Child Maltreatment: Contemporary Issues in Research and Policy 14

Richard D. Krugman
Jill E. Korbin *Editors*

Handbook of Child Maltreatment

Second Edition

Springer

Child Maltreatment

Contemporary Issues in Research and Policy

Volume 14

This series provides a high-quality, cutting edge, and comprehensive source offering the current best knowledge on child maltreatment from multidisciplinary and multicultural perspectives. It consists of a core handbook that is followed by two or three edited volumes of original contributions per year. The core handbook will present a comprehensive view of the field. Each chapter will summarize current knowledge and suggest future directions in a specific area. It will also highlight controversial and contested issues in that area, thus moving the field forward. The handbook will be updated every five years. The edited volumes will focus on critical issues in the field from basic biology and neuroscience to practice and policy. Both the handbook and edited volumes will involve creative thinking about moving the field forward and will not be a recitation of past research. Both will also take multidisciplinary, multicultural and mixed methods approaches.

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Richard D. Krugman • Jill E. Korbin
Editors

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Editors
Richard D. Krugman
Department of Pediatrics
University of Colorado School of Medicine
Aurora, CO, USA

Jill E. Korbin
Department of Anthropology
Case Western Reserve University
Cleveland, OH, USA

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Introduction from the First Edition

One of the early pioneers in the field of child maltreatment was Brandt Steele. He was the psychiatrist on the original "Battered Child" paper with C. Henry Kempe in 1962 (Kempe et al. 1962). Brandt saw his first case in 1956 and spent nearly a half century listening to abused children and abusive adults before his death in 2005 at the age of 97. One of his favorite sayings was "If you don't understand someone's behavior, you don't have enough history." He always took time to pause and to listen, to ask questions, and to try to understand what it was that led to the behaviors—and the consequences of those behaviors.

With that in mind, you may wonder what it was that led us to start this new *Handbook of Child Maltreatment* and the series *Child Maltreatment: Contemporary Issues in Research and Policy*, of which it is a part. There are many books and journals now that regularly report on what is new, or what is going on in the field of child maltreatment. Substantial progress has been made in addressing child maltreatment, as will be seen in the chapters in this volume. Nevertheless, many of the core questions of the field remain, and the chapters point us in the direction of what is known, but perhaps even more importantly, what remains to be known to make progress in helping abused children, their families, and their communities.

The complexity of child abuse and neglect has posed many challenges. We asked our colleagues in the field if they would contribute to a volume whose aim is to review what we know and what we do not know at this stage of the development of the field of child maltreatment with an emphasis on what we need to be doing from here. We asked for "executive summaries" of the decades of work that have gone on in specific areas, with the additional aim of having future volumes of the series be specific monographs that build on these chapters and update them as time goes on. Other chapters could have been and will be included in future versions of the *Handbook*, which we intend to update approximately every 5 years.

We initially planned the *Handbook* to be the first volume in the series, followed by monographs taking up the issues presented in the *Handbook*. Along the way, we realized that last year (2012) was the 50th anniversary of the Battered Child paper (Kempe et al., 1962). We then decided to take a different path, and Volume 1 of this series was published to commemorate that event (Krugman & Korbin, 2013). We invited professionals who had worked with, or been influenced by Henry Kempe and his work, to comment

specifically on four of Kempe's key papers with an eye toward where this work had led the field.

Thirty years ago, there was a saying in Washington, DC: "where you stand depends on where you sit." If you search that phrase now, it is attributed to Nelson Mandela—and the truth of who said it first is not as important as the truth of the phrase. The field of child abuse and neglect is one that is a subset of some very large fields: anthropology, criminology, law, medicine, pediatrics, psychiatry, psychology, social work, and sociology, to name just some. Not surprisingly, those scholars and practitioners who come from each of these fields (and others) tend to see the problem from that perspective.

The organization of the *Handbook* is along reportorial lines: What is child maltreatment? Why does it occur? What are the consequences? What can and should we do about it? How does child maltreatment look in a more global perspective?

The first section of the *Handbook* addresses one of the major challenges in child maltreatment work: What are we talking about? What *is* child abuse and neglect? At its most basic, since the beginning of the "field," we have questioned whether child maltreatment can be measured in behaviors of caregivers or by the identified injuries and consequences to children that result in agency reports. Most research on child maltreatment relies on cases reported to child protective services. The first chapter by Sedlak and Ellis helps us to understand "what it is" by examining national incidence studies and trends in reporting. The next three chapters examine the major forms of maltreatment that are identified by mandatory reporting statutes: child neglect by Proctor and Dubowitz in Chap. 2; physical abuse by Palusci in Chap. 3; and sexual abuse by Heger in Chap. 4. A final chapter in this section, Chap. 5 by Krugman and Lane, tackles one of the most disturbing forms of child maltreatment, when a child dies as the result of abuse and/or neglect.

A second challenge, and the second section of this book, addresses the basic question of why child maltreatment occurs. An early and persisting explanation for the existence of child maltreatment is that it is passed from generation to generation, and that the abused children of today become the abusive parents of tomorrow. In Chap. 6, Bezenski, Yates, and Egeland assess the evidence for intergenerational transmission of abusive parenting. Another explanation asks whether child maltreatment is most powerfully related to poverty. Drake and Jonson-Reid in Chap. 7 tackle this issue. Related to poverty, in Chap. 8, Dettlaff brings to bear the evidence and arguments for and against disproportionality in child maltreatment report rates, asking if disproportionality exists and how the answer to this question has shaped our understandings of why child maltreatment occurs. Another line of thinking about the etiology of child maltreatment is that there are certain children who are more susceptible to being maltreated. In Chap. 9, Giardino, Giardino, and Isaac consider the evidence related to the maltreatment of children with disabilities. Child maltreatment also has been explained by asking whether some families (including parents) are simply more violent than others. In Chap. 10, Alhusen and her colleagues review the challenges of understanding the dynamics and overlap of intimate partner violence and child maltreatment.

A third challenge in child maltreatment work is assessing the consequences of maltreatment. One might argue that the very experience of an abused or neglected child is sufficient in and of itself to demand a concerted response, both to help the child and family and to prevent future abuse to that child or any other child. It has been very difficult to sort out the consequences of child maltreatment from other difficult circumstances in which children live, such as poverty and disadvantage. Increasing evidence, however, has pointed to the long-term consequences of early adverse experiences, including maltreatment. Yet, the pathways from child maltreatment to difficulties later in life remain less clear. Are abused children compromised neurologically, leading to later difficulties? Are abused children set on a path leading them to risky behaviors, including substance abuse, dating violence, early sexuality? At the core of these questions is the concern to determine the balance of risk and resilience, why some abused children have dire consequences from the experience, some seem to function well in some areas and not others, and some go on to lead lives indistinguishable from their non-maltreated peers. This section of the book examines two of these issues. In Chap. 11, Bernard, Lind, and Dozier examine the consequences to the developing brain and neurological development among maltreated children, as well as the evidence for whether these early consequences can be mitigated. In Chap. 12, Widom brings together evidence about the life course of abused children taking a prospective rather than the usual retrospective approach. The reader is also referred to Chap. 6 that considers one of the most persistent beliefs about child maltreatment and its consequences—intergenerational transmission of abusive parenting such that the abused child of today becomes the abusive parent of tomorrow.

The fourth, and largest section, considers what we should do about child maltreatment. These chapters address such efforts despite the challenges examined in the earlier sections including lack of definitional clarity and questions about etiologies and outcomes. Wald begins this section in Chap. 13 with a broad view of what the goals of ensuring child well-being should be, and how child protection fits into this framework. He considers options, expanded upon in several subsequent chapters about how we might move forward toward those goals.

While there has sometimes been a tension between prevention and treatment in the field, particularly as to where resources should be devoted, both are represented in this section. The first subsection deals with prevention issues, beginning with an overview by Daro and Benedetti in Chap. 14. This overview of where we have been and need to go is followed by Chap. 15 by Molnar and Beardslee who argue for a community approach to prevention and Chap. 16 by Hashima also suggesting a broader public health approach to prevention. An example of one community-based prevention program, Strong Communities, is the focus of Chap. 17 by Melton. The subsection concludes with Wulczyn and his colleagues' questions in Chap. 18 about the match, or mismatch, between resources and needs.

The next subsection turns to treatment approaches, beginning with Timmer and Urquiza's Chap. 19 that brings together issues in child development with empirically based programs. The three chapters that follow emphasize

different approaches to intervention. Fitzgerald and Berliner in Chap. 20 examine psychosocial interventions for abused and neglected children; Taussig and Raviv foster care in Chap. 21; and Andrews mutual support and self-help for maltreating parents in Chap. 22. Vaughan-Eden's Chap. 23 asks that the field consider non-offending mothers of sexually abused children. Fuller's Chap. 24 then examines what we know about the successes of differential or alternative response approaches to working with maltreating families. The subsection concludes with Fluke and his colleagues' Chap. 25 that brings us back to the basics of how child protective services make decisions that bring maltreatment cases to the attention of intervenors in the first place.

In the last subsection on legal issues, in Chap. 26, Mathews and Bross consider legal approaches, including mandatory reporting. Russell and his colleagues in Chap. 27 offer a perspective on the judicial process. And Knapp's Chap. 28 brings the perspective of law enforcement, who is responsible for the initial investigations.

Finally, we end with Section V that calls us back to thinking about the broader international and cross-cultural human experience. In Chap. 29, Kimbrough-Melton considers how international law and conventions have shaped our views of, and responses to, child maltreatment. Kimbrough-Melton includes a consideration of how international law has addressed the balance between the universal rights and needs of children with cultural diversity in behaviors and beliefs about what is regarded as abusive to children around the world. Kohrt concludes the volume in Chap. 30 by bringing a biocultural perspective to the consideration of child maltreatment.

We are grateful to those who contributed to this volume and to our colleagues at Springer for allowing us the opportunity to bring this *Handbook*, and this new series, forward to the field. We look forward to the work of our colleagues that will be reflected in regular updates to the *Handbook* and new books to expand our knowledge and contribute to the well-being of children, their families, and their communities. Because *Child Maltreatment: Contemporary Issues in Research and Policy* will be a dynamic and ongoing series, we value reader's comments about what was helpful or other directions we could explore in future volumes, both in updates of the *Handbook* and future monographs. To the reader, this series is for you.

Jill E. Korbin
Richard D. Krugman

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Introduction

It has been 8 years since the publication of the first edition of this *Handbook of Child Maltreatment*. Our purpose (as you can see in the Introduction to the first edition included here) was to review what progress had been made over the years in the field of child abuse and neglect as well as what needed to be done if we are to make advances. During that time, we have had a dozen books in the series *Child Maltreatment: Contemporary Issues in Research and Policy* (https://link.springer.com/bookseries/8863) that complemented the first *Handbook*. Our expectation is that there will be others before a third edition is put together in coming years.

The first edition of the *Handbook* contained 30 chapters, organized around central issues in the field. Twenty-six of these chapters have been updated and revised by the original authors and their colleagues. The original authors were not available for four of the original chapters. For two of these chapters (Fitzgerald and Berliner and Wulczyn, Feldman, Horowitz, and Alpert), the reader is directed to the first edition. Two additional chapters, one on public health and one on judicial perspectives, have new authors (Higgins, Lonne, Herrenkohl, Klika, and Scott and Edwards and Wu, respectively).

As the field has expanded, the second edition of the *Handbook* has 38 chapters, including 10 entirely new chapters. To expand the multiple perspectives involved in child maltreatment, we added chapters on children's perceptions of violence and abuse (Bruck, Ben-Arieh, and Kosher), the role of siblings (Katz, Tener, and Cohen), and the voice of the survivor/thriver (Poland). LGBTQ populations have emerged as at risk but understudied and poorly understood, and we added a chapter on these issues (Mallon, Paul, and Lopez Lopez). Etiology is a continuing concern in child maltreatment, and we included chapters on topics not covered in the first edition: substance abuse (Kepple, Wolf, and Freisthler) and social support (Thompson). Because much of the research on etiology has been based on studies in urban areas in the USA, we also included a chapter on child maltreatment in rural settings (Maguire-Jack, Smith, and Spilsbury). In recognition of increasing knowledge about the role of brain development in child maltreatment, a chapter was added to show how a major project in Canada has applied and diffused this knowledge to all professionals and caregivers dealing with children in a geographic area (Gagnon).

We invited chapter contributors to the *Handbook* in the summer of 2019 with the request to update what was known in their areas of expertise. Little

did we know that within months we would be facing the most significant health crisis in more than 100 years, the COVID-19 pandemic. For abused and neglected children, the pandemic demands a reassessment of how children are protected from maltreatment. Children in need of protection may not have been identified because they disappeared from view as institutions closed down and the surveillance expected from schools or healthcare facilities diminished or even disappeared. Children in need of intervention may have gone largely unserved in the lockdowns. We have in front of us an unprecedented opportunity to carefully examine the outcomes of different pandemic-related approaches and policies. The pandemic also stimulated increased recognition of the costs to children of systematic racism. While the existence and recognition of disparities and disproportionality in child protection and well-being existed well ahead of the 2020 pandemic, the stark consequences of systematic racism must be better addressed.

We have added Associate Editors to this edition of the Handbook, and we thank each of them for their contributions in reviewing and suggesting improvements. They are listed on page xix of this foreword. We have also had the terrific editorial assistance of Brooke Jespersen.

Our commitment to child abuse and neglect is now 53 and 45 years long in our academic careers. We come to the field from very different perspectives (pediatrics and anthropology), but we were both mentored early on by C. Henry Kempe, Brandt F. Steele, and Ruth S. Kempe. They embedded in us that the recognition, treatment, and ultimately prevention of child maltreatment was not the task of one profession or one government agency—it had to be multidisciplinary. The chapters in this volume are written by researchers and clinicians in health, mental health, public health, social work, social sciences, law enforcement, the judiciary, and others. Included also is a chapter by an abuse survivor describing a perspective that has not been often heard in academic books. Her message is important.

One of us (RDK) has an observation having spent 25 years away from day to day working in the child maltreatment field. That observation is that while our research enterprise is growing with more journals publishing more research—much of which has been updated throughout the pages of this book—the clinical response in communities throughout the USA and much of the world is stuck where it was back in the 1990s. The child protection system in the USA seemed to be as dysfunctional in 2021 as it was in 1990 when the US Advisory Board on Child Abuse and Neglect called the situation "a national emergency." CPS agencies were overwhelmed with cases and were mostly investigating families of lower socioeconomic groups, and there was little treatment available. Further the system was increasingly adversarial, not just in criminal court, but in family courts. The new subspecialty of child abuse pediatrics is now decade old and appears to be focused primarily on being expert witnesses for county and district attorneys. Unlike nearly all of the other pediatric subspecialties that have thrived over the past half century with National Institutes of Health (NIH) funding for research (basic, clinical, translational) and training, there has been no such investment in child maltreatment. As a result, the child abuse subspecialty has had to grow to where the money is (the civil and criminal court system).

Permit another observation: the field of health services research began in the mid-1960s. For three decades, these researchers analyzed the quality of care given by health professionals in both inpatient and outpatient settings. They measured the outcomes of care for millions of patient encounters—all deidentified to protect the privacy of the patients and the health professionals. It was not until 2000 that the National Academy of Medicine (then Institute of Medicine) published a report entitled "To Err is Human" (Institute of Medicine, 2000). It created a revolution in the healthcare system because it connected three decades of research on patients and professionals to them transparently. There are researchers doing outcomes research on our child protection system, but in a vacuum, like the health services researchers of the last century. We have no information on whether the multibillion-dollar child protection system (including child welfare, law enforcement, and the civil and criminal courts) is actually helping children and families. One hopes that by the next edition of this Handbook, such work will have been done.

And by that time, one hopes that we will have figured out how to get the health, mental health, and child welfare systems to be working with each other effectively on behalf of children and families. There are some small efforts beginning in the USA this year, but the balkanization of these systems in county, state, and federal governments—which is antithetical to what the legacy of the Kempes' and Steele suggests is needed to actually help children—is very hard to accomplish. Who will lead the way? Perhaps the millions of previously abused children who have experienced the ineffectiveness of the system will come together as a potent advocacy group and drive the change.

As we complete this second edition of the *Handbook*, we recognize both the substantial progress that has been made and the challenges that remain as reflected in these chapters. Progress has been made in better understanding of deleterious impacts on children through maltreatment, but work remains to be done as to what should fall into the purview of different systems and what influences short- and long-term outcomes. Progress has been made in the development of evidence-based practice and therapeutic interventions, including the establishment of clearinghouses. Yet, there is no consensus about how to best address the traumas and resiliencies of maltreated children. Progress has been made in understanding broader ecological perspectives on the etiology of child maltreatment, from brain research to neighborhood and community effects, moving far beyond earlier conceptualizations of pathological parents. Nevertheless, causation is still cloudy and the question of why child maltreatment occurs remains elusive. This may be the biggest challenge of the field because without understanding etiology it is difficult to chart a path forward to solving the issue. Progress has been made in documenting the disparities and disproportionality in child maltreatment, but challenges remain in what, precisely, to do to achieve equity. Progress has been made in understanding culturally and contextually informed approaches, but again there is a need for greater consensus on how to bridge universal and context-specific policies.

In short, the progress described in these pages to us is a sign of academic progress for the broad child maltreatment field. Yet, the advances described

here need to be better connected to the thousands of local, county, state, and country approaches to actually engage with abused children, their families, and their abusers in a way that can show some promise that child abuse and neglect can be ameliorated over the next decade. We look forward to a third edition that incorporates the translation of tested concepts from basic and clinical research into everyday practice in communities everywhere.

Richard D. Krugman
Jill E. Korbin

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About the Editors

Richard D. Krugman, MD, is Distinguished Professor of Pediatrics and former Vice Chancellor for Health Affairs and Dean of the University of Colorado School of Medicine (CU). He was Director of the Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect from 1981 to 1992, and has gained international prominence in the field of child abuse. Dr. Krugman graduated from Princeton University (AB) and New York University (MD). A board-certified pediatrician, he did his residency at CU. After 2 years in the Public Health Service at the National Institutes of Health and the FDA, he joined the CU faculty in 1973. He returned to Washington in 1980 as a Robert Wood Johnson Health Policy Fellow serving as a legislative assistant to Senator Dave Durenberger (R-MN). He has earned many honors in the field of child abuse and neglect, heading the US Advisory Board on Child Abuse and neglect from 1988 to 1991. He is a member of the National Academy of Medicine and has authored over 145 original papers, chapters, editorials, and thirteen books. He was Editor-in-Chief of *Child Abuse and Neglect: The International Journal* (1986–2001). He co-founded the National Foundation to End Child Abuse and Neglect in 2015.

Jill E. Korbin, PhD (UCLA 1978), is Lucy Adams Leffingwell Professor of Anthropology, Senior Advisor, and past Director of the Schubert Center for Child Studies at Case Western Reserve University. She received the Margaret Mead Award (1986) from the American Anthropological Association and the Society for Applied Anthropology, an AAAS/SRCD Congressional Science Fellowship (1985–86, Office of Senator Bill Bradley), the Wittke Award for Excellence in Undergraduate Teaching (1992), and a Fulbright Senior Specialist Award (2005). Korbin served on the National Research Council's Panel on Research on Child Abuse and Neglect, the International Board of Child Fund, and the Executive Committee of ISPCAN. She is on the editorial board of several journals and was an Associate Editor for *Child Abuse and Neglect: The International Journal*. She has published on child maltreatment in relationship to culture and context, and edited the first volume on culture and child maltreatment *Child Abuse and Neglect: Cross-Cultural*

Perspectives (1981, reissued in 2018, University of California Press). With Richard Krugman she coedits the book series *Child Maltreatment: Contemporary Issues in Research and Policy* and with Ben-Arieh, Casas, and Frones, she coedited the five-volume *Handbook of Child Well-Being: Theories, Methods and Policies in Global Perspective.*

Associate Editors

Susan G. Timmer CAARE Diagnostic and Treatment Center, UC Davis Children's Hospital, Sacramento, CA, USA
Human Development Graduate Group, Davis, CA, USA
Department of Pediatrics at the University of California, Davis, CA, USA

Anthony Urquiza CAARE Center, Department of Pediatrics, University of California, Davis, CA, USA

Editorial Assistant

Brooke Jespersen Department of Anthropology, Case Western Reserve University, Cleveland, OH, USA

Part I

Child Maltreatment: What Is It?

Trends in Child Abuse Reporting

1

Andrea J. Sedlak, Leanne Heaton, and Marneena Evans

Introduction

Organized public efforts to protect children from abuse and neglect began in the late 1800s with the rise of private organizations that took public stances against cruelty to children (Schene, 1998). Although the 1935 Social Security Act provided funding to states for child welfare services to vulnerable children, mandated reporting laws were enacted only after Dr. Henry Kempe's 1962 article on the "battered child syndrome" raised widespread concern and brought national attention to child physical abuse by parents and caregivers (Kempe et al., 1962; Melton, 2005).

In the same year that Kempe and his colleagues published their seminal article, 1962, the Children's Bureau held two meetings to explore strategies for addressing the problem. These culminated in a model child abuse reporting law, which the Children's Bureau disseminated widely to child welfare organizations and state legislatures (Nelson, 1984). The model state child protection act authorized state departments of social services and/or child protective services to receive suspected child maltreatment reports and authorized the reporting of child maltreatment by any person, while requiring certain professionals who have frequent interactions with children (such as law enforcement and medical professionals) to report suspected maltreatment (Kalichman, 1993).

By 1967, all states and the District of Columbia had enacted mandatory child maltreatment reporting laws, incorporating some or all of the provisions of the Model Act (Nelson, 1984). Federal legislation was enacted in 1974, when Congress passed the Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93–247). CAPTA established the National Center on Child Abuse and Neglect (NCCAN) to provide policy and standard guidelines for handling the reports, and offered limited grants to states to develop child protective services. CAPTA also established requirements for state reporting laws, which states had to meet in order to be eligible for state service grants (Nelson, 1984; Schene, 1998).

Mandatory Reporting Requirements - Mandatory reporting requirements vary from state to state, both in terms of who must report and the types of maltreatment they must report. Only about 18 states require *any individual* who suspects child maltreatment to report.[1] In most states, specific professionals who have frequent

A. J. Sedlak (✉) · M. Evans
Westat, Rockville, MD, USA
e-mail: andreasedlak@westat.com; marneenaevans@westat.com

L. Heaton
Chapin Hall, Chicago, IL, USA
e-mail: lheaton@chapinhall.org

[1] States frequently amend their laws (Child Welfare Information Gateway, 2019a).

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interactions with children are mandated reporters, whereas other professionals and members of the general public are simply encouraged to voluntarily report. The professionals most commonly identified as mandated reporters in state statutes include social workers, school personnel, health care workers, mental health professionals, child care providers, medical examiners and coroners, and law enforcement officers (Child Welfare Information Gateway, 2019a). State laws also mention substance abuse counselors, probation and parole officers, court-appointed special advocates (CASA), domestic violence service providers, members of the clergy, and faculty and staff at institutions of higher learning. Some state statutes also identify public or private agency staff who provide recreational or sports activities, animal protection or control officers, commercial film or photograph processors, and computer and internet providers' installation or repair staff.

States' statutes vary substantially in the degree of detail in their descriptions of the maltreatment that must be reported and in whether they include or exclude a given type of maltreatment from the requirement. An extensive review of states' reporting statutes (Sedlak et al., 2003) considered the number of specific acts mentioned in states' statutes and found that most states provided highly differentiated definitions of sexual abuse and of physical neglect. Less than one-third of states gave a moderately differentiated definition of mandated physical abuse, whereas only one-tenth of states did so for emotional abuse. Only about one-half of states even mentioned emotional neglect or educational neglect, with extremely little differentiation of the acts or omissions defined in these categories.

Recent information on current state statutes indicates the situation is unchanged for educational neglect, with just a slight majority of states' statutes mentioning it at all. Just over one-fourth of states include prenatal exposure to drugs in their definitions of abuse or neglect (Child Welfare Information Gateway, 2019b). Recently, child protective service agencies have increasingly considered a child's exposure to domestic violence to be a form of maltreatment, but states that do mention it vary in their treatment of it, with some states including it in their definition of physical abuse, whereas others consider it to be a form of neglect. However, most states still omit any mention of it (Child Welfare Information Gateway, 2019b).

Recent Federal Legislative Changes The United States Congress enacted three significant pieces of legislation between 2016 and 2018 that now affect trends in child maltreatment reporting. Two of these laws mandate data collection and reporting for two additional special populations of maltreated children (child victims of sex trafficking and infants with prenatal substance exposure, or IPSE). The third law provides a fiscal mechanism to allow states to reorient their child welfare systems toward preventing the removal of children into foster care.

The Justice for Victims of Trafficking Act (2015) amended CAPTA by requiring states to collect and report the number of children who are determined to be victims of sex trafficking. These data first appeared in NCANDS for FFY2018, with 27 states reporting 741 children as victims of sex trafficking (US DHHS, 2020). In the 2019 NCANDS data, 29 states reported 877 children as victims of sex trafficking (US DHHS, 2021).

The Comprehensive Addiction and Recovery Act (CARA) enacted in 2016, contained an amendment to CAPTA requiring states to collect and report the number of infants with prenatal substance exposure (IPSE). States must also monitor and report the number of IPSE with a plan of safe care and IPSE with a referral to services. In the 2019 NCANDS data, 47 states reported over 38,000 children as IPSE (US DHHS, 2021).

The Family First Prevention Services Act (Family First) enacted in February 2018, is one of the most significant pieces of child welfare legislation passed in recent history. It enables child welfare systems to receive federal funding to keep children at-risk of entering foster care

safely in their homes through the receipt of evidence-based services (Public Law 115–123). Prior to Family First, federal financing was disproportionately structured to incentivize removing children experiencing maltreatment from their homes and placing them into unrelated foster care homes and congregate care facilities (i.e., the "back-end" of the child welfare system). The Family First provisions enable child welfare agencies to receive federal funding for prevention-focused family-based services (i.e., the "front end" of the child welfare system) (National Child Traumatic Stress Network Child Welfare Committee and Chapin Hall, 2020). This fiscal change is fundamentally transforming child welfare systems by redirecting the focus of child abuse prevention away from back-end solutions to a coordinated interagency and community-based vision that builds and expands a comprehensive prevention service array in order to reduce child maltreatment by strengthening their families of origin (CSSP, 2018). Reorienting child welfare systems to prevent foster care will change trends in child maltreatment reporting.

Challenges of Studying Mandated Reporting Some cases of child maltreatment never reach CPS because the individual who noticed the situation and suspected maltreatment did not contact CPS to report it. The fact that reporting of child abuse and neglect is mandated by law makes it difficult to study reporting directly. Researchers cannot explicitly ask respondents to describe child abuse cases they have encountered and then ask whether they have reported these specific cases. To do so is to ask respondents whether they have complied with the law. Moreover, present-day human subjects' protection standards would require a researcher to forewarn respondents that they risk acknowledging illegal behavior in answering these questions. With or without this explicit warning, researchers do not expect that respondents would truthfully answer direct questions about whether they reported specific cases they have observed.

As a result, researchers have studied reporting behaviors indirectly. The evidence reviewed in this chapter reflects three main strategies. First, an important source of evidence comes from examining the reports that CPS agencies receive. This research can describe trends in what comes to CPS and how CPS responds. Thus, it can quantify the reports that are screened out as well as the percentage of screened-in cases that receive investigations or other agency responses. However, this approach can describe only those children who come to CPS attention. A second tactic has been to observe the overlap of different data sources—to ask mandated reporters to describe the maltreated children they encounter and then to see whether these children are among the children who received CPS investigations in the jurisdiction during the same timeframe. This approach identifies the maltreated children who *should* come to CPS attention and reveals how many receive a CPS investigation. However, as discussed below, other strategies are needed to understand whether the children who did not receive CPS investigation were not reported or were not screened-in for an investigation. Finally, a third perspective on reporting child abuse and neglect comes from studies that have asked mandated reporters about the factors that generally affect their decisions to report or have asked participants whether they would report the situations described in hypothetical vignettes, varying the vignette situations to see how different factors affect their reporting decisions.

The first two approaches are the methods used in the only studies that provide national-level information on mandated reporters and CPS agency processes: the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Study on Child Abuse and Neglect (NIS). Congress mandated both studies in the CAPTA legislation and both are sponsored by the Children's Bureau in the U.S. Department of Health and Human Services. NCANDS provides data annually on all cases referred to CPS, showing whether CPS screened the referral in for an agency response and, if so, whether the case was investigated or received an alternative

response other than investigation.[2] NIS, which is conducted periodically, represents all children recognized as maltreated by a wide array of community professionals who are generally mandated reporters. NIS determines whether CPS investigated these children by obtaining CPS data independently and comparing the children the professionals identify with those who received CPS investigation. Both NCANDS and NIS reveal trends over time. NCANDS shows year-to-year changes in CPS referrals and responses; NIS shows changes across its periodic cycles in recognized maltreatment and investigation rates.

Referrals to CPS and CPS Responses: Evidence from NCANDS

NCANDS examines only those cases referred to CPS and describes the national patterns of reports, screen-outs, investigations, and alternative responses. It also indicates trends over time both in the number of maltreated children reported and in the sources of reports to CPS. NCANDS cannot determine whether trends over time reflect changes in the occurrence of maltreatment or changes in the behaviors of the reporters to CPS. Established in 1988 by CAPTA, NCANDS has evolved from a system based on aggregate data to one based almost exclusively on case-level data from participating states.

Referrals Some researchers refer to these as "reports," but NCANDS calls them "referrals." Referrals are contacts with CPS concerning the welfare of a child who is suspected to be abused or neglected. Over the 2010–2019 period, referrals to CPS agencies increased from 3.3 million referrals involving 5.9 million children in 2010 to 4.4 million referrals concerning 7.9 million children in 2019 (US DHHS, 2011, 2021). Taking account of the increased size of the U.S. child population over this interval, these statistics reflect a 33.6% rise in the rate at which children are referred to CPS. Over the same period, the percentage of referrals that CPS agencies screened in for an agency response decreased from 60.7% to 54.5%.

CPS Responses to Reports NCANDS reserves the term "report" for those referrals that CPS screens in for an agency response. The response can either be a formal investigation or an alternative, non-investigative response. In an investigation, the agency seeks to determine whether the maltreatment allegations are founded and to assign a disposition. If the allegations are founded (the child has been harmed or is at risk of harm), the agency seeks to reduce risk and protect the child, often through engaging the family in services. If necessary, CPS investigators may petition the court to order the family to participate in services and safety plans or to remove the child from the home into foster care. Agencies that can provide a non-investigative response (called an "alternative response," "family assessment response," or "differential response") generally do so for cases deemed as low to moderate risk. Such non-investigative pathways focus on assessment and on engaging the family in services to improve the child's safety, without determining whether maltreatment occurred, identifying perpetrators, or resorting to court orders to mandate service participation (National Quality Improvement Center on Differential Response in Child Protective Services, 2011; US DHHS, 2021).

NCANDS first provided data on CPS use of alternative responses in *Child Maltreatment 2000* (US DHHS, 2002), when eight states assigned alternative response dispositions for their screened-in reports. Over the subsequent decade, the number of states using an alternative response, differential response, or family assessment track for screened-in reports gradually increased, from 14 states in 2010 (US DHHS, 2011) to 31 states in 2018 (US DHHS, 2021).

However, the use and stage of implementation of alternative/differential response systems varies across states and over time, with year-to-year

[2] Screened-out referrals are only tabulated in the NCANDS Agency File, which does not provide unique records for them. They are not in the Child File at all.

"churn" in some form of DR use. Several states and/or subareas have implemented and then stopped their use of a DR alternative, and some of those subsequently again implemented DR programs. Further, some states do not report their DR cases to NCANDS at all. Some of those states explain that their DR program services are available to families without any allegation of maltreatment; others say it is because certain categories of alleged victims (e.g., sex abuse victims) are not eligible for AR; still others do not report their DR cases because their DR program is available only in a few counties or regions (US DHHS, 2020, 2021).

A recent comprehensive review of the literature on the outcomes of DR relative to the investigation response (IR) identified 20 published studies that met the author's screening criteria, including whether the design used an experimental, quasi-experimental, or comparison group design with rigorous statistical controls (Traish, 2019). The weight of the evidence showed positive or no impact on child safety as measured by re-reports. Eight studies showed that DR increased safety (Fluke et al., 2016; Loman & Siegel, 2015[3]* in their follow-up to the original Ohio study); Loman & Siegel, 2012*, in their follow-up to the original Minnesota study; Lawrence et al., 2011, in North Carolina; Loman et al., 2010a*, Ohio; Loman et al., 2010b, Nevada; Ortiz et al., 2008; Loman & Siegel, 2004*, Minnesota). Seven studies found that DR had no significant effect on child safety or did not compromise safety (Shipe, 2017, Maryland; Fuller et al., 2017, Oregon; Winokur et al., 2015*, Colorado; Murphy et al., 2013*, Ohio; Ruppel et al., 2011*, New York State; Shusterman et al., 2005; Siegel & Loman, 1997, Missouri). Two studies found that DR decreased safety (Fuller et al., 2013*, Illinois; Semanchin Jones, 2013, Minnesota). The remaining three studies found that safety depended on the rate of diversion to DR (Fluke et al., 2018; Piper, 2016, 2017). The variations in outcomes are undoubtedly linked to differences in how DR is implemented in the sites—DR is not a formal model, but more an approach or orientation (Fuller et al., 2017; Shipe, 2017)—as well as to contextual features of the overall CPS systems in the sites, including their populations, definitions, staffing, screening, caseload structures, and policies.

Critics of DR have argued that it endangers children by shifting limited resources to lower risk children and families, reducing the resources available to serve the higher risk cases (Hughes et al., 2013). Of the 20 studies that Traish (2019) identified as using informative methodologies, six analyzed the cost effectiveness of the jurisdictions' DR approaches. Four of these studies found modest cost savings for agencies that implemented DR programs (Winokur et al., 2015; Loman & Siegel, 2004; Murphy et al., 2013; Fuller et al., 2013). In all cases, the overall savings stemmed from the fact that the DR cases had substantially lower follow up costs, although their initial costs were higher than those of the IR cases. The DR sites had higher costs overall in the remaining two studies. The authors of the Ohio study (Loman et al., 2010a) found that the reduced follow up costs for the DR cases were not sufficient to overcome their higher initial costs relative to the IR cases. In Oregon, the higher costs for DR cases did not translate into improved safety outcomes (Fuller et al., 2017).

The authors of 10 studies that met Traish's screening criteria conducted interviews, focus groups, or surveys that allowed comparing families' responses to the agencies' DR and IR interventions. Nine of these (Fuller et al., 2013; Loman & Siegel, 2004, 2012, 2015; Loman et al., 2010a; Murphy et al., 2013; Ruppel et al., 2011; Siegel & Loman, 1997; Winokur et al., 2015) documented significantly more positive responses on measures such as satisfaction with treatment, with the services received, with ease of contacting the caseworker, and with feeling included in decisions. Some have voiced concern that caseworkers may approach IR families with a more punitive or adversarial attitude when the agency distinguishes them from families assigned for DR (Dumbrill, 2006). In this connection, one

[3] Used random assignment and a true experimental design

study (Fuller et al., 2017) has reported that IR families in districts with DR expressed significantly more fear, confusion, and anger than IR families in other districts.

In general, DR caseworkers were satisfied with the flexibility and enhanced services the DR system afforded them. Expressions of dissatisfaction appeared to depend on agency staffing patterns that increased their workloads (Traish, 2019).

Sources of CPS Reports Professional sources are responsible for the majority of reports, 68.6% in 2019, up from 58.6% in 2010. The greatest professional contributors have consistently been education, law enforcement, and social services. Between 2010 and 2019, the proportion of reports submitted by educational professionals increased from 16.4% to 21% and those submitted by legal and law enforcement increased from 16.7% to 19.1%. The relative contribution of social services decreased slightly over this period (from 11.5% to 10.3%, whereas referrals from medical sources, which rank third among professional reporters, increased from 8.2% to 11%).

Children Receiving a CPS Response In 2019, 3.5 million children (47.2 children per 1000) received a CPS response of some type (including an alternative response), up from three million children (40.3 per 1000) in 2010. States' explanations for the increase included legislative changes in maltreatment definitions and mandatory reporting processes, their implementation of new intake procedures (e.g., hotlines or call centers), and focused efforts to reduce case backlogs or complete investigations and assessments in a more timely manner (US DHHS, 2020, 2021).

Dispositions Since 2013, NCANDS has provided child-level disposition data only, discontinuing its earlier tabulations of report dispositions. The majority of children who receive a CPS response are *unsubstantiated*, which means that the agency's investigation determined there was insufficient evidence to conclude or suspect maltreatment under state law. Between 2010 and 2019, the percentage of unsubstantiated children decreased slightly from 58.2% to 56.5%. In 2019, 16.7% of children who received an agency response were *substantiated*, meaning that the allegation of maltreatment or risk was supported or founded according to state law or policy. This reflects a decrease since 2010, when 19.5% of children received a substantiated disposition. Only a handful of states (6 states in 2010 and 7 states in 2019) assign a disposition of *indicated* to signify that, although the evidence is not sufficient to substantiate maltreatment or risk, there is reason to suspect that the allegation is true. The percentage of children assigned this disposition over the 2010–2019 period declined slightly from 1% to <1%. In line with the gradual increase in the number of states offering an alternative response (noted above), the percentage of children receiving an *alternative response* disposition has risen as well: from 9.2% of reports in 2010 to 13.8% in 2019. Over the years that states have offered an alternative response, most have classified all children they assign to this response as alternative response nonvictims, although a few have identified alternative response victims.

Beginning with the 2015 data (US DHHS, 2017), NCANDS reports combined all children who received an alternative response into a single disposition category, comprising 14% of children with any agency disposition. As also noted below, prior to 2018, NCANDS victimization statistics included alternative response victims together with children whose maltreatment was substantiated or indicated. As of 2018, NCANDS victimization data excludes alternative response victims. States that conduct investigations for all children in a household when any child is alleged to be maltreated will assign a disposition of "no alleged maltreatment" to non-subjects of the investigation who are not found to be maltreated. The percentage of children with this disposition increased slightly over the 2010–2019 period, from 9.1% to 10.6%. Few children receive other dispositions (such as intentionally false, closed without a finding, missing). Taken together, these comprised 3.1% and 2.3% of children who

received a CPS response in 2010 and 2019, respectively.

Victimization Rates Considering all dispositions that indicate victimization (substantiated, indicated, and alternative response victim), NCANDS statistics over the last several decades indicate decreasing rates of child maltreatment overall and of each of the three main categories of maltreatment, as Fig. 1.1 illustrates.[4]

During the past nearly three decades, the overall rate of maltreatment was at its highest in 1992, with 153 victims per 10,000. Over the intervening years, it declined 42% to its most recent level of 89 victims per 10,000 in 2019 (US DHHS, 2006, 2010a, b, 2011, 2012; Finkelhor et al., 2021). Note that most of the decline occurred before 2008, with very little change evident in the past decade.

Figure 1.1 also shows that the component categories of physical abuse and sexual abuse also declined over the extended period. The rate of physical abuse declined 56% from an all-time high of 36.5 children per 10,000 in 1992 ($\times 2 = 73$ in Fig. 1.1 graph) to 16.1 children per 10,000 in 2019 ($\times 2 = 32$ in Fig. 1.1 graph). Sexual abuse was at its highest rate in 1990, when CPS substantiated or indicated 22.9 children per 10,000 as sexually abused and just slightly lower in 1992 at 22.7 children per 10,000 ($\times 3 = 68$ in Fig. 1.1 graph). By 2019, the sexual abuse rate had declined 62% to a rate of 8.5 children per 10,000 ($\times 3 = 26$ in Fig. 1.1 graph). Neglect, the most prevalent category of maltreatment, showed a much smaller decline of 13% over the long-term, from 83.4 to 72.3 children in 10,000 between 1992 and 2019.

Note, however, that the majority of these declines occurred between 1992 and 2008. During the most recent decade, the rates of maltreatment have shown much smaller declines. The basic 2019 rate of sexual abuse is 4.5% lower than the 2009 rate; the physical abuse rate is 2.6% lower than its 2009 level; and the rate of neglect declined by 3.7% during that period.

Why the dramatic downturn during the 1990s and early years of this century? Child maltreatment is just one component of a widespread decrease in violence of all kinds during that period (Finkelhor & Jones, 2006). Also paralleling the NCANDS trends, changes in the rates of other forms of violence during the most recent decade have been much less dramatic. National Crime Victimization Survey data reveal that violence of all kinds against all ages of victims declined 64% between 1993 and 2005, but just 15% from 2007 to 2018 (Morgan & Oudekerk, 2019). Finkelhor (2008) cited the breadth and variety of the declines through the earlier period, discussing a number of factors that have been suggested in explanation. Specifically relevant to the child maltreatment declines are the rising economic prosperity during the timeframe, changes in social norms regarding child care and child safety, improved public awareness of the various forms of child victimization, the introduction of several new classes of medications to address depression, anxiety, and related mental health issues, as well as increases in the number of law enforcement staff and child protection workers, more aggressive prosecution and

[4] In this graph, a victim is defined as a child whose disposition was substantiated, indicated, or alternative response victim. The overall maltreatment lines depict NCANDS changing measures over the years. Most victims (96% in 2019) have substantiated maltreatment (US DHHS 2020). The duplicated counts include children as many times as they were the subject of a report over the year. The unique counts include a child just once regardless of the number of reports that included them. In 2018, NCANDS excluded alternative response victims from its victimization tabulation, giving the adjusted data for several retrospective years, as graphed. The rates given here for the component categories through 2008, are duplicated rates. The unduplicated rates, which count each child victim just once, are available in NCANDS publications for 2005 and later (US DHHS 2010b, 2011, 2012). Beginning in 2018, NCANDS report introduced another modification, providing a category of multiple maltreatment and redefining the component maltreatment categories to include only children who experienced that single form of maltreatment. For definitional consistency, Fig. 1.1 does not use the NCANDS 2018 and 2019 data for the component categories. We are indebted to Finkelhor et al. (2020, 2021) for sharing special tabulations that they obtained from NCANDS to complete the 2018–2019 entries using the earlier definitions (i.e., including all children who experienced any component maltreatment regardless of other maltreatment events).