

A black and white photograph of a child swinging on a swing set. The child is in mid-swing, with their arms reaching up to hold the ropes. The background is a bright, cloudy sky. The image is slightly faded, giving it a soft, ethereal quality.

How to Break the Cycle  
of Abuse and Neglect

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THE  
FUTURE  
OF CHILD  
PROTECTION

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JANE WALDFOGEL

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# *The Future of Child Protection*

∞ How to Break the Cycle  
of Abuse and Neglect

JANE WALDFOGEL

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## *Child Abuse and Neglect Today*

Our image of child abuse and neglect, and of the role of child protective services, is often drawn from the case of one particular child who has been in the headlines or the television news. For many Americans, that child could be Lisa Steinberg. Illegally adopted by a lawyer who then battered her and her adoptive mother, Lisa was reported to child protective services in New York City on numerous occasions by concerned neighbors and others in the community. Tragically, despite these reports Lisa continued to be abused, and in 1987 she died at the hands of her adoptive father.

Eight years later, in 1995, the most visible case of child abuse in New York City, and the one providing the clearest proof that something was terribly wrong with the system, concerned Elisa Izquierdo, a six-year-old girl who died of abuse at the hands of her mother. Elisa's short life came to symbolize all that was wrong with the child protective services system. Elisa was well known to the public child protective services agency, having been reported several times as a suspected victim of abuse or neglect. Others in her community, including some 23 professionals from schools and community agencies, also knew she was being abused, yet, as *Time* magazine's cover story on her case concluded, "somehow nobody managed to stop it."<sup>1</sup> In the final months of her life, Elisa was so badly hurt from frequent beatings by her mother and stepfather that she was kept home from school; yet



even with her history of abuse, no one followed up to check on her condition.

Elisa's case seemed all the more tragic when it came to light that her life might well have taken a different course. Elisa lived with her father until his death in 1994, when she was four and a half. At that time another relative stepped forward to take care of Elisa, while a patron, Prince Michael of Greece, offered to pay her tuition at the private school she had been attending. Instead, a judge placed her with her mother and stepfather despite evidence that the mother had abused Elisa in the past and that both the mother and stepfather were addicted to crack cocaine. Over the next year and a half the mother and stepfather systematically mistreated Elisa, and in November 1995 the mother beat her to death. Elisa's mother was convicted of second-degree murder and sentenced to 15 years in prison; her stepfather, who was in jail on a cocaine charge at the time of Elisa's death, pleaded guilty to assault charges and was sentenced to up to three years in prison. Elisa's death and the ensuing publicity placed a spotlight on the child protective services system. In the ensuing months reports of suspected abuse and neglect increased dramatically in New York and in other parts of the country. Elisa's death also prompted a series of reforms, including a reorganization of New York City's child protective services agency (discussed in Chapters 8 and 9).<sup>2</sup>

Across the nation similarly tragic instances of abuse have provoked public outrage. In the spring of 1995 Los Angeles residents were horrified at the death of Lance Helms, a two-year-old boy known to the child protective services system, who was returned home by court order over the objections of the child protective services workers. When the boy was beaten to death by his father's girlfriend, there was a perception that the system as a whole had failed this child. As in New York, the Los Angeles case refocused attention on the issue of child maltreatment, and reports of child abuse and neglect rose dramatically over the next few months.<sup>3</sup>

The cases of Lisa Steinberg, Elisa Izquierdo, and others like them around the country are tragedies in two respects. First, parents in these cases, instead of protecting and nurturing their children, beat, tortured, and murdered them. Second, the individuals whom we would expect to step in and protect children in such instances—teachers, doctors, judges, and particularly child protective services workers—knew the abuse was happening and yet failed to stop it. This latter

failing makes these cases of physical abuse doubly horrible, and deserving of public attention, scrutiny, and remedy.

Another type of child maltreatment that has recently attracted increased public attention involves not physical abuse but rather neglect. Neglect cases usually come to public attention only when a child dies or if many children are involved, as in the notorious Chicago case in which police officers investigating a drugs complaint came upon a crack house where 19 children from several different families were living in horrendous conditions.<sup>4</sup>

In St. Louis, the case of Michelle Gray has come to epitomize the potential severity of chronic neglect, and the risks involved when a child protective services agency fails to respond appropriately. Michelle was a two-year-old who died of malnutrition and dehydration. At the time of her death her twin sister was also badly malnourished, and three older siblings showed signs of having been neglected for years. Michelle's parents did not deliberately set out to kill her or to harm her siblings, but neither parent was capable of providing adequate care. The mother was seriously depressed, the father was alcoholic and seldom employed, and there were allegations of domestic violence. The Gray family was first reported to child protective services in 1987, when the first child was an infant. Between 1987 and Michelle's death in 1995, the family was reported at least 15 times. Each time, the allegations were similar—the house was filthy, the children malnourished. On several occasions one or more of the children were diagnosed as “failure-to-thrive,” and medical intervention was required. Each time the case was opened, the parents were cooperative (for example, they would bring the children to the doctor as requested), conditions in the home would improve marginally, and the case would be closed, only to reopen with the next report of neglect. Child welfare expert Patricia Schene, who reviewed the handling of the case at the request of the child protective services agency in St. Louis, concluded that the agency misread the parents' lack of resistance, interpreting it as a positive indicator when in fact it was merely symptomatic of their generally neglectful parenting style and in particular of the mother's depression.<sup>5</sup> The agency also failed to see the cumulative harm to the children as this neglect persisted.

At first glance the case of Nadine Lockwood, who died of neglect in New York City in 1996, seems eerily similar to that of Michelle Gray. Nadine, like Michelle, starved to death. In Nadine's case, however, the

neglect in fact was intentional maltreatment. After Nadine died of malnutrition, investigators and the public learned that the mother had systematically denied food to this one child while providing adequate nutrition to the other, more favored siblings. When social workers were called and came to check on Nadine's condition, the mother lied to hide the maltreatment; on one occasion she alleged that this daughter was down south with relatives, and on another occasion she borrowed a neighbor's daughter to pass off as Nadine.

Nearly half of child fatalities involve neglect, not active physical abuse.<sup>6</sup> Neglect often serves as early warning of a situation that might escalate into more serious maltreatment; indeed, many of the children who are known to child protective services and subsequently die of maltreatment were originally reported to child protective services for neglect.<sup>7</sup> Chronic neglect cases can be particularly dangerous because of the risk that a system that focuses on investigating one incident at a time may fail to see the cumulative harm being done over time.

The third major type of child maltreatment is sexual abuse. Although the vast majority of child sexual abuse occurs in the child's home at the hands of a family member or a family friend, the best-known cases have involved allegations of abuse in day-care centers, churches, or other out-of-home settings. Many of the verdicts in these notorious cases have ultimately been overturned because of lack of proof. The public has been left with the impression that the children in these cases made false accusations, perhaps because they had been inadvertently coached to do so by well-meaning prosecutors and therapists so eager to protect children that they had seen maltreatment where it did not really exist. As a cover story in *Parade Magazine* pointed out in November 1996, the public is now skeptical about how much child sexual abuse really exists.<sup>8</sup> At the same time, when allegations are proved to be true, these cases prompt a strong public reaction.

Widely publicized individual cases rightly evoke anguish for the children involved and anger toward the people responsible for their well-being. We expect parents to treat their children with love and affection and not to harm them. As citizens and taxpayers, we also demand that the public systems we have established for child protection perform their role when parents fail to do so. But it would be a mistake to generalize from a few well-known cases to a typology of child maltreatment. The cases that arouse public outrage are not a

random, representative sample of child abuse and neglect cases. Rather, they are special in some way, usually in that they involve either the death of a child or the maltreatment of several children and, more often than not, the failure of the child protective services system. These special cases may be useful for examining how well the system protects children under the most extreme circumstances, but they provide no insight into the overall population of children in need of protection and the general operations of the child protective services system. To move beyond the headlines, we must look at children in need of protection from several different vantage points, comparing those in the United States today both with those in earlier times and with populations of maltreated children in other, comparable countries.

## The Role of Child Protective Services

The term *child protective services* (CPS) refers to a highly specialized set of laws, funding mechanisms, and agencies that together constitute the government's response to child abuse and neglect. Although definitions vary by jurisdiction, CPS is concerned principally with the abuse and neglect of children by their parents or guardians; in many areas CPS also investigates cases involving nonparental caretakers such as teachers or day-care providers.

All states and the District of Columbia have laws requiring certain categories of professionals and other individuals who have frequent contact with children (such as teachers and doctors) to report suspected child abuse and neglect to CPS. Reports from these mandated reporters constitute the majority of all referrals received by CPS, with teachers forming the single largest group of reporters.<sup>9</sup> Reports are also accepted from concerned citizens, family members, and children themselves; some states also allow reports to be made anonymously.

Child protective services intervention has several stages.<sup>10</sup> In the first stage, *reporting*, a mandated reporter or other person contacts the public CPS agency to allege that a child is being abused or neglected. In the second stage, *screening*, a decision is made whether the report should be investigated by child protective services. At this stage a report may be "screened out" if it clearly falls outside the mandate of the agency or if there is insufficient information to locate the family for an investigation; otherwise the report is "screened in" and assigned to a social worker for investigation.

In the third stage, *investigation*, a social worker sees the child and family and speaks with others who know them. One purpose of the investigation is to determine whether the child has been abused or neglected. If so, the report is “substantiated” (or “founded” or “supported”); if not, the report is “unsubstantiated” (or “unfounded” or “unsupported”).<sup>11</sup> A second purpose of the investigation is to decide whether the child and family need ongoing services to prevent further maltreatment. If so, the case is opened for services; if not, the case is closed. In cases in which a child is at immediate risk of harm and cannot be protected at home, the CPS agency may take steps to obtain legal custody of the child and/or to place the child in “substitute care” (placement with a relative, foster care, group care, or some other form of out-of-home care). However, most children whose cases are opened for services remain in their own homes with some form of oversight by a social worker.

Typically, CPS agencies identify several stages of involvement with cases that remain open after the investigation. These stages include *assessment and service planning*, *ongoing service provision*, and *periodic case review*. The final stage of CPS intervention is *case closing*.

## The Demographics of Children in Need of Protection

In 1996 CPS agencies in the United States received three million reports of alleged child maltreatment, representing a rate of 47 reports per 1,000 children.<sup>12</sup> As Table 1.1 shows, this rate is much higher than in past years. The American reporting rate is also much higher than in comparable countries. Neil Gilbert found that in 1992 the U.S. rate was 43 per 1,000 children under the age of 18, twice as high as that in the country with the next-highest rate, Canada (21 per 1,000 children under the age of 15).<sup>13</sup> The U.S. reporting rate is also much higher than England’s (17.5 per 1,000 children under 16).<sup>14</sup>

These statistics raise several questions about the large number of children being reported to CPS agencies in the United States. Who are these children, why are they being reported, and what happens to them after the report? Are there really more instances of abuse and neglect in the United States, or simply more reports? Data from national statistics, from recent and historical case-record samples in Boston, and from other countries (discussed in the next chapter) go a long way toward helping us answer these questions.

**Table 1.1** Reports of child abuse and neglect, selected years, 1967–1996

Year	No. of reports	Reports per 1,000 children
1967	9,563	<1
1968	10,931	<1
1975	294,796	4
1976	669,000	10
1977	838,000	13
1978	836,000	13
1979	988,000	15
1980	1,154,000	18
1981	1,225,000	19
1982	1,262,000	20
1983	1,477,000	24
1984	1,727,000	27
1985	1,928,000	31
1986	2,086,000	33
1987	2,157,000	34
1988	2,265,000	35
1989	2,435,000	38
1990	2,559,000	40
1991	2,684,000	42
1992	2,909,000	45
1993	2,967,000	45
1994	3,074,000	46
1995	3,120,000	46
1996	3,126,000	47

Sources: 1967 and 1968: David Gil, *Violence against Children: Physical Child Abuse in the United States* (Cambridge: Harvard University Press, 1970); 1975–1986: American Association for the Protection of Children (AAPC), *Highlights of Official Child Abuse and Neglect Reporting—1986* (Denver: American Humane Association, 1987), and earlier reports; 1987–1996: Ching-Tung Wang and Deborah Daro, *Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty-State Survey* (Chicago: National Committee to Prevent Child Abuse, 1997) and earlier reports by the National Committee to Prevent Child Abuse (NCPCA).

Note: Data not available for 1969–1974. Figures from the *Child Maltreatment* reports by the U.S. Department of Health and Human Services, National Center for Child Abuse and Neglect (NCCAN) (Washington, D.C.: U.S. Government Printing Office, 1998 and earlier) for the period 1990–1996 are comparable to the NCPCA figures used here.

**Table 1.2** Types of maltreatment in substantiated child abuse and neglect cases, 1986 and 1996 (%)

Type of maltreatment	1986	1996
Neglect	55	58
Physical abuse	28	22
Sexual abuse	16	12
Emotional maltreatment	8	6
Other	13	15
Total	100	113

Sources: 1986: AAPC, *Highlights—1986*; 1996: NCCAN, *Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System* (Washington, D.C.: U.S. Government Printing Office, 1998).

Note: The 1996 total exceeds 100% because more than one type of maltreatment may have been reported per case.

Data from 1986 and 1996, shown in Table 1.2, indicate that neglect cases make up over half of all reports in the United States. Physical abuse accounts for a quarter of all reports, about the same share as in 1986. Contrary to public perceptions, sexual abuse reports, the third most common type, have declined over the last decade, to 12 percent. Emotional maltreatment makes up 6 percent of all reports today. The remaining 15 percent consists of other types of maltreatment (the exact definition depends on the state).

Although the children reported to child protective services are a diverse group, those from racial and ethnic minorities are disproportionately represented, as are children from lone-mother families and poor families. In 1996 over 40 percent of children reported to CPS were from racial or ethnic minority groups: 27 percent were African-American, 11 percent were Latino, 2 percent were Native American, 1 percent were Asian, and 2 percent were from other minority groups.<sup>15</sup> However, the interpretation of these statistics is not straightforward.<sup>16</sup> Some researchers have found that with all other factors held equal, children from racial and ethnic minority groups are more likely to be reported to the system for physical abuse or neglect, though not for sexual abuse.<sup>17</sup> Other researchers, however, have found that controlling for income and family structure eliminates most or all of the effects of race and ethnicity on reporting, especially in reports of neglect.<sup>18</sup>

In fact low income, rather than race or ethnicity, seems to be the prime determinant of the higher rates at which minority children are reported to CPS. Several studies have found that with all other factors held equal, poor children are more likely than nonpoor ones to be reported to CPS.<sup>19</sup> Others have found that children living in poor communities are more likely to be reported.<sup>20</sup> Since children from racial or ethnic minority groups are three to four times more likely to be poor (and more likely to live in poor neighborhoods) than white non-Hispanic children and are likely to remain in poverty for longer, it may be poverty, rather than race or ethnicity per se, that largely explains their overrepresentation in the CPS system.

Why might poor children be more likely to be reported? One possibility is that poor families are under more stress, and that the heightened stress leads to more instances of child abuse or neglect; moreover, poor families, especially those living in poor neighborhoods, may have fewer family and community resources to draw upon in times of need.<sup>21</sup> There may also be a link between poverty and parenting styles that are harsh or punitive.<sup>22</sup> Although we lack good data on the true incidence of child maltreatment, there is some evidence that the incidence of abuse and neglect may be higher among poor children. For instance, the most recent national incidence study found that children in poor families (those with incomes below \$15,000) were more than twice as likely as children from middle-income families (those with incomes from \$15,000 to \$29,000) to be identified as abused or neglected.<sup>23</sup> Another possibility is that the effects of poverty are mistaken for neglect; for instance, it may be hard for a reporter to determine whether a child lacks suitable winter clothing or is coming to school hungry because of parental neglect or because of inadequate family income. The largest gap between poor and middle-income children is in their risk for “physical neglect”—the lack of provision of adequate health care, supervision, food, clothing, and so on—with poor children more than four times as likely as middle-income children to be identified as victims of physical neglect, but only twice as likely to be identified as victims of physical abuse or sexual abuse.<sup>24</sup> Yet another possibility is that poor families are more likely to come into contact with individuals in the community, such as welfare workers or hospital emergency room personnel, who are accustomed to making reports of abuse or neglect. Indeed, individuals in the community may be more likely to refer families who are poor in the hope that a referral to CPS



will help the families obtain forms of financial or other assistance that might otherwise not be available to them.<sup>25</sup>

The demographics of substance abuse, and the increasingly common practice of testing newborns for drug exposure, may also help explain the disproportionate representation of minority children in the CPS system. In a landmark study published in the *New England Journal of Medicine*, Ira Chasnoff and his associates found that African-American women, though no more likely than white women to use drugs or alcohol during their pregnancy, are ten times more likely to be reported to child protective services.<sup>26</sup> One reason for this discrepancy is that African-American women and their newborns are more likely to be tested for drug use at birth, as are poor women and women living in urban settings. A second reason is that, among those tested, black women are more likely to have used cocaine, whereas white women are more likely to have used other drugs such as marijuana. In most jurisdictions, a newborn who tests positive for exposure to cocaine is automatically reported to child protective services. Inevitably, then, a greater share of drug-affected newborns will be reported among black children than among white children.

### Consequences of Reporting

On average, just over half of reports are screened in and assigned to a social worker for investigation, and 40 percent or fewer of all reports are “substantiated” or indicated.<sup>27</sup> The exact meaning of these terms varies somewhat across states, but generally a substantiated case is one in which the investigating social worker has found reasonable cause to believe that a child has been abused or neglected or is at elevated risk of abuse or neglect, while an indicated case is one in which there is some evidence that abuse or neglect has occurred but in which the evidence does not meet the threshold for substantiation.

What happens to a child and family after abuse or neglect is substantiated depends greatly on the jurisdiction in which the child resides. Some states provide services to only 40–44 percent of cases in which abuse or neglect is substantiated;<sup>28</sup> in other states the rate of service provision is much higher. In 1993, on average 74 percent of substantiated cases received some type of service in the 23 states that provided data on this question to the National Center on Child Abuse and Neglect.<sup>29</sup>