

IRP focus on poverty

Vol. 37, No. 2

September 2021

ISSN: 0195-5705

Preventing child maltreatment and neglect in the United States: Opportunities for change

Documenting experiences and interactions with Child Protective Services

Darcey H. Merritt

page 3

Scanning the child maltreatment landscape

*Brenda Jones Harden, Cassandra Simons, Michelle Johnson-
Motoyama, and Richard P. Barth*

page 11

Creating systems synergy across the social welfare policy landscape

*Megan Feely, Kerri M. Raissian, William Schneider, and Lindsey
Rose Bullinger*

page 21

The articles in this issue of *Focus on Poverty* draw from a November 2020 volume of the *ANNALS of the American Academy of Political and Social Science*, edited by IRP affiliates Lawrence Berger and Kristen Slack. Here, we highlight aspects of the edited volume's central theme: finding better approaches to preventing, identifying, and addressing child maltreatment.

While child maltreatment rates have declined significantly in recent decades, child neglect rates have remained steady and high. While no single cause is directly responsible for either child maltreatment or neglect, the strong and persistent relationships between maltreatment, neglect, and poverty are undeniable. Just as the root causes of maltreatment and neglect differ, so do effective interventions and treatments.

Darcey Merritt of New York University considers links between families with lived experience of child welfare system interaction and associated parental behaviors and decision-making among mothers in New York City. Merritt provides interview-based data and analysis from the important perspective of CPS-impacted families. Direct insights from CPS-impacted parents are rarely considered by agency administrators, researchers, or policymakers; this line of inquiry may help to create more efficient avenues of understanding and communication as well as more effective policy.

Brenda Jones Harden and colleagues at the University of Maryland, Cassandra Simons and Richard Barth, collaborated with Michelle Johnson-Motoyama of The Ohio State University to sketch the landscape of child maltreatment prevention and offer paths forward for a more effective and efficient public health approach. This approach includes seeking to expand organizational capacities among child welfare service providers while addressing adverse community conditions which foster the conditions for maltreatment. Early childhood care and education, home visitation, clinic-based programs, school-based programs, and community education and mobilization initiatives are all offered as proactive rather than reactive options for enhanced child well-being.

Megan Feely and Kerri Raissian, both of University of Connecticut, William Schneider of University of Illinois at Urbana-Champaign, and Lindsey Bullinger of Georgia Tech contribute a vision of "systems synergy," where the safe and consistent care of children is placed at the philosophical and pragmatic center of all human services agency and program work. Failing to acknowledge economic hardship as a causal factor in child neglect, the researchers suggest, allows federal and state policy to omit the alleviation of financial hardship as a strategic solution.

We also preview two examples of current research looking to improve the experiences of low-income families impacted by CPS involvement. Kristen Slack and Lawrence Berger, both IRP affiliates and professors in the University of Wisconsin-Madison's Sandra Rosenbaum School of Social Work, are working to understand how access to more and better economic resources might reduce involvement with CPS. Initial results from Project GAIN (Getting Access to Income Now) are expected this fall. Likewise, as a follow-up to research described in this issue, Professor Darcey Merritt of NYU's Silver School of Social Work is advancing a mixed-methods approach to understanding relationships between the decision-making processes of CPS-impacted mothers and the contexts in which they are parenting, including socio-economic constraints and experiences of systemic disenfranchisement.

Documenting experiences and interactions with Child Protective Services

Darcey H. Merritt

TAKEAWAYS

Parents' lived experiences of CPS involvement are under-reported yet vital in making efforts to decrease stigmatizing service delivery for those referred for child maltreatment, particularly neglect.

Parenting choices are directly related to differences in resource-rich or resource-poor settings, both inside and out of the home.

Scholars have rarely considered the links between families' lived experiences of child welfare system oversight and associated parental behaviors and decision-making.

Every child and parent impacted by CPS involvement is subject to varying levels of stress and trauma related to the system's inherently intrusive nature.



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Few accounts of the child welfare system document direct

perspectives of family impact. Child Protective Services (CPS) is the “front-end” of the child welfare system, where reports of abuse and neglect are processed, maltreatment investigations occur, and decisions about opening cases are made. As designed, CPS is an inherently coercive system. Family participation is usually compulsory or, at best, strongly encouraged through the explicit or implicit threat of negative consequences, including a child’s removal from the home. Given the high stakes for CPS-impacted families, researchers and practitioners alike must understand family experiences with CPS through the specific ways in which these families view system involvement as harmful, helpful, or mixed. However, very little research explores how families view their CPS-related experiences and how interactions with CPS affect the breadth of family dynamics, well-being, and senses of parental autonomy and empowerment.

An estimated 37% of U.S. children (up to age 18) experience a CPS investigation, yet proportions are unequal across racial lines—overall rates among African American children climb to 53%¹—while the cumulative risk of a CPS investigation among Black children in New York County, the geographic region of this study, is approximately 56%.² CPS investigation rates are important to consider because most investigations are focused on possible neglect, and racialized poverty is specifically associated with African American families. Families don’t intend to live in poverty, nor should their experiences with poverty be exacerbated by structural racism in practice.

A nuanced approach to understanding the experiences of CPS-involved families considers parental intentions and perspectives. Such nuance in acknowledging parental best intentions in the context of structural oppression is crucial in many ways, and particularly so when seeking to understand persistently high rates of child neglect.³ The results of a pilot study, discussed below, explore parental perspectives regarding CPS involvement.⁴ These results are vital for validating and supporting the lived experiences of families by adding their voices to scholarship that has often been exclusionary.

Contexts of interactions with CPS

The United States has a well-documented history of racial and socioeconomic discrimination. Despite good intentions to protect children from harm, the child welfare system is not exempt as a perpetrator of systemic oppression.⁵ Most parents, regardless of race or socioeconomic status, consider their family life private and immune from oversight and intrusive judgment. CPS services, however, are based on protocols designed by those in positions of power and privilege. These system architects have not likely been subject to authoritative and intrusive involvement in their own families and may not have considered the impacts of CPS on traditionally marginalized populations, including those who have repeatedly suffered from economic disenfranchisement, overt racism, and other forms of systemic oppression.

Black families and other families of color in the United States have long been subject to well-documented histories of discriminatory oversight across multiple social welfare and human service systems. In the child welfare system, stark racial disparities occur at every decision point,⁶ including abuse and neglect reporting,⁷ investigation and maltreatment substantiation,⁸ and foster care placement decisions and case closures.⁹ Racial disproportionality in the child welfare system is defined as the overrepresentation of children or families from a particular racial group relative to their representation in the general population.¹⁰ Scholars, however, have rarely considered the links between families' lived experiences of child welfare system oversight¹¹ and associated parental behaviors and decision-making.

Black families and other families of color in the United States have long been subject to well-documented histories of discriminatory oversight across multiple social welfare and human service systems.

Parental choices occurring in the context of CPS involvement are inextricably linked to deeply rooted (i.e., generational) perspectives about the judgments inherent in system oversight and compounded by the threat of potentially devastating consequences, including child removal. I argue that child welfare researchers and practitioners must consider a family's past experiences, often including racism and other forms of discrimination, in engagements with families where child safety may be a concern. Every child and parent impacted by CPS involvement is subject to varying levels of stress and trauma related to the system's inherently intrusive nature. The impact of CPS is exacerbated if children are removed from their families of origin and placed in care. While some families feel overburdened and negatively affected by system oversight, others may feel supported in their efforts to improve their parenting when the child welfare system intersects with their lives; still others have mixed experiences.¹²

Socioeconomic contexts are also very relevant to CPS involvement in family dynamics. Research must acknowledge ways in which parental behaviors and decision-making are impacted by parents' relative economic position in society. Families with higher levels of educational attainment, more expansive employment opportunities, and greater earning power are better positioned to make choices that significantly reduce or even eliminate child maltreatment risk or reduce their risk of surveillance by and adverse interactions with authorities. Parents with sufficient resources are also typically able to secure suitable housing and benefit from better-resourced schools, higher-quality childcare options, and safer neighborhoods. On the other hand, families typically involved with CPS are socially and economically disadvantaged and have far fewer high-quality options across each of these domains.¹³

Lived Experiences and Parents' Concerns about CPS Oversight—A Pilot Study

It is important to assess the etiology, or root causes, of specific types of child maltreatment and neglect by considering cultural, community, and socioeconomic contexts. I posit that parenting behaviors are often a response to underlying fears and threats to survival, based on cultural and community characteristics, and experiences of societal inequities. In an effort to understand the lived experiences of families impacted by CPS involvement,

I conducted a pilot study to assess parents' perceptions of system oversight based on race/ethnicity and socioeconomic status.¹⁴ This study specifically aimed to (1) understand contextual fears and perceptions among marginalized women related to CPS oversight and parenting roles, (2) identify parent-driven remedies to address fears associated with child-rearing practices to enhance child welfare service delivery, and (3) assess thematic parental fears as predictors of specific types of child maltreatment.

Child-rearing practices vary greatly based on parents' fears and concerns. Such fears may stem from challenging circumstances in the home, neighborhood, and wider social contexts; lack of access to resources; and deeply rooted, unjust social stratification norms. Community characteristics also shape parents' expectations of children in their attempts to instill the necessary skills for survival in potentially high-risk environments. Efforts to decrease the prevalence of child maltreatment and neglect must consider the challenges placed on parents in impoverished communities, accompanying parental fears, and experiences with systemically oppressive oversight systems.

This summary presents new knowledge about the relationships between child-rearing practices and parents' experiences with child welfare agency oversight, primarily among Black and Latinx parents receiving prevention services focused on child maltreatment and neglect. An underlying goal of this inquiry was to identify links and pathways between parenting intentions and parents' decision-making in context. I gathered information on the perceived impact of parental fears on child-rearing decisions according to socioeconomic status and child welfare service variation to identify thematic parental fears as predictors of specific types of child maltreatment.

Emergent Data

Four subthemes emerged from the structured interviews: (1) agency treatment, (2) judgment based on race/ ethnicity, (3) perceptions of parenting well/parenting intent, and (4) financial disparities (see Table 1). A primary theme revolved around how parents felt about CPS involvement. Overall, parents felt mistreated and unfairly judged by child welfare agency workers based on their race/ ethnicity. Parents often expressed trauma resulting from ongoing CPS oversight and negative effects on the child/parent relationship; parents also noted feeling stigmatized and shamed within their communities for having an open child welfare case. Additionally, parents discussed feeling challenged and perceived as not capable of providing the optimal experiences they felt their children deserved due to racial stereotypes and based on financial challenges. Parents shared perceptions and feelings of judgment, blame, intimidation, being overwhelmed, afraid (of family disruption), and a loss of control. Some parents expressed satisfaction with the support from private child welfare workers or a combination of feeling supported and feeling intruded upon because of the oversight.

Data and methods









This study focused on the lived experiences with, and parental perceptions of, CPS oversight related to parenting decisions and child-rearing practices. Seventeen in-depth, face-to-face, semi-structured interviews were conducted with primarily Black and Latina, New York City-based mothers.

Interview questions covered parenting practices related to fears that might result in unwanted experiences with systems (e.g., lack of childcare, nutritional sustenance, dangerous neighborhoods, threats of child removal). Topics included:

- Parents' fears and nuanced experiences with both public and private child welfare agency oversight and,
- Remedies to reduce or eliminate fears related to parenting behavior.

Interviews lasted approximately 45–60 minutes and were transcribed verbatim from audio recordings. Participants provided prior informed consent and received a \$30 bank card for their participation. Employing a systematic grounded theory analysis, information garnered from the interviews were open and group coded, allowing for salient themes to emerge.

Table 1: Question prompts and emergent themes generated through parent interviews.

Question Prompts		Emergent Themes	
	Do you feel you've been treated fairly while involved with child welfare agencies?		Agency treatment: ACS oversight and lack of support/fair treatment
	Do they (caseworkers) treat all people the same regardless of their background?		Judgement based on race/ethnicity
	What do you think it means to be a good parent?		Perceptions of parenting well/parental intent
	Do you make parenting decisions or discipline your kids based on your income?		Financial disparities: Financial barriers / socioeconomic status

One example of a mixed opinion regarding CPS involvement was shared by Sally, age 32:

“I really don't like people coming in and out of my house. It's just like I feel like it's an invasion of privacy. But they, you know, everyone has been very nice. They've helped out in every way possible. Then they've helped me out with resources, so I guess it's—I guess one bad experience I guess, I don't know. Something good came out of it or is coming out of it. Just have to wait and see.”

A similar view was shared by a few other study respondents. Whereas most respondents lamented CPS requirements of adhering to parenting and family management mandates, at times these parents shared appreciation for certain components of the services. Below, I highlight four emergent subthemes and, using pseudonyms to uphold confidentiality, include representative comments from parents to help characterize these themes.

Agency treatment

As an example of how parents experienced agency treatment and in response to the question, “Do [caseworkers] treat all people the same regardless of their background?” the following quote illustrates a mother's perception of predetermined judgment, rather than empathy and support. She expresses feeling wrongly judged based on past case notes and distrusting the motives of the caseworker:

“You know, they definitely don't make it easy. They don't . . . their perception of whatever they read or whatever case notes they have. They come in with, you know, like treating you a certain type of way. It's like, relax. You don't need to . . . you know, I know I've done wrong. I admitted it and I'm making changes to fix it. They're very judgmental and very like. . . . It's not a support. . . . They make it seem like they're here for support and they want to help but I've questioned it sometimes. They dictate what needs to be done and it's just been, it's been a tough road.” (Bianca, 28 years old, Latina [Hispanic], one child [male, 10 years old])

Judgment based on race/ethnicity

To assess how parents felt about being judged based on their identified race and ethnicity, I asked, “Do caseworkers treat all people the same regardless of their background?” Bianca further shares concern that she was judged based on a stereotype that parents of color are bad. The stigma of CPS involvement was palpable and perceived as negative. Participants also pointed to a link between being viewed as minority stereotypes and how that played out in CPS involvement.

“I don’t know. I don’t know. I just think if you’re a minority and you have an ACS case, they have a certain perception of you. It’s like a stereotype. . . . If you already have an ACS case, they think in their mind, y’all are the worst type of parent.”

Olivia, a 35-year-old, African American woman with six children (ages 9 to 27 years old; the older children being biological children of Olivia’s husband, who is older than she is), expressed a similar perception:

“Nope. They don’t give a damn. . . . Skin means a whole lot. If I was light enough, if I was white enough, bright enough. . . . They’d be a little nicer to me . . . because I’m dark. The word was said [that I] look aggressive. This is how I talk. . . . I can calm this is how I talk. . . . But this comes across as aggressive. If he ain’t Black in America, it’s a not a good thing to talk this way, but I’m not going to stop being me.”

Many of the mothers expressed a desire to make sure their children felt an unconditional love that can be depended upon and demonstrated in all ways, including financially providing for their needs and ensuring that they grow up in safe environments and attend good schools.

Financial disparities

A large proportion of families interfacing with CPS face persistent financial hardship, which affects one’s ability to parent effectively, especially since most children who come to the attention of CPS are categorized as neglected of sustenance, other basic necessities, or suitable childcare settings. Stable and adequate financial resources are essential to sufficient parenting—to provide opportunities for family dynamics to grow beyond simply surviving to higher-order thriving or flourishing. Responding to the question, “Do you make parenting decisions or discipline your kids based on your income?” Carla, a 33-year-old, African American mother with a young daughter (age seven), shared her worry about providing basic necessities: “I don’t worry about being a parent, like my biggest worry if I did worry it would be like just to be able to provide basically. Just providing for them, giving them what they deserve.”

The need to provide basic sustenance was challenging to participants. Again, Carla shared the perils of living in an under-resourced community and her worry about ensuring that the children in her neighborhood were able to access needed resources and things they would like to have beyond necessities:

“Like because I live in like in a low-income neighborhood where I feel like all the children, I mean I’m not singling out one child, but I just feel like the children have issues because they don’t have the necessities or sometimes they don’t have the things that they need or maybe want. . . .”

“I just feel like if I had given myself the chance to further my education then I think that I could probably provide more or do more for them, definitely, but in the sense as far as emotional like emotionally or physically I don’t think. . . . I am who I am so I don’t think that would change but as far as just like being able to provide. . . .”

Perceptions of parenting well/parenting intent

To assess how parents felt about their personal perspectives of parenting well, and what they intended to convey and achieve in their parenting behaviors, I asked parents what they “think it means to be a good parent?” Nala, a 28-year-old multiracial mom caring for her sister, the CPS target child, whom she has guardianship over (female, age 18, male to female transition) shared: “To not overstep and to have like a good understanding with your kids and to have a love like not a love like oh I love you, I love you. Like a love that they can feel and they see— like they see it through your actions and what you do when like, how you speak to them.”

Carla indicated a concern about ensuring the safety of her child and providing for her ultimate happiness:

“Making sure your girls or your children are safe, secure, they have a roof over their head. They have clothing on their back, shoes on their feet. They are happy, they are entertained, and they are going to sports and having different recreational activities. They are reading, do you understand? I just want to raise productive citizens, that’s all.”
(Carla, 33 years old, African American, one child [female, age 7])

Many of the mothers expressed a desire to make sure their children felt an unconditional love that can be depended upon and demonstrated in all ways, including financially providing for their needs and ensuring that they grow up in safe environments and attend good schools.

These examples are just a few among many from this study that suggest parents have felt mistreated and unfairly judged by child welfare agency workers based on the parents identifying as Black or brown. To my knowledge, there are no studies documenting white CPS-involved families experiencing stigma based on race. One might expect, nevertheless, that white families also experience stigma based on their socioeconomic status and suffer trauma stemming from system involvement. Parents expressed feeling challenged and perceived as not good enough to provide for their children based on racial stereotypes and financial challenges, while also sharing their earnest attempts to provide for their children, often even more than resources allowed. Parents also discussed stigma from within their communities as a means of further shaming them for receiving CPS supervision. Child welfare workers are noticeable when they go into communities and public housing comprising primarily people of color. Neighbors are acutely aware of which families are monitored by CPS. To provide the most supportive settings for children and their parents, practitioners and policymakers must consider and incorporate the perspectives of those parents who endure child welfare system oversight.

Some families come to rely on CPS workers for both tangible supports and help with parenting, yet some experience such oversight as an intrusive burden that hinders their attempts to parent to the best of their ability. Asking parents about their experiences with such oversight and placing preferred safe parenting practices in appropriate contexts is crucial if we are to encourage these parents’ autonomous self-determination. Contextually safe parenting practices refer to ways in which parents keep their children safe according to specific contexts, such as neighborhood composition, safety level, and quality (e.g., availability and access to services, healthy food resources, child- and family-specific community resources).

Conclusions and future work

Results from this study give voice to parents impacted by a child welfare system plagued by systemic racial discrimination and deeply rooted biases based on socioeconomic status. The anecdotes and insights gained from the pilot study described above highlight how CPS oversight impacts parents' choices when these parents, despite acknowledged mistakes of the past, are striving to move beyond basic survival to circumstances of familial flourishing through the ability to make sound decisions for themselves and their children. This process often takes place within community contexts fraught with multiple overlapping forms of systemic oppression.

A social justice approach—acknowledging systemic racism and structural disenfranchisement within several intersecting child welfare systems—would mandate the inclusion of system-impacted parents' perspectives. Including the perspectives of CPS-impacted parents is not only a strategy for system improvement, but also acts as a means of parental empowerment. I propose a shift in the narratives around these issues and how such narratives are put into practice. Policymakers and practitioners must acknowledge the privilege of those who develop and implement policy and practice as well as the structural oppression repeatedly encountered by marginalized families as they interact with social welfare and human service systems.

One area of further research needed is to distinguish intentional neglect from unintentional neglect associated with limited resources and barriers stemming from systemic oppression and living in poverty. If child welfare system protocols and policies incorporated concerted efforts to assess parents' intentions as a function of their available resources and histories with structural discrimination within relevant community contexts, perhaps there would be far fewer children designated as neglected whose families are, in turn, subjected to stigmatizing CPS oversight. Such a shift in narrative and practice would allow for addressing parents' needs with less intrusive and less stigmatizing service options, including facilitating access to financial and social supports centered on familial flourishing.

Holistic and strength-based approaches are necessary to provide services from a trauma-informed lens and one that incorporates parental perceptions. A strength-based approach is one in which individuals and families are assessed based on their strengths and positive aspects related to their coping abilities, rather than from a deficit lens, which primarily critiques deficiencies and problems related to resiliency efforts. Racial bias training for educators and other mandated reporters is also needed. Practitioners should partner with parents to provide social support leading to strength-based help, trauma-informed considerations of parent/child well-being, and a child-centered approach to family engagement.

Parenting choices are directly related to differences in resource-rich or resource-poor settings, both inside and out of the home. Parenting choices also result in differential power dynamics between CPS workers and parents or guardians. There could be significant benefits if societal

Research to Watch

According to data from the U.S. Department of Health and Human Services, three quarters of children experiencing maltreatment also experience neglect. This equates to over 500,000 children annually. Darcey Merritt of NYU's Silver School of Social Work is completing an in-depth research project funded by the National Institute of Child Health and Human Development (NICHD) to reframe and more clearly define child neglect.

Merritt is studying how mothers report the parenting choices and decision-making processes that led to a determination of supervisory and physical neglect. The first stage of research will be a qualitative analysis of interview data, from approximately 35 mothers who are clients of a New York City-based prevention agency, in addition to information garnered from 12 clinicians.

In the second stage, Merritt and co-investigator James Jaccard, also of NYU's Silver School, will survey 150 primarily African American mothers about their decision-making processes drawn from working memories in instances that resulted in charges of neglect, as well as their perceptions of what does and does not constitute neglect given particular socio-economic contexts.

The aim of this project is to better understand the contexts in which Black mothers function under the surveillance of child welfare systems, and how those contexts influence childrearing decision-making. By applying frameworks from decision theory, the researchers also hope to identify childrearing behaviors that can be enhanced or improved upon once they are better understood by caseworkers and other system actors.

Dr. Merritt hopes that better and more appropriate policy can be developed by listening directly to systems-impacted parents, with the end goal of understanding child neglect in these contexts as unintentional functions of systemic disenfranchisement. The study is expected to run through 2022.

and community-level contexts, including the power dynamics inherent in coercive systems, are considered in parenting assessments; mandated reporters, practitioners, and service providers may be less likely to place blame on well-intentioned parents and more likely to note positive efforts and strive to reduce challenges to desirable parenting.

Parents' lived experiences of CPS involvement have been under-assessed and under-appreciated and have not been considered in efforts to decrease the prevalence of child maltreatment, particularly neglect. Parental intent is given little consideration in nuanced socioeconomic contexts. An understanding of parental decision-making is required to improve growth-positive support services focused on healthy child and family dynamics. A renewed effort to support and empower parents and decrease punitive oversight, along with acknowledging the structural oppression inherent in CPS systems and service efforts, would amplify other collective efforts to protect children and foster childhood flourishing. ■

Darcey H. Merritt is associate professor at NYU Silver School of Social Work.

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Scanning the child maltreatment landscape

Brenda Jones Harden, Cassandra Simons, Michelle Johnson-Motoyama, and Richard P. Barth

TAKEAWAYS

Child maltreatment arises most frequently when families experiencing adverse experiences are living in communities with adverse environments.

Child maltreatment prevention calls for multiple levels of evidence-based policies and practices.

An effective approach to prevention requires the expansion of organizational capacity to deliver family-based interventions while addressing adverse community environments.

A prevention science lens can help analyze pathways to adding proactive features to what have historically been reactive health and human services systems.

Effective prevention strategies include early childhood care and education, home visitation, clinic-based programs, school-based programs, and community education and mobilization initiatives.



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Risk factors for child maltreatment are varied and often

overlapping. As a result, preventing child maltreatment calls for a broad range of policies and practices. Effective maltreatment prevention strategies exist despite limited implementation through federal and state child welfare systems. Prevention efforts that use prevention science approaches seek to expand organizational capacities for providing evidence-based prevention programs while addressing the adverse family and community experiences that amplify risks for child maltreatment.

Risk factors for child maltreatment emerge in various forms—from the individual to societal levels—and include aspects of parental mental health, intimate partner relationships, intergenerational caregiving experiences, community characteristics, and systemic influences of community and socioeconomic contexts. Interdisciplinary work in behavioral science, early childhood care and education, sociology, pediatric primary care, developmental psychology, and other fields have contributed to an increasingly robust availability of effective and proactive programs and prevention services. While widespread implementation of effective maltreatment prevention strategies has been slow and uneven, scholars and practitioners in the field of maltreatment are progressing toward an enhanced understanding of the opportunities and barriers in establishing programs and bringing them to scale.¹

Prevention science

Recent decades have seen advances toward understanding childhood brain development, a renewed interest in primary prevention strategies, and efforts to increase coordination across child-serving systems. Prevention science integrates many strands of research, including life course development, community epidemiology, etiology of disorders, intervention trials, and dissemination research.² Prevention science research is grounded in the ideas that developmental growth, mental health, and lifespan outcomes are attributable to a variety of risk and protective factors. To be effective, prevention strategies should be designed to reduce risk factors and enhance protective factors among individuals, families, and communities.

Protective factors buffer children from abuse or neglect. Risk factors provide information about who is most at risk for being a victim or a perpetrator of child maltreatment. It is important to note, however, that risk factors are not direct causes and cannot predict who will be a victim or a perpetrator.³ The Centers for Disease Control and Prevention (CDC)⁴ has adopted a four-level model regarding the interplay between protective and risk factors at the (1) individual, (2) relationship, (3) community, and (4) societal levels to inform prevention strategies.⁵ Although the factors contributing to the most commonly studied forms of child maltreatment (i.e., physical abuse, sexual abuse, neglect, and emotional abuse) may differ, we argue that such factors are layered and often commonly shared.

There is substantial evidence on the impact of individual characteristics on child maltreatment, the first level of the CDC framework. Key individual factors associated with child maltreatment include parent anger/hyper-reactivity, depression, substance use, low social support, young parental age, unemployment, single parenting, large family size, and low family socioeconomic status.⁶ At the CDC’s second level—relationships—many studies highlight that parent-child dynamics and parenting are inextricably part of physical abuse, sexual abuse, emotional maltreatment, and child neglect.⁷

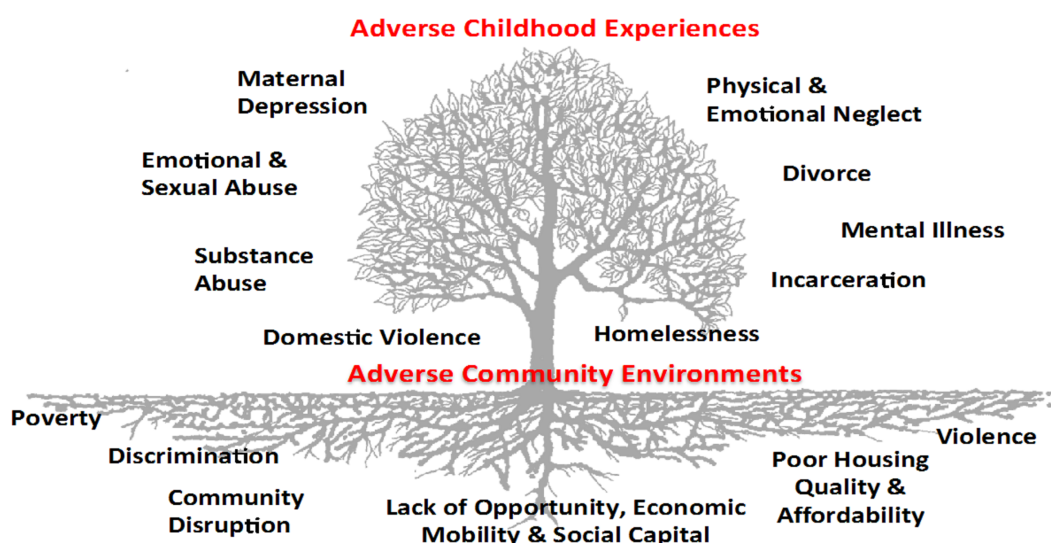
A growing number of studies have identified risks for child maltreatment at the CDC’s third level—community—including neighborhood characteristics and social dynamics.⁸ Neighborhood qualities such as social cohesion, informal social control, mutual trust, social organization, and community violence can enhance or weaken the likelihood of parents providing safe and consistent care for their children.⁹ Neighborhoods and other community factors almost certainly interact with child and family characteristics. For example, supportive neighborhoods appear protective for African American girls insofar as they are associated with less exposure to adverse childhood experiences.¹⁰

The CDC’s fourth level—societal factors—includes social norms about the acceptability of child maltreatment and social benefit programs that strengthen household financial security. Social norms in the United States tend to reject child maltreatment, support the growth of prevention efforts, and see prevention as positive and possible.¹¹ Also operating at this level are local, state, and federal programs supporting basic human needs. For example, a few recent studies have evaluated the effects of providing economic assistance to families with limited resources; results demonstrate that increases in income via state-level Earned Income Tax Credit programs are associated with significant reductions in abusive head trauma hospitalizations¹² and family involvement with Child Protective Services.¹³ Conversely, a small but growing body of evidence indicates that state-level restrictions on access to Temporary Aid to Needy Families (TANF) are associated with statistically significant increases in child protection reports, victims of child maltreatment, and foster care placements, even after controlling for changes in incarceration and the nation’s opioid epidemic.¹⁴ Participation in nutrition assistance programs, expanded Medicaid eligibility, and supportive housing experiments are also associated with a range of positive child and family outcomes. Yet the child maltreatment prevention landscape in the United States does not build upon universal social and health programs common to other Western nations.

A multi-level approach to addressing child maltreatment applies a prevention science lens to what have historically been reactive rather than proactive systems.

Beyond the CDC’s model, some researchers have characterized discussions of health disparities in two broad clusters of problematic influences co-occurring with child maltreatment. General influences have been framed as the “two ACEs”—adverse childhood experiences (commonly called ACEs) and adverse community environments (see Figure 1).¹⁵ Child maltreatment is a specific adverse childhood experience often occurring in the context of, and in combination with, multiple other adverse childhood experiences. It is also more likely to occur for children living in adverse community environments.¹⁶ Adverse childhood experiences can affect individuals’ short- and long-term health¹⁷ in significant and overlapping ways, thus making a multi-level approach to maltreatment prevention pertinent and logical.

Figure 1. The Pair of ACEs.



Source: Ellis, W., Dietz, W. (2017). A new framework for addressing adverse childhood and community experience: The building community resilience (BCR) model. *Academic Pediatrics*, 17, S86-S93. <https://doi.org/10.1016/j.acap.2016.12.011>

A multi-level approach to maltreatment prevention

A multi-level approach to addressing child maltreatment applies a prevention science lens to what have historically been reactive rather than proactive systems. Such a framework entails a three-tiered orientation (i.e., primary, secondary, and tertiary prevention) to address key points in the trajectory of maltreatment where interventions occur, as well as accounting for the target populations (i.e., universal, selected, or indicated).¹⁸ (See Table 1).

The first tier of this framework includes primary and universal approaches. Primary strategies aim to prevent the onset of maltreatment; universal strategies target entire populations or vulnerable subgroups (e.g., low-income families with no evidence of maltreatment). Thus, primary and universal prevention approaches aim to reduce the incidence of maltreatment and related outcomes by implementing population-based programs using strategies to reduce population-level risk factors for child maltreatment, such as poverty and community violence, while promoting positive outcomes in vulnerable subgroups of families and children (e.g., families living in poverty).

Secondary and selective intervention strategies also aim to prevent maltreatment by reducing risk factors for both potential perpetrators and victims. Selective interventions focus on individuals who have demonstrated elevated risks for maltreatment. Thus, secondary and selective interventions are designed to address maltreatment risks, such as parental physical and mental illness; low levels of parenting knowledge and skills; family social isolation; child physical, emotional, and psychological disabilities; and inadequate basic resources;¹⁹ as well as the double ACEs mentioned above.

Tertiary and indicated prevention approaches aim to prevent the recurrence of maltreatment and its adverse outcomes or to mitigate the effects of maltreatment. Indicated preventive interventions focus on parents who have maltreated their children or children who display symptoms emanating from exposure to maltreatment. As such, these

Table 1: Three pathways to prevent child maltreatment.

Type	Who	What	When	How
Primary	All families	Decrease poverty and structural disparities. Promote community and social well-being	All programs for all persons all the time	Community-based public health, universal education, and income support approaches
Secondary	Families at risk for maltreatment	Reduce risks for child maltreatment	Before maltreatment occurs	Parental mental health, IPV, substance abuse, and parenting programs
Tertiary	Families with maltreatment history	Interventions for maltreated children and their families	Before maltreatment recurs	Mental health treatment, trauma-focused interventions, parenting interventions

Source: Jones Harden, B., Simons, C., Johnson-Motoyama, M., & Barth, R. (2020). The child maltreatment prevention landscape: Where are we now, and where should we go? *The Annals of the American Academy of Political and Social Science*, 692(1), 97–118.

interventions are designed to counteract the effects of abuse and neglect on maltreated children and their families and may have family preservation or placement prevention as a goal.

Services and programs to prevent maltreatment

Given the strong association between maltreatment and poverty, emerging research suggests that an important lever for prevention is the range of policies and programs that improve families' economic situations; specifically, the receipt of social safety net programs such as the TANF, SNAP, EITC, housing, and childcare subsidies has been found to reduce maltreatment.²⁰

We focus herein on direct intervention with birth parents to prevent and reduce maltreatment, at the primary, secondary, and tertiary levels.

Primary prevention of maltreatment

Primary prevention strategies aim to avert maltreatment by promoting protective factors that optimize family well-being. Primary strategies are often universal programs (i.e., geared to an entire population of families) but may also be targeted to families at risk (e.g., low-income families) who do not necessarily display specific risks for maltreatment. Strategies include early childhood care and education, home visitation, clinic-based programs, school-based programs, and community education and mobilization initiatives.

Early childhood care and education

Young children and their families benefit from early care and education programs. These programs tend to serve low-income families with children under five years old. Enhanced child development is often a major goal. Many such programs are comprehensive and multi-generational (i.e., targeting both caregiver and child development), with an explicit focus on promoting positive parenting and parent-child interactions. Programs may include services providing full-time childcare for young children as well as home-based services. Supportive services to parents are also often available (e.g., general parenting education, self-sufficiency services, case management and referral to public income supports, etc.), but do not necessarily provide family-specific, intensive interventions to improve parenting. However, the family support provided by these programs may help reduce maltreatment.

Home visitation

High-quality home visitation programs represent another primary preventive strategy.²¹ These programs tend to recruit parents during the prenatal or early postnatal period and provide preventive services during infancy and early childhood. Nurses, developmental specialists, or social workers typically act as service providers, often meeting with parents weekly, though frequency may vary. Fueled to a great extent by the Maternal, Infant, and Early Childhood Home Visiting legislation of 2010,²² research has documented the positive impact of several high-quality home visiting programs on global parenting and maltreatment-specific outcomes.²³

Clinic-based programs

Pediatric care clinics have proliferated as sites for primary prevention programs focused on early childhood. These models supplement conventional pediatric preventive medical services with a child development specialist or social worker providing developmental and parenting guidance to parents as well as case management services. Additionally, health care personnel may be trained to understand early childhood development and mental health. Clinic-based models of primary prevention show promise regarding maltreatment prevention and promoting positive parenting practices.

School-based programs

Many sexual abuse prevention programs are based in schools. Schools are an excellent context because teachers and pupil personnel services providers and community school providers can reach a wide audience of children before they are affected by maltreatment. Almost all school-based programs involve discussions, and many involve modeling and interactive learning with role-play or behavioral skills rehearsal. School-based programs can have positive effects on self-protection, personal safety knowledge, awareness of others' behavioral intentions, and knowledge about abuse behaviors.²⁴ However, findings regarding disclosure of abuse, a key outcome, have been inconclusive.²⁵ Longer programs

Research to Watch

Research by Kristen Slack and Lawrence Berger, both IRP affiliates and professors in the University of Wisconsin–Madison's Sandra Rosenbaum School of Social Work, looks to determine whether access to more and better economic resources can reduce involvement with child protective services (CPS). Project GAIN (Getting Access to Income Now) is designed to shed light on links between economic resource constraints and child maltreatment, and to see if reducing financial stress may lead to less CPS involvement.

Project GAIN is based on three main elements: a family assessment to ensure they are aware of various public and private economic supports, with assistance accessing them; financial counseling to identify and strive towards economic goals; and, when necessary, one-time emergency cash supplements to lessen financial stressors. The per-family cost of the project averages to about \$1,800.

The target population for Project GAIN are families in Milwaukee, Wisconsin, who have been reported to and investigated by CPS but do not have a current open case. Approximately 800 families were identified and randomly assigned to either a control group—which were simply given a referral to a local warmline for support—or a treatment group that is offered participation in Project GAIN. The families were assessed for 24 months using administrative data (e.g., income sources, indicators of economic well-being, further involvement with CPS, etc.). A subset of families was also assessed via in-home baseline and 12-month follow-up surveys.

Outcomes of the evaluation include whether a family has seen further CPS involvement, and if so, the severity and type of complaint; the extent to which the Project GAIN participants experienced any lessening of financial stressors and/or net increase of monthly income; how different subgroups respond to participation; and whether the cost of the program is outweighed by benefits gained. Initial results are scheduled for release in Fall 2021.

(i.e., four or more sessions) and programs that had an experiential component for children seem more effective.²⁶

Community education and mobilization

Representing a further removed primary prevention approach, community education and mobilization have been employed to prevent maltreatment at a population or community level. These strategies include media campaigns and targeted messaging, general parenting education provided in community settings, and community mobilization efforts. For example, public education campaigns in many states seek to address a specific form of infant maltreatment—abusive head trauma (i.e., Shaken Baby Syndrome)—but have yielded inconclusive results.²⁷ Integrating these strategies into other primary prevention programs such as home visits, while addressing parental affect and targeting male caregivers who are often perpetrators of this form of maltreatment, may strengthen program effectiveness.²⁸

Strategic communication campaigns for the primary prevention of maltreatment have also been launched by scholars and practitioners. Universal campaigns to reduce physical abuse—broadcast to a wide, general audience—have been associated with enhanced parental self-efficacy and knowledge of concepts and actions relevant to preventing child abuse, but less so with measurable reductions in physical abuse.²⁹ Similarly, findings from evaluations of media campaigns to prevent child sexual abuse are somewhat mixed.³⁰

Community mobilization efforts to prevent child maltreatment often enlist volunteers and community members to support families at risk for maltreatment. Although relatively common, many such initiatives have not been subject to rigorous evaluation. One exception is the Strong Communities for Children program, which was designed to prevent the maltreatment of children from birth through adolescence and which yielded many benefits for families including decreases in parental stress, substantiated child maltreatment, and childhood injuries related to maltreatment, as well as enhanced social support, collective efficacy, child safety, and parenting practices.³¹

Addressing child maltreatment from a prevention science lens seeks to help organizations build capacity for implementing evidence-based prevention programs and promoting policy changes that support family well-being.

Secondary prevention of maltreatment

Secondary prevention strategies focus on families that have been identified as at-risk for maltreatment. Programs of this type are designed to enhance the parenting skills of potential perpetrators of maltreatment, focus on risk factors for maltreatment, and are often evidence-based parenting interventions.

Home visitation

A different set of home visiting programs address the functioning of families who have displayed risk for maltreatment. Like programs in the primary tier, these programs may be quite comprehensive; geared toward improving family, parenting, and child outcomes; and longer in duration (e.g., two to five years). However, unlike programs in the primary

tier, they are designed to address the needs of families who have displayed particular risks for maltreatment, such as parental depression or substance abuse. An example of this approach is Healthy Families America (HFA), which uses an eligibility screener for families to determine risks of maltreatment. HFA evaluations have documented reductions in child maltreatment,³² more positive parenting practices,³³ improved home environments, and decreased violence in the home.³⁴

Other home visiting programs can be intensive in terms of content and format yet tend to be brief in duration (e.g., 10–20 weeks). These programs often employ active coaching to promote positive parenting behaviors. Some integrate video feedback to facilitate participants' observation, awareness, and progress of behavioral change. New research identifies several high-quality home visiting models focused on sensitive and responsive parenting, reducing physical punishment, improving child safety, and reducing child abuse recidivism.

Interventions to address parental risks

Because secondary prevention programs address risk factors for maltreatment, it is important to identify specific caregiver risks when designing programs. For example, substance-using mothers participating in parenting interventions displayed more sensitive and responsive caregiving³⁵ and reported reductions in their child abuse potential.³⁶ Mothers affected by intimate partner violence who participated in a risk-specific parenting intervention were more likely to show a decrease in their use of corporal punishment over the course of the intervention than those who did not participate.³⁷

Parent management interventions

Parent management interventions are grounded in social-cognitive theory and aim to reduce maltreatment by increasing parenting skills. Such interventions may be delivered in settings such as the home, early childhood centers, schools, or clinics. Parent management programs typically focus on both behavior change and relationship building. Programs typically last several weeks, are conducted in individual or group formats, and are administered by therapists or other qualified individuals. They are often geared toward children from 2 to 12 years old. Such interventions can be effective in preventing new reports of physical abuse and reducing child welfare recidivism, as well as increasing the use of appropriate discipline and praise/incentives among families at risk of neglect.

Tertiary prevention of maltreatment

Third tier prevention programs focus on avoiding the recurrence of maltreatment or associated maladaptive outcomes. Due to their focus on preventing maltreatment among families with the most acute needs, these programs often have an intensive, therapeutic component that seeks to reduce harmful parenting behaviors. They may include a relationship-based approach in which providers intervene with nurturance and reflection, or may have a parent management orientation, in which providers actively coach parents to alter negative parenting patterns. Programs with a relationship-based approach have shown increases in secure attachment and decreases in disorganized attachment among maltreated children, reductions in behavior problems and trauma-related symptoms, and decreases in parenting stress, maternal psychopathology, and family involvement with the child protection system. Parents who participated in a parent-management intervention experienced reductions in disruptive child behavior, dysfunctional parenting, parental distress and relationship conflict, negative parental attribution for children's misbehavior, potential for child abuse, unrealistic parental expectations, rates of reports to child protection systems, foster care placement, and abuse/neglect related medical injuries.³⁸

Conclusion

Research and practice in child welfare and other disciplines have contributed to progress in the design and implementation of programs and services that hold promise for reductions in child maltreatment. Child maltreatment prevention programs require a varied and robust landscape of research, policy, and applied strategies. Addressing child maltreatment from a prevention science lens seeks to help organizations build capacity for implementing evidence-based prevention programs and promoting policy changes that support family well-being. While doing so, adverse community experiences must also be addressed to reduce varied and overlapping risk factors for child maltreatment. Interventions designed to optimize parental mental health, intimate partner relationships, intergenerational caregiving experiences, community characteristics, and systemic influences of community and socioeconomic contexts are also critical for improving the parenting of families at risk for maltreatment. This multi-level approach holds promise for preventing maltreatment and optimizing the well-being of children and families overall. ■

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¹This article draws on research by Jones Harden, B., Simons, C., Johnson-Motoyama, M., & Barth, R. (2020). The child maltreatment prevention landscape: Where are we now, and where should we go? *The Annals of the American Academy of Political and Social Science*, 692(1), 97–118.

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Creating systems synergy across the social welfare policy landscape

Megan Feely, Kerri M. Raissian, William Schneider, and Lindsey Rose Bullinger

TAKEAWAYS

While child abuse rates have declined significantly in recent decades, rates of child neglect have remained steady and high.

Failing to acknowledge financial hardship as a causal factor in child neglect allows federal policy to omit the alleviation of financial hardship as a strategic solution to child neglect.

Approaches encompassing all families experiencing significant financial hardship are more likely to reduce neglect than targeted approaches focusing only on the families deemed “high risk” for maltreatment or only on those who have already experienced maltreatment.

Systems synergy, a flexible model of cooperation or coordination of agencies and services, places safe and consistent care of children at the center of all human services agencies and programs, focuses agency efforts on supporting families in providing safe and consistent care for their children, and reduces opportunities for policies to have unintended and negative consequences.



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Caregivers' ability to provide safe and consistent care of children is a cornerstone of successful parenting. Fortunately, the past three decades have seen large declines in child physical and sexual abuse rates in the United States. In contrast, high rates of child neglect, which comprise 75% of child maltreatment reports, have remained steady.¹ Scholars, practitioners, and policymakers face a conundrum: Why have child neglect rates remained seemingly intractable while abuse rates have solidly declined?

It's important to note that child neglect and child abuse are different, though they sometimes occur to the same children. As an act of omission, child neglect involves a failure to act, resulting in real or imminent harm. In contrast, child abuse is an act of commission—a chosen action—resulting in real or imminent harm to a child.

As delineated in the following pages, we propose that the immobility of neglect rates has two root causes: (1) a collective failure to acknowledge financial hardship as a causal factor in the perpetration of child neglect and (2) the design of the Child Abuse Prevention and Treatment Act, the original federal child maltreatment policy, to purposefully omit the alleviation of financial hardship as a solution to child neglect.

Based on this premise, we offer a path forward, a model for policy change we call systems synergy.² The basic premise is that by providing families with sufficient resources, parents will be more able and likely to provide safe and consistent care; children will benefit from greater family stability, financial and otherwise; and the number of families needing the response-focused services of Child Protective Services (CPS) will decrease. Such a decrease will in turn alleviate high levels of service demand on CPS and allow the agency to deploy limited resources more effectively.

The United States has numerous poverty alleviation programs and policies, but people facing economic hardship have rarely been able to fully benefit from these policies simultaneously. The siloed structure of county, state, and federal programs—operating independently rather than cooperatively—has led to many missed opportunities by policymakers to improve baseline conditions for child safety among families facing economic hardship.

Safe and consistent care must be the central responsibility of every family-oriented social service program in the United States. In the current framework, this responsibility falls solely to CPS, but CPS is a response agency, not a prevention agency. Alleviating financial hardship is crucial to preventing most forms of neglect yet this type of large-scale prevention will forever remain outside of CPS's scope. Financial hardship alleviation is the goal of numerous antipoverty programs, however. Successful systems synergy would better serve families through coordinated and complementary services while diverting many families from CPS involvement altogether. In that case, if a family does come before CPS, the systems synergy model would ensure that essential family services were already in place, making the job of CPS potentially more efficient in its response-oriented functions.

Systems synergy is not only achievable but also the most pragmatic response available. Building on social systems currently in place will enhance program efficiencies and, most importantly, increase the safe and consistent care of children nationwide.

Systems synergy is the most pragmatic response available. Building on current social systems will enhance efficiencies and, most importantly, increase the safe and consistent care of children nationwide.

Child abuse versus child neglect

Though much of the medical and sociological child maltreatment literature conflates child abuse and child neglect, they are different.³ One strain of research argues that both child abuse and child neglect are the result of poor parenting, which can be addressed by interventions designed to improve parenting skills.⁴ A second line of research contends that both are caused by psychopathology and can be addressed through mental health services.⁵ Other theories rely on social stress explanations,⁶ which examine interactions between individuals and their social contexts,⁷ while more nuanced models strive to account for the multiple, overlapping, and interactive spheres in which families live.⁸ Although some models point to the need for interventions external to the family, child welfare interventions typically focus on family behaviors rather than family circumstances.

Poverty, or low socioeconomic status, is a significant risk factor for child neglect.⁹ A growing body of literature has sought to identify causal relationships between poverty and child neglect. Researchers have used innovative methods—leveraging plausible variations in neighborhood characteristics, macro-policy, and business cycles, for example—to examine causal links between family poverty and child neglect.

If the causes of neglect and abuse differ, then effective treatment or prevention strategies for neglect may also be fundamentally different than those for abuse. Neglect is often unintentional and encompasses a range of unmet basic needs for a child's safe and consistent care. This type of maltreatment contrasts with physical and sexual abuse, which are entirely a result of parental or caretaker behaviors that (usually) occur intermittently. The inverse of abuse is to not engage in abusive acts, often replacing this behavior with more positive behavior and/or removal of the perpetrator from the home. In cases of abuse, it is appropriate to provide the family with psychosocial interventions. However, the inverse of neglect is more complex; it is to provide safe and consistent care for a child's basic needs all of the time.

One reason that child neglect rates have remained steady and high may be because neglect prevention efforts need to fundamentally differ from those that have been successful in reducing rates of abuse. If neglect stems primarily from poverty rather than parenting behaviors, then prevention efforts focused on parenting modifications alone may be useful, but such efforts will likely be insufficient.¹⁰

Numerous parenting or parent behavioral training programs are offered to, and sometimes mandated for, families at risk of maltreatment. Evidence that parent behavioral training programs reduce neglect is slim, however. An exception is SafeCare, which undertakes parent education in participants' homes and has a particular focus on home safety, and which has shown significant reductions in recurrent neglect.¹¹ Promoting safe and consistent care requires a complex focus on family life circumstances, home and community contexts, and parental capacity for needed change.

While poverty and neglect do not share a deterministic relationship, empirical evidence points to a probabilistic causal relationship— as financial hardship increases, the likelihood of neglectful circumstances also increases.¹² As such, preventing neglect involves preventing or reducing family financial hardship. Historically, economic hardship has been one of the few preventative factors not directly addressed in the realm of child welfare policy.

Underlying causes of neglect and the potential of systems synergy

The misdiagnosis of the underlying drivers of neglect has led to inappropriate and ineffective treatment strategies—even as they are well intentioned. The sole assignment of neglect cases to CPS perpetuates the misidentification and mistreatment of underlying problems. While a complete understanding of all potential causes and relevant mechanisms leading to neglect would be beneficial, children and families cannot—and should not have to—wait for such discoveries before policy solutions are offered.

Due to the stressors of financial hardship and other factors, neglect occurs far more frequently in resource-poor families and communities.¹³ At the individual level, research has found that poverty and low income are associated with increased risk for child neglect¹⁴ and child maltreatment overall.¹⁵ Similarly, extensive evidence has linked community-level indicators of poverty to increased risk for child maltreatment.¹⁶ This work indicates that social disorganization, resource availability, and concentrated poverty all contribute to child abuse and neglect. A growing body of research has also sought to leverage variations in policies—such as the Earned Income Tax Credit (EITC),¹⁷ the minimum wage,¹⁸ and child support enforcement¹⁹—to examine the impact of economic hardship on child maltreatment.

Macrosystem policies have a role in facilitating and preventing maltreatment. Recent attention has tried to refocus maltreatment prevention efforts on this broader context.²⁰ Here we see compelling evidence that poverty is causally linked to child maltreatment. If we accept that poverty, at least in some way, is a causal factor in the perpetration of neglect, we can begin to reduce neglect (and its consequences) long before the exact mechanisms are understood. Housing policy, food policy, employment opportunities, and transportation all factor into the macrosystem. A more supportive macro context—emerging through intentional public policy decisions and implementation—creates contexts for communities, families, and individuals to flourish by providing the foundations for safe and consistent care of children.

Moving from neglect to safe and consistent care

Providing safe and consistent care depends a lot on caretaker contexts and available resources. Contexts of care vary widely and are largely shaped by the financial, social, and structural resources available to a family. Proactively facilitating access to economic supports would divert many families from any CPS contact. For families that did become involved in CPS, more accessible and coordinated services outside of CPS would allow the agency to focus on specific issues of child safety, and more economic stability would improve the effectiveness of individual interventions.

Traditional primary maltreatment prevention has focused on expanding the accessibility of targeted programs more closely related to parenting, including promoting child health and development.²¹ But expanding program access will only be effective if (1) those programs also address the root factors of the neglect, and (2) programs are able to identify and engage with the “right” families. With respect to the first, expansion of traditional primary prevention has been an effective strategy for abuse reduction but, because the causes (and thus interventions) for neglect are different than those of abuse, there are not currently

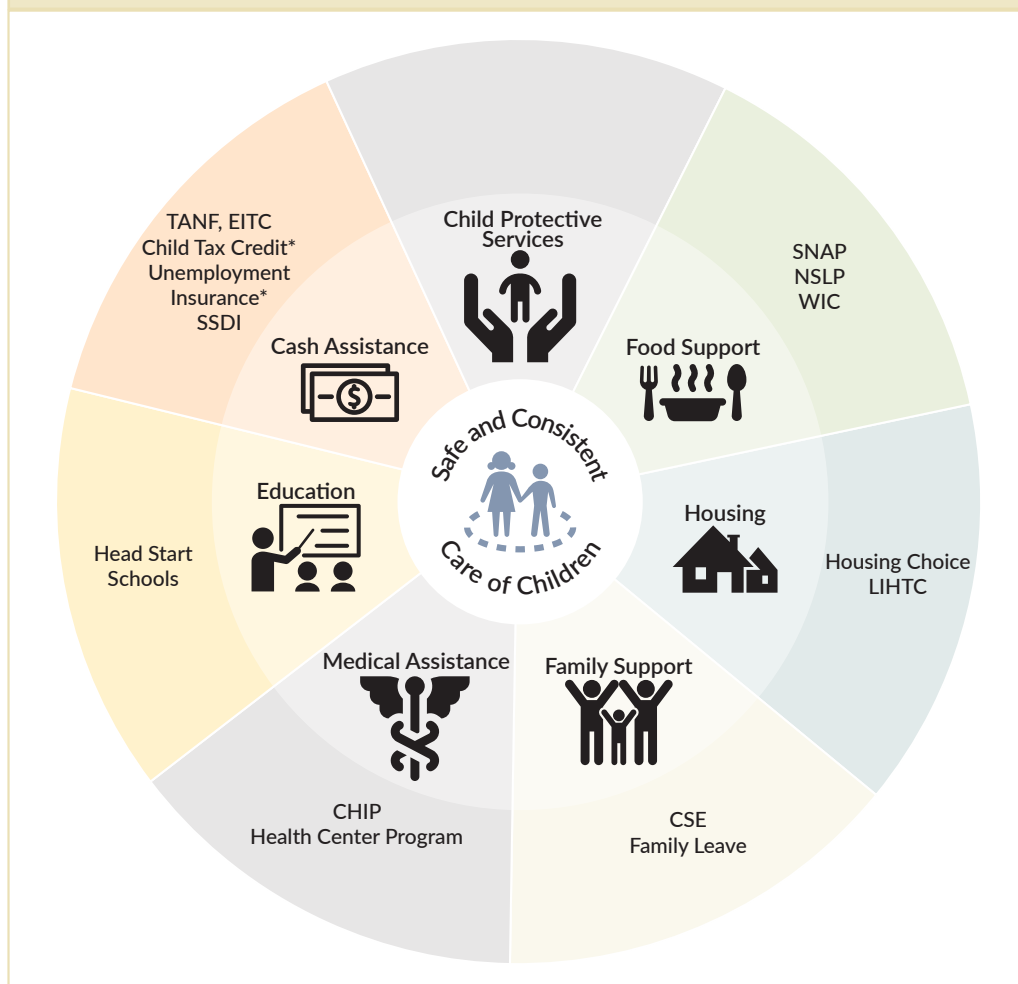
effective interventions for primary prevention of neglect to simply expand upon; they need to be created.²²

Identifying and engaging with at-risk families is crucial. The state of current research and the complex nature of providing safe and consistent care make it difficult, however, to accurately identify which families are most at risk for child neglect. Efforts to correctly identify only high-risk families miss many families who will be reported for maltreatment.²³ These challenges suggest that broad (or more universal) approaches encompassing all families experiencing significant financial hardship is more likely to reduce neglect than targeted approaches focusing only on the families deemed highest risk. Adopting broader approaches will require concerted and coordinated efforts across social service systems.

Systems synergy: How a new approach to policies could support systems collaboration

The systems synergy model is a robust and integrated policy framework aimed at supporting families and protecting children. It is a child-centered approach like that illustrated in Figure 1. Systems synergy centers family and child needs and adds promoting safe and consistent care as an additional outcome for all family-focused programs are

Figure 1: Seeking to achieve safe and consistent care of children.



Source: Feely, M., Raissian, K.M., Schneider, W., & Bullinger, L.R. (2020). The social welfare policy landscape and child protective services: Opportunities for and barriers to creating systems synergy. *The Annals of the American Academy of Political and Social Science*, 692(1), 140–161.

responsible for. Creating a common goal improves the likelihood that the full range of children's needs will be addressed by the social service system. Systems synergy also requires family services agencies to anticipate the impacts of their service provision, to understand its consequences—both intended and unintended—and remain accountable for their core mission outcomes alongside the safe and consistent care of children.

There are two key components of this approach. The first is a shift in policy focus and development where children's holistic needs are considered as the primary concerns of policies. A related, but slightly different, issue is that the unintended consequences for children would become a central concern. The end result is that if policies—and the agencies and programs implementing them—are held accountable for unintended consequences for children, agencies and programs will have an incentive to increase families' access to and uptake of other social programs. This would increase the breadth of family resources and stability, allowing more children to experience safe and consistent care, thus reducing neglect.

If we accept that poverty is a causal factor in the perpetration of neglect, we can begin to reduce neglect (and its consequences) long before the exact mechanisms are understood. Identifying and engaging with at-risk families is crucial.

Achieving systems synergy: How do we get there?

Make maltreatment visible in policy development and analysis

Making maltreatment—both abuse and neglect—rates and costs more visible in policy development is vital. Visibility will drive and reward action and innovation in related areas. All social service agencies and programs can contribute to promoting safe and consistent care. Incorporating accountability for safe and consistent care would increase the sense of shared responsibility across programs and make it easier to assess the impact of more distal policies on maltreatment. Standard assessments of policy impacts should center safe and consistent care while adverse impacts on children should be considered a program deficit. Conversely, programs that reduce maltreatment should be credited for doing so. For example, many proposed federal or state policies are assessed for their potential impacts on environmental systems or employment rates. Protecting children from abuse and neglect should be a required outcome to be proactively assessed as well.

Perhaps the reason that positive and negative externalities of policies on children have not been accounted for is that the outcomes are not immediate and are difficult to measure. While true, this challenge has been successfully addressed in other contexts. The environmental sustainability movement provides an example. By emphasizing the effect that individuals' decisions have on climate change, this movement has effectively brought a distal outcome to the forefront for many. However, the ultimate goal of the environmental movement is—as it should be for child welfare advocates—to create policy that affects not only individuals but systems writ large. Just as macro-systems produce the lion's share of pollution, systems-level actors also have a hand in promoting—and potentially preventing—child maltreatment. Systems synergy among social service providers can be helpful at the local scale, but individual and incremental improvements to programs are simply not enough to confront the larger issues of macro-scale change needed.

Incentives for innovation and accountability

Systems synergy may not be an easy task across all policy domains, of course. One way to facilitate the process is to provide incentives for adopting this model. Incentives awarding federal funds to states that develop successful cross-system efforts to promote safe and consistent care would encourage systemic innovation. States could be laboratories potentially producing different models for effective collaboration, with assessment built into the models. Tested and effective strategies could then be incentivized for later-adopting states.

President Obama’s “Race to the Top” program provided a roadmap for such a process. Race to the Top allocated nearly \$4 billion in funding to states to spur innovation in education policy. In particular, it focused on developing data systems and rigorous interventions. A race to the top in child neglect prevention could encourage states to accelerate and expand the integration of relevant data systems to facilitate planning, practice, and evaluation across agencies; develop innovations for merging siloed social welfare policies and practices; and prioritize safe and consistent care as a primary outcome across government agencies.

Limitations

Our proposal does not come without necessary trade-offs and possible drawbacks. The financial costs of creating systems synergy are not known. Processes enacting systems synergy will necessarily involve training not only CPS workers, but also a host of administrators and providers across social welfare agencies. To the extent that resources would get diverted from CPS to adopt this model, there may be less funding for these families in crisis. Furthermore, there could be substantial trade-offs, since, at least at the state level, most budgets need to be balanced. Similarly, it may be that other social welfare programs are insufficiently funded, have lower benefit levels than needed, or are not universally available. In this case, it may be that even systems synergy cannot provide the resources necessary for families to provide safe and consistent care. However, it may also be that the process increases uptake of these programs and that, when combined, they have complementary effects that magnify their power to promote safe and consistent care. Although there are potential obstacles, the evidence consistently shows that financial support is positive for families; therefore, we should invoke the precautionary approach of public health interventions and take action, even if the specific outcomes are uncertain.

The scope of the solutions proposed here are, indeed, untested. One study provides a glimpse into this idea: Project GAIN (Getting Access to Income Now) provided families with closed CPS investigation cases support in obtaining access to programs such as Temporary Assistance for Needy Families (TANF), housing, and transportation benefits.²⁴ See Research to Watch on page 15. However, GAIN did not significantly reduce subsequent reports of child maltreatment. One potential explanation for GAIN’s lack of success is that the support remained below the thresholds of adequate amount and duration. In other words, the program offered dimes when families needed dollars. Additionally, this intervention differs from our recommendations insofar as it does not link child welfare and social welfare agencies to a common goal or better integrate siloed systems—rather, families were referred to economic support workers after already having been reported to CPS. We propose that synergy in this manner will prioritize prevention of child neglect and provide added benefits.

In the context of families and economic stability, similar to Project GAIN, there may be a threshold effect. In other words, there is a minimum level of resources that will prevent the family from tipping into crisis and allow them to adequately provide safe and consistent care. Services and programs that provide a small amount of relief—either in finances, time,

or stress—may not lead to incremental improvements but result in no measureable change. Even with systems synergy, these programs may be insufficient to get a family over the threshold of economic stability that allows them to provide safe and consistent care, which could limit the efficacy of this model. Under current policies for safety net programs the economic limitations imposed by benefit cliffs, (i.e., the abrupt drop in level of support from the program at a specific income) may be an additional barrier to economic stability.

CPS provides services to families that are in dire situations with a focus on child safety. However, effective universal prevention of child abuse or neglect cannot only be the responsibility of CPS. Neglect rates have remained steady for decades; the future of our most vulnerable children depends on new directions in policy and practice. That direction moves away from siloed inefficiency and towards effective systems synergy. ■

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Edited by James T. Spartz and Judith Siers-Poisson. Design and layout by Dawn Duren. Graphics by Yonah Drazen and James T. Spartz.

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This publication was supported by Cooperative Agreement number AE000103 from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation to the Institute for Research on Poverty at the University of Wisconsin–Madison. The opinions and conclusions expressed herein are solely those of the author(s) and should not be construed as representing the opinions or policy of any agency of the Federal government.



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