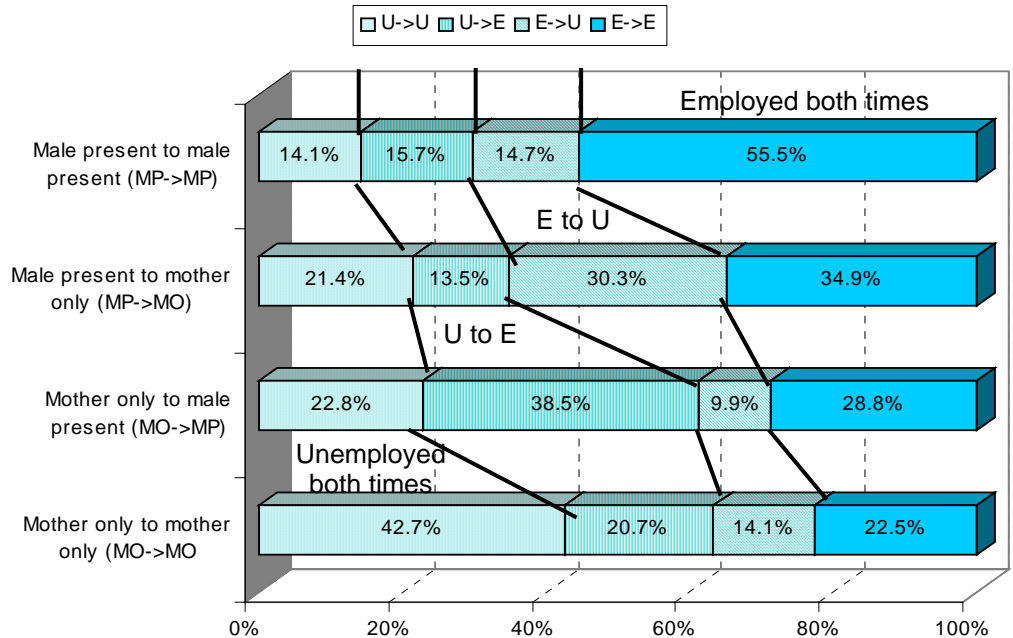


Figure 5. Change in Family Structure Compared to Change in Employment between Two Reports of Child Abuse and Neglect

Over half (55.5 percent) of the MP→MP families were employed at the time of both incidents. About two-fifths (42.7 percent) of the MO→MO families were unemployed at the time of both incidents. Families that went from mother-only to male-present demonstrated a corresponding increase in employment as 38.5 percent went from unemployed to employed. Correspondingly, 30.3 percent of the families that changed from male-present to mother-only went from employed to unemployed, although a slightly larger percentage (34.9 percent) retained employment after the change to mother-only status.

These findings support the assertion that changes in family structure have a causal effect on changes in employment in the following sense. The changes in employment and family structure were measured at two different times. The effects work in both directions: MO→MP results in more transitions to complete family unemployment and MP→MO results in transitions to at least one person in the family being employed. In addition, families with a male present at both had the highest employment at both time. Families with no male present at either time had the highest unemployment at both times. Because employment is related to family income such changes must also correspond to increases and decreases in overall family income. It should be noted that *either the adult male or the adult female or both adults were employed*. The finding should not be interpreted to mean simply that men bring employment to families but that *holding a job is easier in families with two adults present* for the reasons outlined above in the discussion of mother-only families.

While this analysis supports the effects of family structure on employment, the causal effects are in both directions. Maintaining a job and loss of employment also have effects on relationships in families and indirectly on family structure. Loss of employment and the consequent reduced income in some instances may lead to separation or divorce in families. Continued employment may strengthen relationships.

Changes in Families and Changes in Types of Reported Child Maltreatment

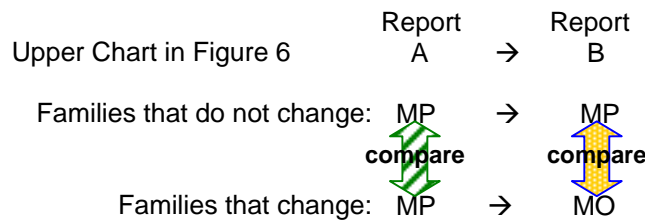
Now we can add another layer to the analysis and ask how these changes were related to variation in types of child abuse and neglect.

We noted that Figure 1 looked like a maze but that patterns might be hidden within it. Another underlying pattern that explains the variation in types of child abuse and neglect is changes in family structure and employment. For simplicity's sake, only the results of the analysis are presented in this paper.

As a preamble, we should remember that we are looking at a large population of families with recurring reports. The findings that will be shown can be said to be true of *some of the families*. They are not true of all of the families but are true of enough families that they show up as significant in analyses. This is a very important point because the variables of interest in this case concern politically sensitive issues surrounding single parent families, relationships within families and marriage.

We might call the general change in types of reported child maltreatment **the abuse-neglect shift**. This refers to a generalized shift in the types of CA/N reports received on families when the circumstances or characteristics of families change. The shift varies in some ways depending on the kinds of changes that occurred in families.

Figure 6 summarizes several comparisons. The upper chart in the figure compares families in which a male is present at the time of both reports (A and B) with families in which a male is present at time A but disappears at time B. The hatched (green) area compares the types of reports of families at time A. The percentages in Figure 6 represent differences between the two groups of families at that point in time. The solid (gold) areas represent the percentage differences at time B when males have disappeared from one set of families. (The families that do not change are the index against which the families that do change are compared.) The comparisons in the upper portion of Figure 6 can be illustrated as follows:



Some differences between the groups were already present at the time of the first report (A) as the hatched (green) areas of the diagram indicate but most were not statistically significant. When the second set of reports (B) are compared for the two groups, as the solid (gold) areas show, many significant differences appear. In general, when men disappear from families, *abuse reports decline and neglect reports increase*. This is related in part to the decline in income in such families.

The lower chart in Figure 6 shows the opposite—what happens when males appear in formerly mother-only families. Sexual abuse, physical abuse and parent-child conflicts increase while various categories of neglect decrease. The abuse increases may be the result of various stresses that occur in some families when a man, who is sometimes a parent but often has no biological relationship to the children, enters the household. Neglect decreases are related in some measure to the relief of financial stresses, like those shown in Figure 5, when two caregivers are present, as explained in the previous section.

In summary, the comparison shows that changes in family structure are related to variations in the type of abuse and neglect reported. Specifically, the appearance of males is associated with a shift toward greater frequencies of child abuse reports. The disappearance of males is associated with the opposite.

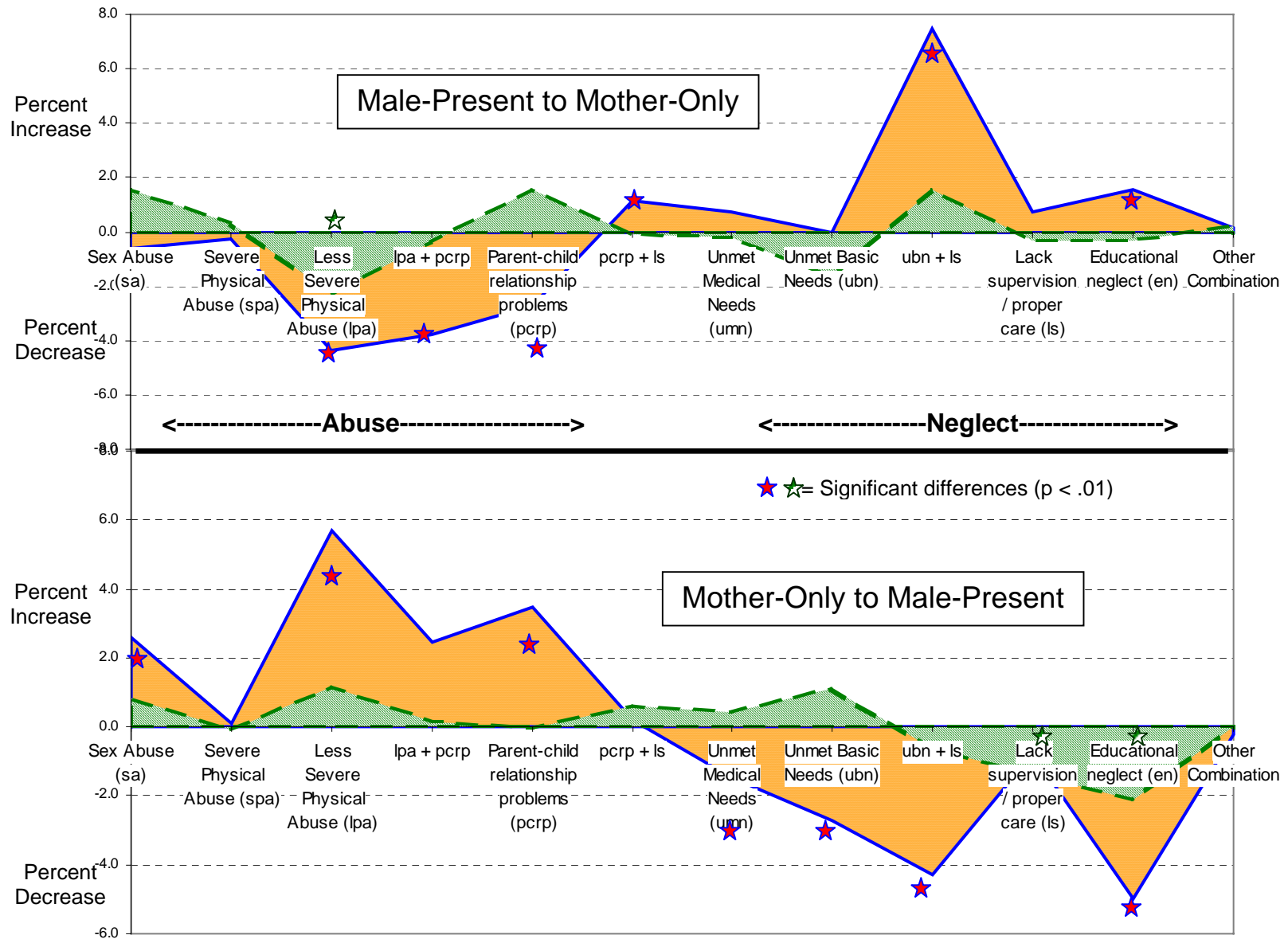


Figure 6. Transitions in Types of Abuse and Neglect when Family Structure Changes

The analysis for each chart compares cross-tabulations of types of CA/N at Times A and B. The points in the charts (peaks and valleys) represent percentage differences of the marginals at Time A (green hatched) and Time B (gold). Adjusted standardized residuals were calculated. The level of significance was set at $p = .01$.

Teenage Children. A second type of change in families is relevant to this discussion. In this case the transition analyzed was in only one direction: from families with no teenage children at the time of the first report to at least one teenage child at the time of the second report. When this occurred, three important changes in the types of child abuse and neglect were observed: 1) The number of less severe physical abuse reports declined, 2) the number of parent-child conflict reports increased substantially and 3) the number of reports of neglect (except for educational neglect) declined. These changes are apparent in Figure 7.

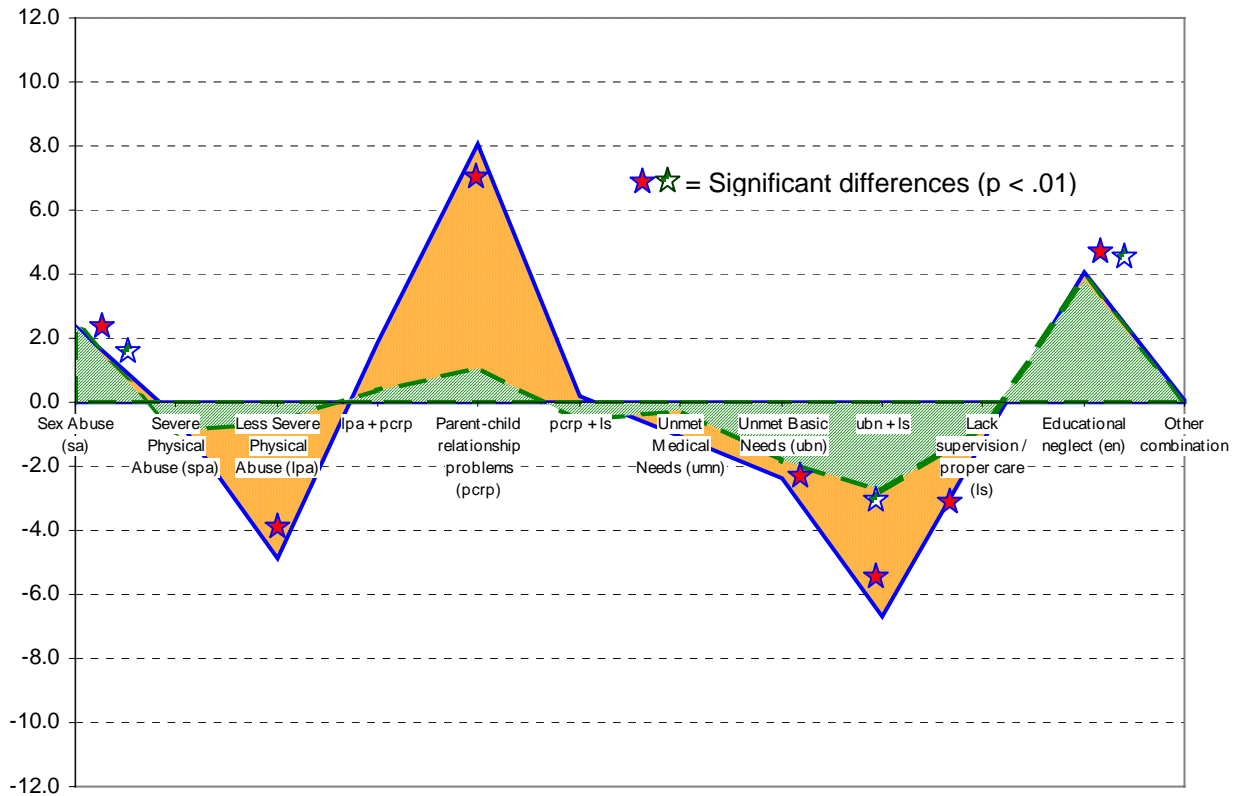


Figure 7. Transitions in Types of Abuse and Neglect when Children become Teenagers

Two areas shown in Figure 7 remained unchanged: sexual abuse and educational neglect. This might be interpreted to mean that certain families with children near teen years at the time of the first report (2) were reported for sexual abuse and education neglect and that those same problems continued when the children became teenagers. The primary finding of interest is that as children age in FE families certain problems of child abuse and neglect, more characteristic of younger children, give way to interactions within the family that would be better described as conflicts, fights, locking children out of homes, rejection, and the like.

Other Characteristics of FE Families

Because of the smaller number of cases the kinds of analyses of change in families just illustrated were more difficult to conduct in Minnesota. However, the information collected

on Minnesota families at the time of the initial report was richer. Differences between FE and non-FE Minnesota families at the time of the initial report on several of the neglect-related items in the SDM Family Risk Assessment (FRA) instrument and other characteristics recorded in the data system are considered in this section. When the same or similar data were available for the Missouri sample, these were analyzed and are also reported.

It may be worthwhile to reiterate what is being analyzed in this section. The distinction between *FE and non-FE is not the same as the difference between recurrence and non-recurrence of reports*. Looking back at the definition, FE referred to four or more reports during the target period. Some of the non-FE families had three or two reports during the same period and, therefore, would be defined as recurring. These analyses concern not simply recurrence of CA/N reports but *high degrees of recurrence* or frequent encounters as they are defined in this report.

FE families are highly risky families. Risk is confirmed by new occurrences of alleged child maltreatment. FE families have many new occurrences, and on this basis, they can be said to have the highest *confirmed* risk (as opposed to the *predictive* risk shown by risk assessment scales). Risk items like those on the FRA scale will be associated with CA/N recurrence but should be *more strongly associated* with the higher levels of CA/N recurrence characteristic of FE families. (See Loman and Siegel, 2004b for lists of FRA items used in Minnesota.)

More Frequent Reports of Child Neglect. Minnesota FE families were significantly more likely to be reported for child neglect on *the first report in the total series of reports on the family*.

	Initial Neglect Report	
	FE Families	Non-FE families
Minnesota	73%	59%

This corresponds to the analysis shown in Figure 2 and other cited research in that section that FE families are more likely to be reported for child neglect.

Young Parents. FE Minnesota families were more likely to have a *parent younger than age 30* at the time of the initial report. Non-FE families had greater proportions of older parents.

	Parent 29 Years or Younger	
	FE Families	Non-FE families
Minnesota	48%	29%

In Missouri, differences were found in the same direction but not as great.

	Parent 29 Years or Younger	
	FE Families	Non-FE families
Missouri	66%	57%

In Missouri, it was also possible to look at the proportion of parents younger than 20.

In Missouri, the proportion of teen parents could be seen, as well. No differences were found between the proportion of teens parents in FE and non-FE families at the time of the initial report. This is partially in contrast to some other studies like that of Lee and Goerge (1999), cited above. They found an association between the age of the caretaker and the emergence of CA/N in a larger population of mothers corresponding to these findings for FE families. However, they found an especially strong relationship for teen mothers. It should be remembered, however, that the *initial* report in the Missouri sample was *not* the first report *ever* for the FE and non-FE families. This may explain the differences found.

FE Families had more Children. In Minnesota, FE families had more children at the time of the initial report.

	Families with 3 or More Children in the Home	
	FE Families	Non-FE families
Minnesota	46%	30%

The same finding occurred in Missouri. In Missouri, it was possible to count the exact number of children and the other end of the range of family size can be shown—the difference in families with only one child. Non-FE families were more likely to have a single child at the time of the initial report.

	Families with only 1 Child	
	FE Families	Non-FE families
Missouri	58%	71%

The relationship between number of children (family size) and poverty has already been discussed. Within the low-income population, however, families with more children come under greater stress from the greater difficulties associated with several children in areas of supervision, finding child care and the like.

FE Families have Younger Children. At the time of the initial report, FE families in Missouri were more likely to have younger children. The following statistics do not exclude families with children in different age groups. For example, the 21 percent of FE families with children one to two years of age may also have had children in the other age groups in the family. In each age category, the difference was statistically significant ($p < .0001$). This is not surprising for a sample as large of that analyzed in Missouri. Nonetheless, it shows that families with younger children might better be targeted than families with older children in anticipating later frequent encounters.

	A child in Family who was	FE Families	Non-FE families
Missouri	Less than 1 year	10%	8%
	1 or 2 years old	21%	15%
	3 to 5 years old	32%	24%
	6 to 10	46%	35%
	11 or 12	10%	7%
	13 or older	26%	37%

Younger children in the home is a risk factor for chronic reports in the future. However, having a teenage child in the home actually *lowers* the risk of families for future reports of child abuse and neglect. Other things being equal, families with a teenage child at the time of an initial report were *less likely to be reported another time* and in this analysis were less likely to become chronic or FE families under the present definition. This occurs for several possible reasons. Teens age out of consideration for CA/N reports when they reach their eighteenth birthday. This removes the possibility of a new CA/N report on this child. Other kinds of problems (such as delinquency and status offences) related to but different from child maltreatment begin to emerge in families. Indications of this can be found in the shifts in types of CA/N as in the analysis in Figure 7.

FE Families have more Financial Difficulties. This finding was discussed above for both Minnesota and Missouri.

Domestic Violence (DV) was more likely to found in FE families. These data were only available for the Minnesota sample. The differences were striking.

	Primary Caregiver was in a Relationship that involved Domestic Violence	
	FE Families	Non-FE families
Minnesota	34%	18%

DV was observed in the households of twice as many FE as non-FE families and was found in over one-third of the chronic cases. Another item on the abuse-related side of the FRA concerns a history of DV. This item also was answered affirmatively for substantially more FE families. Together 86 of the 149 FE families (58 percent) had one or both of these items checked—either current or a history of DV.

Primary Caregiver in FE Families more often had Lower Self-Esteem. This finding corresponds to the earlier discussion of psychological factors. In this FRA low self-esteem refers to lacking confidence, being withdrawn, doubting one’s own abilities or being self-disparaging.

	Primary Caregiver had Low Self-Esteem	
	FE Families	Non-FE families
Minnesota	23%	14%

Moving beyond the SDM risk assessment instrument, the following findings summarize other information that is systematically collected by Minnesota workers.

FE Families had more Mental Illness and Disabilities. FE families were more likely to have an emotionally disturbed or mentally ill child in the family. They were slightly but significantly more likely to have child with disabilities in the family, including developmental disabilities.

Emotionally Disturbed or Mentally Ill Child in Family		
	FE Families	Non-FE families
Minnesota	24%	13%

Disabled or Developmentally Disabled Child in Family		
	FE Families	Non-FE families
Minnesota	24%	13%

FE families were also more likely to have a mentally ill adult in the family at the time of the first report.

Mentally Ill Adult in Family		
	FE Families	Non-FE families
Minnesota	7%	2%

Substance Abuse occurs more often in FE Families. FE families were significantly and substantially more likely to have an adult in the family with a substance abuse (alcohol or other drugs) problems.

Abuse of Alcohol or Other Substances by an Adult in the Family		
	FE Families	Non-FE families
Minnesota	41%	21%

The literature on substance abuse is voluminous and will not be reviewed in this short paper. For a review on the relationship to child neglect, see Smith and Fong (2004). A good review that discusses how substance abuse and child neglect are related to the personal and situational characteristics of parents and how they affect children can be found in an article by Dunn and her colleagues (2002). The Dunn group also points to the current gaps in research on these relationships. Donahue (2004) reviews both research and treatment literature.

Combinations of Factors Associated with Frequent Encounters. The variables measured for the Minnesota sample were generally positively inter-correlated. This means that they were *frequently found together in the same families*. A few are worth mentioning as illustrations that chronic neglect families often have multiple problems and needs.

- *Domestic violence and adult substance abuse:* in over half of the chronic families in the Minnesota sample in which domestic violence was identified adult substance abuse was also observed. This corresponds to other studies showing a coincidence of domestic violence and substance abuse.
- *Child emotional problem or mental illness and either adult substance abuse or family domestic violence:* substance abuse and domestic violence each *diverged from* child emotional problems or mental illness in Minnesota sample chronic neglect families.

Such children were *less* likely to be found in families in which these adult problems were observed.

- *Family financial distress and caregiver self-esteem:* caregivers in families with severe financial problems were more likely to be observed to have low self-esteem.
- *Family financial distress and domestic violence:* in the large majority of cases of financial distress (77 percent) domestic violence (at present or historically) was found for this sample of families.

The original question was whether the characteristics associated with any recurrence of CA/N are also associated with FE. The answer is, yes, the more frequently families are reported the more likely that the risk factors will be found that are associated with any recurring reports. In addition, such factors are likely to be found in various combinations within the same families. This suggests a quantitative relationship. The analysis has also shown that the diversity of child abuse and neglect when seen over time is a function not only of such characteristics but of changing circumstances in families.

Child Safety

If we think of child safety in the long-term, children are obviously less safe in FE families. However, the variation in the kinds of abuse and neglect observed in these families suggests indirectly that the severity of threats to the safety of children varies from one incident to the next. One measure of child safety that can be applied in both Missouri and Minnesota is the decision, under the differential response (DR) systems operating in both states, to direct families into DR family assessments or traditional CPS investigations (Siegel and Loman, 1998; Loman and Siegel, 2004a, Loman and Siegel, 2005). The screening criteria for this decision in both states are in part attempts to predetermine cases in which safety of children is most seriously threatened. Thus, with some variation, reports of severe physical abuse, physical abuse or neglect of young children and infants, life-threatening medical neglect, sexual abuse (in all cases), and other similar categories receive traditional CPS investigations. This is a minority of cases in most places with developed DR programs. For example, in some counties, less than 20 percent of reports receive formal investigations. Reports that are channeled to family assessments often also involve child safety problems, but as a rule, they are less severe.

At any one point in time, the safety of children in FE families may seem to be no more threatened than children in non-FE families. This was evident in our Minnesota county sample, where the DR approach had been in place for several years. Based on the initial report, exactly the same proportions of FE and non-FE families (27 percent) were screened for investigation. This finding suggests that *chronic CA/N is not distinguished by threats to child safety associated with single reports*. It also shows that under an DR approach chronic families (and families that will become chronic in the future) are often offered family assessments rather than investigations. Another relevant finding discovered during IAR's evaluation of the Minnesota Demonstration (Loman and Siegel, 2004a) was that the type of

screening for a single report was not predictive of later screenings, that is, a family that was screened for DR at a particular point in time had about an equal probability of being screened either for differential response or traditional investigation at later points in time.

Response to child safety in traditional CPS investigations has been a function of reported threats (incident focused) and investigators have tended to focus on family problems and needs that are directly relevant to the report and to ignore those that are seen as less relevant or unrelated. Because screening under the DR approach was established primarily to determine whether reports should be investigated, differential response screening also is incident focused. DR family assessments, however, unlike traditional investigations, are designed to consider a broader array of family needs as well as family strengths, that is, factors associated with family risk rather than child safety. Even so, the family assessment focus and broader service emphasis is *limited to the duration of the agency’s contact with families following each incident*. Like the traditional CPS approach, DR is not an enduring approach to families.

This is also quite evident in the Missouri data. Each cell in Table 7 is a count of FE families. The pattern that is evident is a combination of later investigations and assessments. For example, in the middle cell, the 410 families that had 2 investigations over the five-year follow-up also had 2 DR family assessments.

Table 7. Combinations of Investigations and Differential Response Family Assessments for 6,991 Frequently Encountered Missouri Families

	No later Family Assessments	1 Family Assessment	2 Family Assessments	3 Family Assessments	4 or more family Assessments
No later Investigations	86	189	296	320	352
1 Investigation	191	430	488	381	391
2 Investigations	262	431	410	221	265
3 Investigations	269	318	203	107	170
4 or more Investigations	301	297	205	172	236
Change or No Change in Sequential Pairs (From one report to the next)					
Number per Family	From Assessment to Assessment	From Investigation to Investigation	From Assessment to Investigation	From Investigation to Assessment	
None	2,852 (40.8%)	2,206 (31.6%)	3,686 (52.7%)	1,602 (22.9%)	
1	1,533 (21.9%)	1,625 (23.2%)	2,559 (36.6%)	4,072 (58.2%)	
2 or more	2,606 (37.3%)	3,160 (45.2%)	746 (10.7%)	1,317 (13.8%)	
Total	6,991	6,991	6,991	6,991	

The issue of shifts in child safety from one report to the next is addressed in the lower portion of Table 7. About 47 percent of the FE families had at least one change from a family assessment on Report A to an investigation on Report B (increased safety threats) and 72 percent had a change from investigation to assessment (decreased safety threats). These changes reflect in part child safety changes in FE families. (The particular patterns of change

are, of course, also dependent on other factors, since screening of CA/N reports is not an exact science and is dependent on the orientation and culture of local CPS offices. For example, offices that screen higher proportions of families into the differential response track will on average show fewer transitions.)

Traditional CPS Investigations, Non-Adversarial Assessments and Improvement in Child Safety. In Missouri and Minnesota where DR reforms have been implemented, the majority of CA/N reports do not receive a traditional CPS investigation. Other states that have not adopted this approach continue to conduct investigations for the large majority of reports that are accepted as appropriate for CPS follow-up. The evaluations of the Missouri and Minnesota reforms (Siegel and Loman, 1998; Loman and Siegel, 2004a) suggest that child safety can be maintained without traditional investigations for the majority of cases. No discernable difference in short-term and long-term child safety was found in counties where most investigations had been replaced by non-adversarial family assessments (which included child safety assessments) compared to counties where most or all reports were investigated. Rather, the opposite was true: both during cases and in long-term follow-up on families, there was evidence that child safety was improved under the differential response approach, where family participation in decision making is encouraged and provided for (through full family meetings) from the time of the initial contact with the family and where further participation in CPS is based on joint decisions by parents, children, CPS workers and others that might be involved with the family (Siegel and Loman, 1998; Loman and Siegel, 2004a: Chapters 9 & 10).

Traditional investigations are significantly more likely to induce fear or hostility and to alienate families (Loman and Siegel, 2004a: Chapter 4, Loman and Siegel, 2005). The likelihood of fuller family-centered assessments and subsequent services is contingent in traditional investigations on substantiation in most instances. Family assessments are not substantiated or unsubstantiated. They rather end with a decision about family needs that is made jointly with the family. The level of services, particularly services addressing basic financially related family needs, increases under the family assessment approach. Financially related services—help with rent, transportation, utilities, household appliances, home repairs, clothing, food, and other similar needs—increased and in part led to the reductions in CA/N recurrence and the reductions in later removals of children that resulted under the DR approach.

At the same time, formal investigations are needed for cases that are likely to become court involved, where the threats to children make removal and placement very likely. Investigations are necessary to collect evidence for use in court. There is growing awareness, however, that traditional investigations should be limited to these cases. And, even in these cases there are benefits to creating conditions for families to participate fully in decision making. There is also evidence that by limiting investigations to only the most severe cases, they can be made more efficient and effective (Loman, 2005)

Family Risk and Outcomes under the DR Approach. Finally, the Minnesota DR evaluation (Loman and Siegel, 2004a) found positive long-term outcomes resulting from the change in the initial orientation to families and the increased level of services for *both low*

and moderate risk families. FE families by definition are (or were at first encounter) riskier families. The findings regarding moderate risk in the Minnesota evaluation, which was based on an experimental method, suggest that the approach will be as effective for moderate (and perhaps high) risk families as for low risk families.

The Costly Replay Cycle of FE Families

A CPS supervisor in St. Louis City once told the author about something he called “the 500 families.” When asked what this meant, he said that this referred to the small group of families that we see in the city again and again over many years, and sometimes over generations. They consume most of the time of workers and eat up most of the money available to the agency. These are the FE families. A few statistics on cases, child removals and costs of services may help in understanding what he meant.

Cases. Opening of formal cases varies with the structure and policies of state systems. The Missouri DR approach has emphasized opening of formal (Family-Centered Services) cases on fewer families than would have been the case under traditional CPS. In Missouri, family assessment workers deliver services directly or link families with community agencies and informal supports without opening a formal case. In Minnesota, on the other hand, formal (case-management workgroup) cases are opened more frequently for families because this is the mechanism in most counties for enabling services. Formal cases in both systems permit continued direct monitoring and direct services by caseworkers and case management and purchased services from other providers. This happens for both tracks of the DR system—when investigations are substantiated or when family assessments reach a conclusion that services are needed. Formal case opening is associated, therefore, both with continuing child endangerment and the presence of underlying problems that need to be addressed. Because FE families, as we have seen, may from one report to another be screened into either track, they appear in formal cases in both.

In the Missouri sample, 47 percent of FE families had been in at least one open case that had closed before the initial report; 13 percent were in open cases when the initial report was received; and, 74 percent were in at least one open case during the five-year follow-up. Looking at the entire seven years of data, 84 percent had at least one case. During the follow-up, cases averaged to 123 per 100 families. Thus, multiple cases were frequent during the follow-up.

The total time in formal cases during the follow-up period averaged to 536 days per FE families (that had a case opened) or about a 1.5 years out of the 5 years. The average time after a case closed to the next CA/N report (that was investigated or assessed) was 262 days or a little less than 9 months. Because case closure followed by a new report happened more than one time per family, the average minimum time to a new report per family was shorter (189 days or about 6 months) while the average maximum time was longer (344 days or about little under a year). Of the 6,991 families defined as chronic, 5,146 (74 percent) had a case closure followed by a new report during the follow-up.

Child Removals. An integral part of this picture is removal and placement of children. About one in every ten (11 percent) of FE families had a child removed and placed outside the home during the period preceding the initial report for this study. In a slightly smaller number of cases (7 percent), a child from the family was in placement at the time of the initial report (on other children in the family). However, upwards of two-fifths (37 percent) of FE families had at least one child removed and placed in out-of-home care at least one time during the follow-up period. Among these families, an average of 1.5 children were removed and placed per family. Looking at the child in each family that remained out-of-home for the longest period, the average time in placement was 913 days.

Expenditures. Another startling consideration for those not familiar with FE families is the part of the budget of CPS that is expended for them. The total numbers in Figure 7 show this for purchased services in Missouri during the five-year follow-up period.

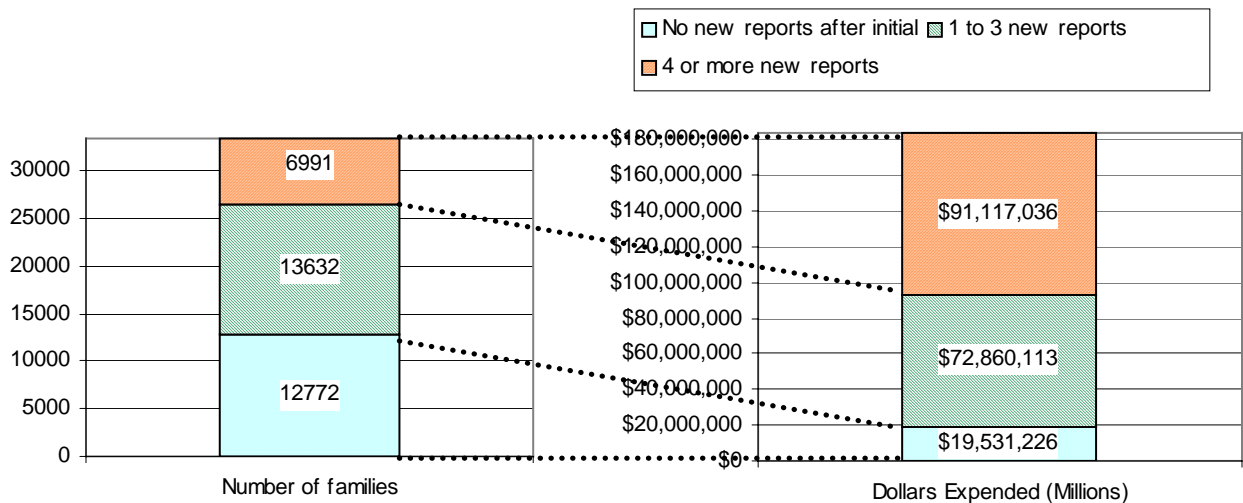


Figure 7. Number of Chronic Families by Expenditures for Purchased Services over Five Year (Missouri)

We have defined FE families in this paper so that they constitute about a fifth of the total CPS sample. On the expenditure side, over \$91 million (not adjusted for inflation) was spent on these families for services over the entire five years. This amounted to half of all expenditures on families. Thus, a fifth of all families accounts for half the spending. The dollars included in this figure covered all types of foster care and group care, residential treatment, day care and respite care, as well as a variety of treatment services. The majority of expenditures (73 percent) were, of course, for foster and group care and residential treatment—the most expensive purchases in CPS. Administrative and case management costs are not included in Figure 7. Such costs are also substantial for chronic families reflecting the costs of the time of CPS workers, supervisors and administrators.

The average cost of direct services per FE family, as defined here, was about \$13,000 over five years. This can be compared to families for whom no new reports were received (\$1,500) and families with 1 to 3 new reports (\$5,300). Although the analysis is not shown here, the most chronic half of the 6,991 chronic families in this figure accounts for

substantially more than half of \$91,117,036 expended. And within this group, one can find individual families—sometimes called “deep end” families or children—that averaged over \$100,000 per year.

Race, Risk and Frequent Encounters

This section is based on Missouri data and considers the relationships of CA/N risk and racial/ethnic identity to frequent encounter with CPS.

Distinguishing CA/N, Child Safety and Risk. This analysis assumes the distinctions made earlier between child abuse and neglect, child safety and risk of child abuse and neglect (pages 4 and 5).

Missouri Risk Levels. As noted, each family in the Missouri sample had an initial report during the 7/97-6/98 period. This procedure permitted information to be assembled for each of the 33,395 families for the previous two years. The seven years of data available for family, therefore, was split into two time periods: the two years before the initial report, called the *history period*, and the five years after, called the *follow-up period*.



As also noted, for many families the initial incident during the 7/97-6/98 period was not the initial incident *in the life of the family* but only the initial incident selected for this analysis. Some families had had previous encounters with CPS before July 1997. Missouri did not use a consistent risk assessment scale for families at this time. However, it was possible to calculate the risk of future reports of abuse and neglect from certain characteristics of families that were known at the time of initial incident and the family history with the agency. The best set of predictors was actually quite small.¹¹ These were:

1. **Number of past reports of child maltreatment.** The number of reports during the previous two years of the history period was counted. Past behavior is the strongest predictor of future behavior. Scores were assigned as follows: no past reports = 0, one past report = 1, two to five = 2, six or more = 3.

¹¹ Other variables included the presence of an infant, preschool and school age children, single parent female-headed families, previous removal and placement of a child, and the presence of an unmarried partner. The scoring of individual items reflects weights that were developed to produce the most predictive additive score. The most strongly predictive individual item (number of past report) showed a moderate correlation with the number of future reports ($r = .36$). This was increased to $r = .41$ by adding the five other items.

2. **Previous CPS case opened before or during the two years preceding the initial report.** In Missouri such cases are termed Family-Centered Services cases. They show that a formal case had been opened either to monitor child safety or to provide services to the family. This factor was counted whether the case was open or closed at the time of the initial report. This factor was scored as: previous case = 1, no previous case = 0.
3. **Previous expenditure of money by the CPS agency for the family.** Expenditure of money is somewhat redundant with the previous item since cases are often opened to purchase services for families. However, money is spent on only a minority of Family-Centered Services cases. This was scored as: previous money spent = .5, no previous money = 0.
4. **Number of children in the family.** Larger families for a variety of reasons are at greater risk. This may reflect the financial stresses that larger families experience. It may also reflect difficulties in supervising and caring for more children. Also, when there are more children, more opportunity exists for one to be abused or neglected. Scores were assigned as: one child = 0, two children = .5, three or more children = 1.
5. **A Teen Child in the Family.** Risk varies to some extent with the age of children. However, when a family has teen children—and most such families have *only* teen children—the risk of future child maltreatment is actually *reduced*. One reason for this is that the types of problems that arise, particularly with older teens, are less often child abuse and neglect and more often problems with the children themselves. Another reason, is that older teens in families that are being followed simply age out of the CPS system, which does not generally deal with problems between parents and children that are older than 17 years. This factor was scored as: no teen children = 0, at least one teen child = -1.
6. **Employment of any adult in the family.** Unemployment of adults in the family is a risk factor. This variable is correlated with a number of other risk factors, such as family poverty, single-parent status, etc. This factor was scored as: no adult employed at the time of initial report = .5, one or more adults employed = 0.

These scores were then summed for each family. Each family received a risk score ranging from -1 through 6 with -1 being from lowest risk and 6 the highest. This simple scale was developed based on the *number* of future reports and may be thought of as a measure of the risk of new CA/N reports.

This scale does not distinguish the risk of neglect from the risk of abuse like the Minnesota SDM scale, described earlier. However, it is somewhat more accurate in predicting the number of new reports of any kind than the SDM scale.

The relationship between risk scores and the number of new reports is illustrated in Figure 8. Generally, increased risk, as measured at the time of initial reports, was related to increased future reports during the five-year follow-up.

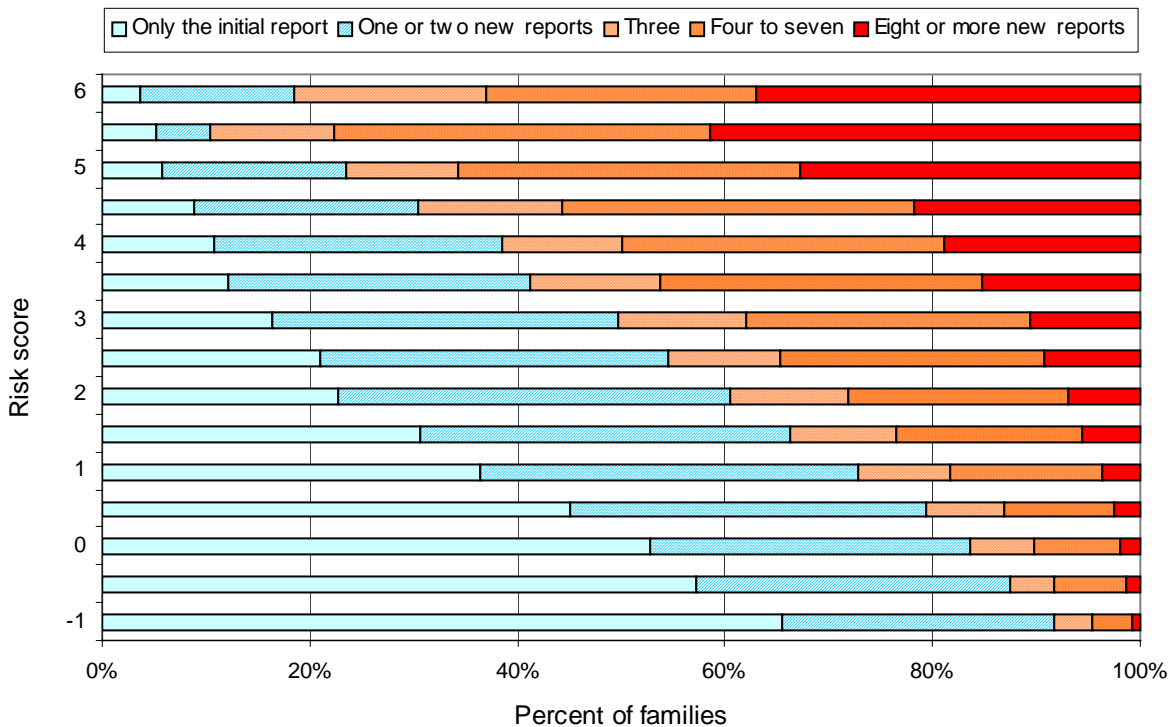


Figure 8. Risk Scores by the Number of New Reports for Missouri Families

This simple risk scale suffers from the defect of all risk assessments instruments in child welfare—false negatives. False negatives are families that appear to be low risk that nevertheless have new reports and in some cases become chronic. Some percentage of each of the lowest risk families in the chart (lower bars) turned out to be FE, according to our definition (Figure 9). The percentage rises with the risk score. Here are the percentages of FE families among families at each risk level. The pattern is as one would expect but the risk assessment instrument is far from perfect. Some families with relative low-risk scores (1 and less) turned out to be FE. Other families with high-risk scores did not meet our criteria for chronic child abuse and neglect (FE).

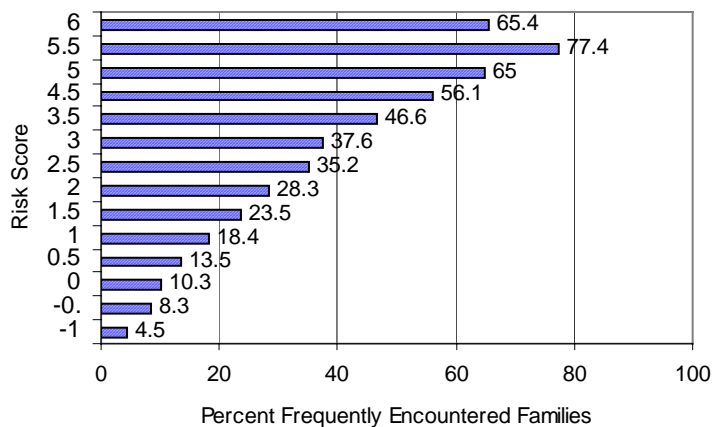


Figure 9. Percent of FE Families in Each Risk Category

Frequent encounters were significantly correlated with each of the six items listed above. In addition, they were also related to the presence of a male paramour in the household, mother-only families with no male living in the household, previous removals and placement of children in foster care, and the presence of very young (preschool) children in the home.

The latter of these also was predictive of chronic neglect in another way that may be a significant finding for practice. *Apparently low-risk families that nonetheless became chronic (the false negatives mentioned above) were significantly more likely to have a child less than four years old in the home. This suggests a preventive focus on families with very young children who are reported to CPS for the first time, whether or not that report led to a response by the agency.*

Race, Risk and Frequent Encounters. Race in this analysis is limited to comparisons of Caucasian and African American families, which constituted the large majority of the Missouri sample.¹² The number of Hispanic, American Indian and Oriental families was too small for reliable analysis. Race was based on the racial identify of the primary caregiver.

Race was significantly associated with the measure of risk. This occurred because of the nature of the scale. For example, African American families had slightly more children, on average, and more often had only young children and no one employed in the family. This carried into the overall recurrence rate: slightly fewer African American compared to Caucasian families had no new reports (35.6 percent versus 38.5 percent) and slightly more had one or two new reports (35.5 percent versus 31.8 percent).

However, frequently encountered families were not defined on the basis of small numbers of new reports but four or more over a five-year period. And on this measure, *African*

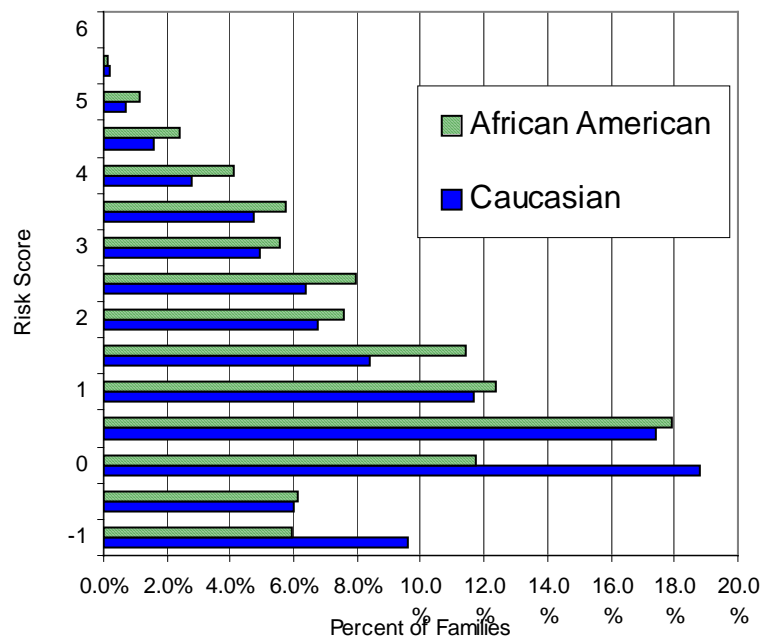


Figure 10. Race by Risk Score

¹² The 97-98 sample was 74.4 percent Caucasian and 20.5 percent African American. Since that time, Missouri has seen a significant influx of Hispanic families throughout the state as well as various immigrant populations in the St. Louis and Kansas City areas.

American families in the Missouri sample were slightly less chronic than Caucasian families:

	Percent Frequently Encountered
Caucasian	21.3
African American	20.3

Given the large numbers of families in the sample (24,843 Caucasian and 6,846 African American families), this difference was statistically significant ($p = .037$). On this measure we can say that African American families were comparable to Caucasian and perhaps fared slightly better.

This analysis of race, therefore, *does not* carry forward the earlier analyses in this paper. Generally, comparing the results of past studies of variables associated with low and *any CA/N recurrence*, we found that the same variables were also related to frequent occurrence. This was not true of race. African American families were more likely (on the order of three percent of families) to have one or two new reports than were Caucasian families. They were slightly less likely, however, to become FE families. This population of Missouri and, thus, the statewide sample in this study come from areas of widely varying population density. In most of rural Missouri (with the exception of the southeast area known as the “boot heel”) the population is predominantly Caucasian. The large urban areas and to a lesser extent smaller cities have high proportions of African American families. This finding suggests that chronic families tend to be found in similar proportions across rural and urban populations where racial distributions vary widely.

Frequent encounters were defined in terms of the number of child abuse and neglect reports—without regard to the CPS response to the report. It will be remembered that Missouri had implemented the differential response system, and therefore, substantiation of CA/N reports was no longer a reliable measure of agency response. However, it was possible to examine the other measures utilized in this study: cases, removals and expenditures. The findings resemble findings for minority families in other states. Once African American families have entered the CPS system they are more likely to have open cases and to have their children removed. This was true whether they were FE or non-FE families.

Cases. African American FE families had had slightly more formal CPS cases opened before the initial report of this study than similar Caucasian families (33.8 versus 30.2 percent), and they more often had a case open at the time of the report (19.5 versus 11.4 percent). They also more often had a formal case opened after the initial report and during the five-year follow-up period (42.0 versus 37.9 percent). These differences were statistically significant. In addition, the time in cases newly opened during the follow-up was significantly longer, with African American families in open cases for a mean of 459 days compared to 374 days for Caucasian.

Child Removals. Removals and placement of children showed a similar pattern among FE families. Families with any child removals before the initial incident included: African American: 17.0 percent; Caucasian: 8.2 percent. Families with any child removals during the follow-up period: African American: 43.6 percent; Caucasian: 35.2 percent.

Expenditures. The spending on African American FE families was greater in several categories and overall during the five years of follow-up. The large difference in spending was associated first with more expensive forms of child placement. The large category of regular foster care, where most children are placed when removed, was comparable for the two groups. Looking at the mean five-year foster care costs for the entire set of FE families in each group, they were: African American: \$2,487; Caucasian: \$2,399. African American families averaged lower costs for more specialized foster homes, including foster group homes and career foster homes.

Large differences in placement costs were found in other areas. An average of \$904 was spent per African American family for adoptive homes compared to \$575 per Caucasian family. This may be an indication of greater efforts to adopt rather than reunify children but also may indicate greater need among families that adopt African American children. The largest differences were found in institutional placements: residential facilities/group homes: African American: \$2,469; Caucasian: \$712; residential treatment centers: African American: \$8,322; Caucasian: \$3,038. These differences are indications that African American children were more likely to be placed in large group homes or institutional settings. The latter category is more often found for children that for various reasons cannot be placed in family foster care settings.

On the other hand, the larger number of formal cases and longer length of cases were associated with greater expenditures for services to African American families. Five-year day care expenditures averaged \$4,916 per African American family compared to \$1,745 per Caucasian family. Similarly, children's treatment services, which in Missouri covers many different kinds of assistance including counseling, day treatment and in-home therapy, was significantly greater at \$1,153 per African American family compared to \$478 per Caucasian family. This may reflect greater service needs, both perceived and actual.

This analysis shows that patterns that are generally found for minority families also appear when the analysis is limited to FE families. African American children are more often removed and placed and less often reunified nationally. This is true in Missouri, as well, and remains the case when only FE families are considered and is also reflected in greater costs for placement, particularly residential treatment and group homes. African American families are more often the focus of formal CPS cases and for longer periods of time nationally. The same holds when only FE families in Missouri are considered. In this instance, the expenditure data show increased services to African American families.

The reasons for these differences remain unclear. Part of the explanation may be the greater economic disadvantage of African American and families in certain other minority groups. We have already seen the powerful effects of income and social support on the occurrence and recurrence of child maltreatment. Part of the explanation may be societal, that African American families have less "social capital" available them, with the consequences that flow from this. Part of the explanation may also be found in racial prejudice, which continues to exist in American society. Few CPS workers are consciously racially prejudiced or will make explicit prejudicial statements. Prejudicial behavior may also be the result of

unconscious or only dimly conscious biases, however, that affect judgments made about families, particularly the safety of children. The most likely explanation lies in some combination of these.

Implications

What are the practical implications of these findings? The emphasis of this paper has been to identify basic issues and problems that are associated with chronic child abuse and neglect. The concern was to identify what can be done to stem the repetitive cycle of returns to CPS of FE families. In addition, we asked what are the characteristics of families that are not yet chronic but later become so. As noted, the purpose was not a comprehensive discussion of all the support and treatment issues surrounding chronic child abuse and neglect. Rather it was the more limited goal of identifying the barriers within the structure of CPS that make responses to FE families less than effective.

The following list of implications can be summed up in the following statements: Target Families Early. Shift CPS in the direction of prevention. Use CA/N reports as occasions of assistance. Engage families to participate voluntarily. Focus on root causes. Become more available to FE families. Enlist the community.

Targeting Families before They become Chronic

Prevention. A basic issue is whether CPS should be shifted from remediation to prevention. One question is always expressed whenever the word prevention is used in CPS: how can we afford it? A statement is also heard that can best be described as *preemptive capitulation*, that is, giving up on something before attempting it in anticipation that it will be rejected: government (state legislatures, county boards of supervisors, etc.) will never fund it! The costs associated with chronic child abuse and neglect are presented in this paper to illustrate the level of funding that is already involved and to suggest that levels of current expenditures can be used to argue for how we might pay for averting child maltreatment. Imagine if some portion of the \$13,000 expended over five years for each FE family were available to help families early on.

The issue is how to shift the spending from the back end to the front end of the sequence of encounters of FE families with CPS. Such a shift will require a reordering of priorities and a new way of looking at CA/N reporting and the agency response to reports. One element of such a new way can be found in the differential response reforms discussed in this paper.

An essential component of prevention program are cost studies, including cost-effectiveness and cost-benefit research. Cost-benefit studies with control groups can be used to illustrate the savings to taxpayers of programs that on their face are extremely expensive. One such study that we at IAR have recently completed concerned the costs and benefits of an adult drug court, where thousands are spent on individuals over periods of many months, yet

with significant savings to the public (Loman, 2004). An example, of a simple cost-change/cost-effectiveness study in child welfare that powerfully demonstrates the savings of prevention was conducted in our evaluation of the Minnesota demonstration of differential (alternative) response (Loman and Siegel, 2004a: final chapter). The value of such studies is that they can be used to convince policy makers of the power of prevention and the value of spending money to save money.

Identifying Potential FE Families. A first necessary step is early identification of likely FE families. Some of the families that are later frequently encountered can be readily identified the first or second time they come into contact with CPS. These are the recognizably high-risk families that have multiple problems and few or weak protective factors. Generally, they are families that generate high or intensive scores on risk assessment scales. The first set of characteristics are associated with child neglect generally and many of them are more strongly associated with FE families, as has been shown. These characteristics tend to run through the majority of FE families.

- Very low-income, especially with any or all of the following:
 - Chronically impoverished (i.e. consistently during one or more years)
 - Single parent (especially, mother-only)
 - Poor education and work experience
 - Two or more children in the family or one child with no family planning
 - Young parent(s): teens and early twenties (and, therefore, young children)
- Few perceived and/or actual sources of financial and emotional support (socially and financially isolated)
- Emotionally fragile
 - Bouts of depression
 - Expression of loneliness
 - Sense of hopelessness

If these three categories and at least one of the following are present at the time of the first or second encounter with the family, this family might be presumed to be likely to become FE. However, the list is not meant to be exhaustive. Encounter here does not mean a substantiated report, as is explained below. Rather it means any report, whether substantiated or not, and we can even ask whether *unaccepted* reports might not also be counted as encounters.

- Domestic violence with violent partner still in family
- Drug or alcohol abuse by the parent(s) and not in treatment
- Mental illness diagnosed and not controlled
- Severe emotional problems of a child or a mentally ill child
- Child developmental disabilities
- Severe behavioral problems of child; a child the parent cannot control

In these cases it seems better to assume that frequent later encounters are probable and to take action, such as is described below in reference to the FEF worker.

The problem is, as documented in this paper, some of these characteristics may not be present at the time of the first report. For example, a first report of less severe physical abuse is received on a single child in a two-parent household. Later additions of children and separation or divorce, for example, can throw a family into poverty and bring about any of the other characteristics that are more likely when parents and children suffer from psychosocial stress. These events cannot be anticipated. However, if families were targeted more broadly, we can ask *which of the characteristics might be the focus of preventive efforts*. The answer is that the first two: *extreme poverty and lack of social support, especially families with preschool or young school age children and young parents*. This turns out to be a large population in our society, if we were targeting families generally, but the paper is about *FE families in CPS*. Thus, the added element is that *at least one child abuse and neglect report has been received* (and accepted for follow-up?) on the family.

Assessments versus Investigations of FE Families

Non-adversarial family assessments should be the preferred method of responding to CA/N reports on FE families, when possible, rather than traditional CPS investigations for the following reasons.

CA/N Reports as Risk Factors. The primary focus of traditional child abuse and neglect investigations is CA/N allegations. Continued contact with families under the traditional system is dependent on substantiation of the allegations of abuse or neglect in an individual report. However, the finding in this and other studies that unsubstantiated investigation as well as substantiated investigations both are risk factors for chronic reports of abuse and neglect suggests that *substantiation should not be the criteria for early engagement of FE families. Rather, the report itself should be regarded as the risk factor.*

The Seriousness of Individual Report Allegations. Families that become chronic are not distinguished by threats to child safety associated with individual reports of child abuse and neglect. About the same proportions of *potential* FE families and non-FE families are reported for more severe threats to child safety. And, about the same proportion are reported for less severe threats. How serious an individual report is should not be the criteria for working with FE families. Rather the risk factors that lead to chronic CA/N, that is, to frequent encounters with CPS—issues of income, support, family interaction and individual problems of family members—should be the criteria for engaging FE families. To be convinced one only has to look at the number of other kinds of later allegations that occurred in families first reported for educational neglect (see Table 3 and Figure 1).

There are now several studies, including the current report, that confirm that variation in types of threats to child safety and types of alleged CA/N is the norm rather than the exception in sequences of reports on FE families. The analysis shows that we would be wrong much more often than we would be right if we focused only on a particular reported

CA/N incident to characterize a family. The rule is variation rather than similarity in sequences of reports.

Some of the changing types of child abuse and neglect alleged in recurring reports can be explained by existing conditions in families at the time of the first report. Others seem to arise from changing circumstances in families that could not have been predicted when the first report was received. The iceberg metaphor points to the futility of responding only to the particular allegations of CA/N reports in the mode of traditional investigators looking to confirm or disconfirm narrow allegations and to the wisdom of looking more broadly at the entire range of needs and strengths of families.

Traditional CPS Investigations are Counter-Productive for Most CA/N Reports.

The reported findings that child safety is not necessarily compromised when investigations are conducted for only a minority of CA/N reports, and on the contrary, may be enhanced by family assessments suggests that CA/N investigations should be limited for all CA/N reports. There is no reason to believe that CA/N investigations are any more or less effective for FE families than non-FE families.

Investigations will continue to be appropriate for a small minority of reports that presage involvement of the family in the juvenile or family court. In some instances, it will be obvious from the report that an investigation is needed (for example, a report of child abandonment or endangerment by parental drug abuse). In others, an assessment worker will make the decision to switch to an investigation after an initial child safety assessment (for example, physical abuse of a young child is significantly more severe than the report implied). At the same time, investigators should, when appropriate, be ready and willing to abandon investigations and initiate family assessments (for example, a sexual abuse reports where the investigator finds that the perpetrator has fled or does not reside in the home and the child is protected by the parent).

In general, DR family assessments (including child safety assessments) are preferable because they:

- Are less alienating than traditional investigations
- Are focused from the time of the first visit with the family on a more general set of family strengths and needs
- Encourage *family participation* in decision making during the assessment process
- Lead to *voluntary participation* of the family (and, therefore, to family buy in)
- Lead to referrals and services for a *broader array of family needs*, including basic financially related needs.

If these approaches are beneficial generally for families encountered by CPS they are also beneficial for frequently encountered families.

In summary, the child abuse and neglect report should be used by CPS as an occasion for offering assistance to families and only in a minority of situations as an occasion for an

adversarial investigation. This will require a significant conceptual change among CPS practitioners.

Avoiding the Replay Cycle through Ongoing Availability

A mechanism is needed to avert the replay cycle. The replay cycle of FE families consists of repetitions of any or all of the following: CA/N reports, assessments and investigations, formal CPS cases, worker contacts, services from various sources, child removals and placements. Contact with CPS may cease after any of these, but the key idea of the replay cycle is that after a gap in time the cycle begins again when a new CA/N report is received. The gap usually results in assignment of new workers (investigators, assessment workers, case managers and social workers), who have to learn anew the history of the family and the strengths and needs of family members. The replay cycle also involves trying again approaches to the family that failed in the past. The problems of gaps and ignorance suggest that a mechanism of ongoing availability is in order.

The Frequently Encountered Family (FEF) Worker. One such mechanism is that FE families, once recognized, retain that status even after casework is concluded. This is one reason why the term “chronic neglect” should be avoided and another less invidious label be applied to families. Frequently encountered is not necessarily the best term but it expresses this idea.

The worker assigned to the family under this approach remains available, contacting the family periodically, to determine whether any old issues have reasserted themselves or new problems have arisen in the family. The key to success for this worker would be engagement of the family, not as an authority but as a friend and confidant—someone in the role of advocate for the family with other agencies and with Child Protection itself. When the worker became aware of problems in the family, he or she would be in a position to respond quickly, perhaps before they escalated to child abuse and neglect and to new reports. (This concept has been used to justify basing CPS workers in schools and other locations.)

When problems arise that are themselves risk factors for child abuse and neglect and when families request help, preventive services may avert child maltreatment. Take again the example considered earlier of changes in family structure when a man leaves a family and the family becomes mother-only. The sudden stresses associated with job loss, reduced income, lack of child care, the emotional problems associated with separation and divorce might be an occasion for the family itself to renew contacts with a service worker who was helpful in the past and has remained available to the family. Or, the worker may through continuing contacts become aware of the breakup and respond. In another example, a worker may be in periodic contact with a caregiver who has a history of substance abuse. Finding out that the caregiver has begun using again, the worker might be able to intervene and avert subsequent incidents of child neglect.

Under the FEF-worker approach, new reports of abuse and neglect on FE families would not be assigned to a traditional investigator or a family assessment worker but to the

FEF worker assigned to the family. New reports would hopefully not come as a complete surprise to this worker. Nonetheless, whether the report was anticipated or not, the FEF worker would be familiar with the history of the family, with ongoing problems and needs, and with supports that can be called upon (extended family, friends, church members, and the like). In line with comments above about the family assessment approach as the preferred approach, the FEF worker would reassess the safety of children and the needs of the family. If an investigation was necessary it would be better for this to be done by a traditional CPS investigator, since conducting an investigation of the family would be inconsistent with role of family advocate. Indeed, part of the safety assessment would be to assist the family in making changes that would avoid a formal CPS investigation of the current report, if that seemed at all necessary.

The FEF worker would be in a position to bring services to bear and, perhaps most importantly, would know of failed approaches in the past. There would be no gap between report and service response while yet another investigation and family-centered assessment was completed and another worker became familiar with the family. Continuity of contacts and knowledge of the family would be key.

Racial Identity and Frequent Encounters. Unfortunately, the findings of this paper offer little new concerning how to reduce the higher proportions of minority families that enter formal cases in the CPS system nor the disproportion numbers of minority children that are placed in substitute care. We have seen that, while African American families are slightly less likely to be FE as defined here, the response of CPS to those that are FE tends to resemble the response generally to this group. The one bright side of this response may be the increased levels of assistance, such as day care and treatment services that such families receive. Research is needed to determine clearly the extent to which CPS responses are affected by racial and ethnic prejudices and the lingering biases that continue to exist in American society. Whether this is a minor or major factor, there should be a strong emphasis on fairness and training workers to be culturally competent in any program that targets potential or actual FE families.

Services to FE Families

The possible topics under this heading are very great and go far beyond what is possible or intended in this report. Some general themes can be stated, however.

Services that Address Basic Financially Related Needs of Families. Families encountered and served by CPS are the most impoverished families in our society. FE families are the most impoverished among CPS families. The lack of resources that arise from low income is a condition that makes child abuse, and in particular, child neglect more likely in FE families. Poverty is a cause of child maltreatment in sense of situational conditions that facilitate the acts that come to be interpreted as abuse or neglect. As noted above, one of the findings of the Minnesota evaluation was that increases in such services—even the relatively modest assistance that CPS workers could offer—produced increases in desired outcomes.

Obviously, providing emergency help to families is primary. CPS can be responsible for some of this. We have many case studies from Missouri, Minnesota (and the Title IV-E waiver evaluations in Indiana and Mississippi) of instances in which relatively simple and inexpensive temporary assistance to families averted CPS cases and child removals. Longer-term help may involve promoting education, job training, job acquisition and retention, child care, reliable transportation—all services that require help from other agencies.

Another area of assistance is identifying protective factors in regard to poverty and the effects of poverty on child neglect. Smith and Fong (2004) provide an enlightened discussion of this within their broader discussion of child neglect and poverty (pp. 225ff). Promoting social supports is a part of this process. An older but still relevant discussion can be found in Thompson (1994). For example, re-engaging an alienated member of the extended family in a family-team conference may be a step toward increased social support. Other articles in the same book (Melton and Barry, 1994) discuss neighborhood-based approaches to preventing child maltreatment.

Children of FE Families are the Responsibility of the Community. The latter reference is more general than simply financial, pointing toward revitalizations of neighborhoods and broader communities and engagement of neighbors in prevention and promotion of child and family welfare. The Center for Community Partnerships in Child Welfare (see note 1) is a part of this movement. Promoting this concept requires re-education of citizens and a change in orientation of CPS. This was vividly illustrated in the coincidence of the Missouri Family Assessment project (Missouri's DR demonstration) in St. Louis and the St. Louis Neighborhood Network (Missouri's first community partnership project) during the 1995-2004 period. Many of the concepts in this paper, and expressed above, had their origin in those two projects.

Some FE family needs, however, go beyond the capabilities of friends, families and neighbors. Because drug and alcohol abuse occurs with high frequency in FE families, this must ultimately be a primary area of emphasis. Some recent developments in this field stress ecological approaches. Donahue (2004) discusses empirically based treatment methods, such as multi-systemic therapy that have shown success in part, because they treat the social (ecological) environment of the abuser, involving family members in the treatment process. Other approaches that emphasize intensive and long-term assistance are also being rapidly expanded. Family drug courts where wrap-around support and treatment is put in place for many months for each client are examples of treatment drug courts that serve CPS families.

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