

Keepers of the Plan

Child abuse and neglect are like dancing with a bear.¹ The trouble is, we've been doing far too much sitting down. The bear takes over and then we're surprised at how bad things have gotten. Too little has been done at the federal and state levels to get a grip on this bear and to make it follow our lead.

Why are conditions so bad? What keeps us from protecting the most vulnerable among us? Blair Sadler, president and CEO of Children's Hospital and Health Center of San Diego, applauded the excellent studies on child abuse conducted in recent years, but observed that "they have not served as an effective catalyst to galvanize a nationally coordinated action agenda."² What he terms a *national call to action* was the purpose of a compendium of articles in a special issue of the international journal *Child Abuse and Neglect*.³ Sadler described the situation then as it might still be described today: "The field of child abuse remains fragmented, disjointed, and largely ineffective at the national level."⁴ This is certainly not from an absence of effort on the part of extraordinary people whose work lives and volunteer hours have been devoted to the advancement of child protection in the United States and throughout the world. Yet, the issue receives sporadic attention by governments around the world and continues to be the stuff of frustrating conversations among those closest to the child abuse and neglect issue.

In this chapter, we examine the definitions of child abuse and neglect and look at a potentially unifying view, what types need immediate focus, why it continues (resistance, poverty, fear), and what issues need to be addressed immediately. The goal is not simplistic solutions, because they are destined to fail. The challenge is too great. But we can't throw

up our hands and simply say that no one can get their arms around this issue and thus our only hope is to make small inroads. We need a sustained effort with a number of approaches.

This is a huge goal if the past is any indication of the future. As Bob Herbert of the *New York Times* reminded us, “every few months some horrifying child abuse case elbows its way onto the front pages, and there is a general outcry.” But then, silence. “And then the story subsides,” Herbert wrote, “and we behave as if this murderous abuse of helpless children trapped in the torture chambers of their own homes has somehow subsided with it. But child abuse is a hideous, widespread and chronic problem across the country. And despite the sensational cases that periodically grab the headlines, it doesn’t get nearly enough attention.”⁵

Kathleen’s work in preventive medicine has largely involved the use of persuasion protocols to change health habits; therefore, we’re inclined to look at child abuse and neglect as an issue in need of a message that galvanizes people to action—especially those with the power to make change. Over the past several decades, this has proven an extremely tall order and is unlikely to be achieved with a single book, but it is certainly part of the reason for writing one. What’s needed desperately is a message that gets through to all people who care about children at risk, about the extent to which we’ve tuned out their voices and the many ways in which each of us can help protect the most vulnerable among us. To do this, we need to explore what stands in the way—why abused and neglected children are abused and neglected again by people meant to care for them and who could change their lives for the better. We need to explore what has been done well and what needs to be done better and give everyone who cares about children the opportunity to participate. We could argue about who is the best expert, and there would be many candidates, but our time is best used allowing such experts to continue their excellent work and using their expertise to get the horror of child abuse and neglect the attention it so richly deserves.

To this end the authors have collaborated with First Star.

First Star’s Vision

First Star envisions a future in which all of America’s abused and neglected children have a right to be heard and protected by the systems and laws entrusted with their care, and in which these systems are transparent and accountable and receive the resources necessary to ensure positive outcomes for the children they serve.

First Star engages in reform that is systemically focused, synergistic, collaborative, entrepreneurial, bold, non-partisan, and expert-driven.

First Star's Mission

First Star's mission is to strengthen the rights and improve the lives of America's abused and neglected children by illuminating the child welfare system's worst failures and igniting reform to correct them.

First Star fulfills its mission through an integrated approach that combines research, public awareness, advocacy, and policy reform.

This book presents the messages of child abuse experts and practitioners affiliated with First Star, as well as many affiliated with other key organizations devoted to improving protection for children at risk. This book uses an accessible format, one intended to break through—to galvanize a nationally coordinated agenda and make the difference. Blair Sadler has steadfastly argued that changes must be made if children at risk are to be protected and cherished. It is through First Star's work that the authors came to this subject and with First Star's encouragement and help that this book was written.

First Star is clear in its mission statement, as we are in this book, that the issue of child abuse and neglect requires a team effort to derive excellent, workable solutions from people of all political affiliations. Children belong to no political party. As we discuss in Chapter 8 regarding the politics of child abuse, we must come together to find ways to better serve these children. This of course is the main reason for writing this book, followed by making understanding of the issue accessible to those who can make a difference. To do so sometimes requires extrapolating from the findings of science and social science. We do that with great care and with an eye toward balance in presenting prevalent views.

Organizations Devoted to Helping Children at Risk

- Alliance for Children and Families** www.alliance1.org
American Bar Association Center on Children and the Law www.abanet.org/child
American Professional Society on the Abuse of Children www.apsac.org
American Public Human Services Association www.aphasa.org
Chadwick Center for Children and Families www.chadwickcenter.org
Chapin Hall Center for Children www.chapinhall.org
Child Abuse Prevention Network www.child-abuse.com
Childhelp www.childhelp.org
Child Relief and You www.cry.org
Children Now www.childrennow.org
Children's Advocacy Institute www.caichildlaw.org
Children's Defense Fund www.cdf.org
The Children's Partnership www.childrenspartnership.org
Children's Rights Council www.gocrc.com
Children's Rights Division of Human Rights Watch www.hrw.org/children
Child Welfare League of America www.cwla.org
Defense for Children International www.dci-is.org
Every Child Matters www.everychildmatters.org
First Star www.firststar.org
International Bureau for Children's Rights www.ibcr.org
Kempe Children's Center www.kempecenter.org
National Association of Counsel for Children www.naccchildlaw.org
National Center for Youth Law www.youthlaw.org
National Center on Child Fatality Review www.ican-ncfr.org
National Children's Advocacy Center www.nationalcac.org
National Child's Rights Alliance www.youthrights.net
National Citizen's Review Panels www.uky.edu/SocialWork/crp
National Foster Parent Association www.nfpainc.org
National MCH Center for Death Review www.childdeathreview.org
Prevent Child Abuse America www.preventchildabuse.org
Robert F. Kennedy Memorial Center for Human Rights www.rfkmemorial.org
Save the Children www.childrennow.org
United Nations Children's Fund (UNICEF) www.unicef.org
Voices for America's Children www.voices.org

To achieve the objectives of First Star and other organizations devoted to protecting children at risk for abuse and neglect, we need what Dr. David Chadwick, director emeritus of the Center for Child Protection at Children's Hospital San Diego, called *keepers of the plan*. These are people who don't give up as unrelenting advocates for children. He argued that we may need another century to adequately wage and win the child abuse and neglect fight—a bottom-up rather than top-down insistence that violence against children end—as no president or prime minister, king or dictator has ever called for a shunning of violence. He explained the need for sustained, long-term focus:

To be effective, we require keepers of a plan who will devote many decades of their lives to the effort. The keepers will keep the message alive. It will take sweat and tears. These keepers must recruit successors with similar dedication. Who, among you, are the keepers? Who will be willing to step forward and work tirelessly to keep the message alive?⁶

In this book you meet a number of keepers of the plan, those famous and those toiling away behind the scenes to benefit children who suffer daily at the hands of people they should be able to trust. These people don't seek recognition, but they receive it here because their work is what protects children from unspeakable terror. Theirs are the voices, the helping hands, and the protective arms that reach out and make a difference in the lives of suffering children who desperately need our help.

We also explore programs that have worked and those that have not—and benefit by learning from both. Any effort on behalf of children at risk for abuse and neglect with good intentions is of value. Solutions in this struggle do not derive from exact science, but from successful and even failed efforts by people driven by good intentions.

What Is Abuse and Neglect?

Chadwick argued that part of escalating attention and finding solutions involves defining child abuse and neglect in ways that have credibility.⁷ We need good and consistent definitions and good and consistent remedies. We need to move beyond a divergence of views about what needs to be done. We must stop allowing confusion between significant abuse and a loving parent becoming frightened and lightly slapping a child who ran into a busy street. The latter is not best practice, but lumping it in with

the horrors abused children face daily threatens to diminish the credibility of those who endeavor to save children from the worst practices in child rearing and abusiveness. It generates debates that hold up progress and play on fears of parents who think, “One mistake and I may lose custody of my child.”

Peter Samuelson, co-founder of First Star, explained the distinction in this way:

At First Star, we have our hands full living in an altogether darker and more awful place than the gray area where a loving and good parent disciplines their child for running into the road. At the Grossman Burn Institute, I was shown a photograph of an 8-year-old girl who’d been deliberately burned by her parent with cigarettes. She had over 100 burns all over her body. If ever we have finished helping these kids whose lives are being totally blighted by fear, violence, molestation and neglect, then we’ll look at some of the gray areas. I look forward to that day. But right now we are helping kids escape total blackness of heart, of spirit, of destiny. No sane human being could ever defend the wrongs against children that First Star is addressing.⁸

This book, then, isn’t about children who experience what would be considered questionable parental practices—a rare rap to the hand, for example, by a parent who is tired or overwrought. Darker gray areas might include spanking a child who is rude or physically aggressive. Here again, we would argue that these do not fall into the category of best practices for parental discipline. Child psychologists focus on that area and provide alternatives forms. It is not our primary focus, because the goal of this book is to help children whose future development—and lives—are in danger, children who suffer intensely or regularly from abuse and neglect.

Let’s be quite clear here. It is not that the authors of this book, experts, and First Star don’t care about gray area parental practices (especially those further along the continuum toward abuse), but rather that the conditions of child abuse and neglect are so serious and so extensive that focus must first and foremost be targeted squarely on preventing discipline practices and harm that can truly ruin children’s lives. At the same time, we need to look into when prevention efforts must be undertaken to ensure that less egregious types of child maltreatment are not overlooked and thus allowed to escalate into more perilous forms. We

need to keep our priorities straight when it comes to defining abuse and neglect or the credibility to which Dr. Chadwick referred will not be achieved and people who must listen will not. We must bear in mind that whether physical punishment should ever be inflicted on a child is a very important issue for child development experts and that there is wonderful research in that area. But we endeavor here to separate, as clearly as possible, mild to moderately questionable parental discipline practices from abuse and neglect—the kind all people who care about children, whether Republican, Democrat, Libertarian, Green, Independent, or otherwise, can agree must stop now.

We need to first deal with the most awful dereliction of the duty that is owed to every child.

Clarity of focus in this book and for *First Star* is also important because of the undercurrent of fear among some parents that because they are not perfect someone may come and take their child away, that their moment outside the area of best practice as a parent will cost them dearly in this regard. We are fully aware of the difficulties faced by people who endeavor to raise children under less than ideal circumstances and will review many of those circumstances. This is not a book by or for those who are oblivious to the plight of people who face stress in their lives. Most people under financial, social, and emotional stress also care deeply about children; they want to ensure that they do not move along the continuum from constructive child discipline to abusive forms. More support is needed for prevention programs to aid such persons when they find help necessary.

From Good Practices to Abuse and Neglect

The continuum that follows depicts the range of child disciplinary practices from constructive to clearly abusive. As mentioned, even good parents and caregivers can move into the gray area. Unless they slip further along the continuum when they do so, their parenting may not be ideal but neither is it abusive. *First Star* encourages all those who work with children to provide constructive guidance and discipline and to focus their efforts on reducing the numbers of children subjected to abuse.

As difficult as it is, we do need to put issues in context. We need to look at how well we're meeting children's needs. We can't stop child

Child Discipline Continuum

Constructive ←-----→ Abusive

abuse, but we can do more for children in foster care. We can certainly reduce child abuse and neglect and do more for children who have suffered. We also need to address the problem of children who reach 18 and age out of foster care. Would a good parent force a child out of the house, especially one with significant special needs, just because that child reaches a certain age? Such teenagers have nowhere to come home to. More than 40% of children who age out report being homeless at some point after leaving foster care.⁹ Isn't this a kind of neglect? We do need to remove children from harmful and potentially harmful situations, but we need to be very careful in determining what those situations are and whether prevention and intervention measures will work. We need to be sure not only that we focus our attention on protecting children from harm, but also that we don't then fail them in other significant ways.

Clarice Walker, former commissioner of social services for the District of Columbia and emeritus professor at Howard University, proposed that considerable caution is required when removing children from their homes. But, she added, "we must ask the question whether there are times when a parent can't take care of a child. And there are." As she told me, "we have to err on the side of safety." Walker proposed one temporary though imperfect solution in which the conditions of an at-risk child are monitored by a responsible, observant relative (kinship care), at least until adequate observation by the child welfare system is possible. This is certainly better than one visit by a social worker to substantiate abuse after which follow-up is delayed or inadequate. "You can't expect the system to have all the answers," Walker said, "but the child needs to be protected until we have the answers we need."¹⁰

As will become evident in the chapters that follow, there is no one solution to child abuse and neglect because there is no single category into which all cases neatly fit. Clarice Walker cited four primary reasons for continued abuse.

The first reason is poverty. When people are unable to manage their own private issues, they become the subjects of public intervention.

Also, homelessness has become the reality for many families. “Lack of housing and housing opportunities separates families. There are huge waiting lists for adequate housing, which causes stress and causes some people to give up,” Walker explained. And housing people during the day at shelters and after school facilities but having them leave at night is not a solution. It’s erratic and doesn’t promote the kind of privacy Walker believes people need to deal with problems. “Substantial numbers of children come into the system from families experiencing inadequate resources.”

The second reason is substance abuse. Here again is a problem that creates cycles of abuse. Children raised around drugs are likely to be negatively affected by that environment both physically and emotionally. They pass these issues onto their own children, often in the same form.

The third reason is mental illness of those caring for children. Walker pointed to the 2005 case of a woman who threw her three young children off a bridge.

The fourth reason is severe disabilities of children beyond the management abilities and resources of families.

Many adults who abuse and neglect children do so because they have lost the ability to manage their own lives, let alone care for children. Those children then abuse their children and the cycle continues. To save one child from abuse now is to probably save dozens or more down the line as well.

Preventing a cycle of abuse and neglect requires a strong federal role in determining what needs to be done, Walker suggested, but “management of programs must be left to the states.” To this Peter Samuelson added that we must ask, as would senior executives at FedEx: Why are money and programs reaching some states and counties faster than others? Business success depends on asking this kind of question; so, too, does the safety of children at risk:

The Federal Express people sit every Monday morning in Memphis and ask why last week’s stats show it took longer to deliver an envelope in Cleveland than in Cincinnati. But a states’ rights orientation in the U.S. with regard to child protection has resulted in 2,200 individual jurisdictions determining how to deal with child abuse and neglect. They tend not to talk to each other as they keep their bureaucracy conveniently secret. The kids can’t sue for damages (courtesy of the

DeShaney ruling) and they don't vote or lobby. The children's' opinions and their pain are often not heard, and in our system if you aren't heard you don't count. This balkanized 2,200 sets of rules is absurdly inefficient: right there you see a big reason why our stats compare so badly with so many other First World nations. They have central coordination: when they get it right, it gets right everywhere. We instead have pockets of best practice totally ignored by the black hole of inept procedure down the road. If Federal Express can learn the lessons of locality A to help determine best practice in locality B, is it really too much to ask that we treat the kids as well as the boxes?¹¹

As will become evident, laws and how they are implemented from state to state vary significantly. This is part of the unevenness of attention that children at risk suffer. Even definitions of the best interests of the child vary widely. How well a child at risk is protected depends, to a large extent, on the state in which he or she resides. This is why we need to look seriously at more consistency across states. This is likely to be provided only if the federal government steps up and takes the lead, perhaps later returning greater prerogatives to states with demonstrated readiness to take them on. We'll look more closely at the debate over this and some possible solutions in the course of this book.

Efforts at Defining Abuse and Neglect

Having looked at some of the complexities involved in defining child abuse, let's start with some working definitions. Child abuse and neglect is defined, according to the Child Abuse Prevention and Treatment Act (CAPTA), at a minimum as

- any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or
- an act or failure to act, which presents an imminent risk of serious harm.

CAPTA defines child sexual abuse as

- the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct.

- the rape, and in cases of caretaker or familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.¹²

Elaboration on Child Maltreatment

The definition of child maltreatment varies from state to state. All states but one define the four major categories of maltreatment that are specifically discussed in CAPTA: neglect, physical abuse, sexual abuse, and emotional abuse. Many states also include other types of maltreatment such as abandonment, medical neglect, lack of supervision, and risk of harm.

First Star defines child maltreatment to include physical abuse, sexual abuse, emotional abuse, physical neglect, educational neglect, and emotional neglect. A child subjected to abuse, neglect, or withheld medical treatment is maltreated regardless of an absence of intent to harm.

For many years, child welfare professionals and researchers have discussed the benefits of clear and consistent definitions of child abuse and neglect. It is widely agreed that consistent definitions will greatly improve the effectiveness of reporting systems, research, and policy planning and hence the services provided to children. With this in mind, First Star offers the following working definitions of the various types of abuse and neglect:

- Physical abuse includes but is not limited to inflicting or attempting to inflict harm on a child's person by hitting, kicking, burning, choking, suffocating, dropping, throwing, shaking, or holding the child under water. It is not necessary for the abuser to intend to cause the child pain or injury for the child to be physically abused. Bruising, bleeding (internally or externally), scarring, or other manifestations of abuse need not appear for the child to have been physically abused.

- Sexual abuse includes but is not limited to "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."¹³ Sexual conduct includes but is not limited to inappropriate touching of the breasts, buttocks, penis, or vagina with any body part (including oral contact), inappropriate kissing, sexually explicit talk, and intercourse. It

is not necessary for the abuser to use force in the commission of the acts for the child to be sexually abused.

- Emotional abuse includes but is not limited to psychological, verbal, and mental abuse, and may involve extreme forms of punishment (including periods of isolation, force-feeding, or making the child perform acts of violence on animals or other people), berating, belittling, shaming, or such acts that cause or are known to cause mental, emotional, cognitive or behavioral disorders. It is not necessary for the abuser to intend to cause the child emotional harm, or for the child to manifest symptoms of emotional abuse for the child to be or have been emotionally abused.

- Neglect includes but is not limited to basic failure to provide for the child. First Star recognizes that any assessment of neglect must recognize the effects of poverty on a caregiver's ability to provide the child's basic necessities.

- Physical neglect includes but is not limited to failure or refusal to prevent the child from ingesting harmful substances (including medication, alcohol, drugs, pesticides, and cleaners), desertion, abandonment, insufficient monitoring and supervision, failure or refusal to seek or provide health care, or withholding medically indicated treatment where, in the qualified medical judgment of the child's treating health care provider or providers, such treatment would effectively improve the child's condition.

- Educational neglect includes but is not limited to failure or refusal to enroll a school-aged child in school or to otherwise provide a substantial and appropriate education, failure or refusal to ensure the child's classroom attendance, and failure to follow the child's educational progress to ensure that special needs (including alternative education to address learning difficulties) are met.

- Emotional neglect includes but is not limited to failure or refusal to provide the child with regular nurturing and affection, failure or refusal to keep the child from witnessing potentially traumatic events within the home (including domestic violence or sexually explicit conduct), and failure or refusal to address the child's psychological needs (including services and health care). It is not necessary for the caregiver to believe that his or her action or inaction constitutes neglect for the child to be neglected.¹⁴

The issue of intentionality is critical in the determination of abuse. First Star stipulates that the intention to harm a child is not required for abuse to be present. The definition just given specifies that intentionality need not necessarily be present, but courts in some states

require intentionality. The difficulty, of course, is that intention to harm a child is deniable. Who really knows what is going on in the mind of a person who harms a child? If the child is severely or repeatedly abused in one of the many ways described, most advocates for children (and anyone who cares about children) believe that the question of intention is far less relevant than the safety of the child in determining protective action.

Despite these definitions and other efforts to establish clarity as to what constitutes child abuse and neglect, Jill Elaine Hasday's work on *The Canon of Family Law* indicates that in many states parents retain the right to physically discipline their children even in ways that might be considered in the gray area of the aforementioned continuum. Hasday explained that though courts do now stress the best interests of the child,

The law of parenthood has changed over time, and the emergence, since the middle of the nineteenth century, of child custody cases purporting to apply a "best interests of the child" standard is a significant development. But the canonical story of the demise of common law property norms importantly misdescribes family law and its governing principles. It overstates the changes that have occurred in family law over time. Here too, there is substantial evidence within family law to support an excluded counter-narrative: the story of the persistence of common law property norms in the law of parenthood. Parents retain substantial elements of many of their common law rights, even where those rights potentially conflict with their children's interests.¹⁵

With specific regard to corporal punishment parental rights, Hasday wrote:

Let's turn to the law of corporal punishment, where parents also retain essential elements of their common law rights. At common law, a parent had the right to physically chastise his child. Courts and legal commentators endorsed physical chastisement as a way of securing a child's obedience to his parent's authority, and never required a parent to establish that the chastisement was in the child's best interests. The exact scope of a parent's common law right of correction varied modestly over time, but it was always wide-ranging. By the end of the nineteenth century, a majority of common law courts held that a parent could inflict reasonable or moderate correction on his child, and rarely convicted a parent for exceeding the bounds of reasonableness or moderation. Today, every state still recognizes a parent's authority to impose corporal punishment on his child. At least thirty states and the District of Columbia, for instance, have codified a parent's right to inflict "reasonable" corporal punishment. At least thirteen states have codified a parent's right to impose corporal punishment in slightly different terms.¹⁶

To these important observations of how slow the progress has been in developing laws that truly protect children at risk, Peter Samuelson added this observation:

When the Founding Fathers framed the Constitution, they deliberately did not give civil rights to three groups: women, people of color and anyone who hadn't reached their 18th birthday. We've had Suffrage, Emancipation and some progress has been made. For children, the great collective myopia has kept things pretty much status quo for two hundred years: The situation of abused children at law is not far from that of slaves before Emancipation. Remember, when Nat Turner led the first great slave revolt, the law had to be changed to make him responsible so that they could hang him. Kids are still in the legal limbo of that non-person status. They are generally chattel and treated as such. Kids don't vote, they can't sue the government for damages (per *DeShaney vs. Winnebago County*), they don't send money to Washington nor to their State capital, and most of what happens to abused and neglected kids is kept secret, even when they are killed. So why will anything ever change? Somebody had better start getting angry about this: it is a disgrace for the richest nation in the world to so squander its human capital.¹⁷

The question of what reasonable corporal punishment is naturally arises. This definition still varies by state.

Hasday concluded that "the canonical story of the demise of common law property norms significantly misrepresents much of family law and its animating principles. Parents have retained (or sometimes expanded upon) important aspects of many of their common law rights, even when those rights are potentially inconsistent with their children's interests."¹⁸ Simply put, what we have come to believe as generally true in family law is indeed not the case. Especially in some states, corporal punishment of children is still entirely legal. So where in the United States a child lives influences the extent to which he or she can legally experience what many experts would consider child abuse or neglect.

Damage Beyond the Visible

If there is one reason for outrage beyond the obvious physical and emotional harm to children who are victims of abuse, it is the long-term effects on the child, the child's children, and therefore society. Research is clear now on the enduring negative effects of abuse and neglect on a child's brain development

and function. This story, recounted by Martin Teicher in *Scientific American*, demonstrates the horrors behind the obvious in child abuse:

In 1994, Boston police were shocked to discover a malnourished four-year-old locked away in a filthy Roxbury apartment, where he lived in dreadfully squalid conditions. Worse, the boy's tiny hands were found to have been horrendously burned. It emerged that his drug-abusing mother had held the child's hands under a steaming-hot faucet to punish him for eating her boyfriend's food, despite her instructions not to do so. The ailing youngster had been given no medical care at all. The disturbing story quickly made national headlines. Later placed in foster care, the boy received skin grafts to help his scarred hands regain their function. But even though the victim's physical wounds were treated, recent research findings indicate that any injuries inflicted to his developing mind may never truly heal.¹⁹

Research such as that of Teicher and his colleagues at Harvard Medical School and McLean Hospital in Belmont, Massachusetts, reveals a strong link between physical, sexual, and emotional mistreatment of children and the development of psychiatric problems:

Because childhood abuse occurs during the critical formative time when the brain is being physically sculpted by experience, the impact of severe stress can leave an indelible imprint on its structure and function. Such abuse, it seems, induces a cascade of molecular and neurobiological effects that irreversibly alter neural development.²⁰

Teicher explained that the aftermath of child abuse can manifest itself at any age and in a variety of ways. It can appear as depression, anxiety, suicidal thoughts, or posttraumatic stress. Aggression, impulsiveness, delinquency, hyperactivity, and substance abuse are also possible. One of the worst outcomes psychologically is borderline personality disorder, which Teicher described as seeing others in black and white terms, sometimes putting a person on a pedestal then vilifying that person for a perceived slight or betrayal. Those afflicted can also have volcanic outbursts of anger and transient episodes of paranoia or psychosis. They typically have a history of intense, unstable relationships. They feel empty or unsure of their identity, and often try to escape through substance abuse, and experience self-destructive or suicidal impulses.

Research by Seth Pollak of the University of Wisconsin found that failure to receive typical care as a child can disrupt normal development

of the child's hormonal systems. This in turn affects their relationships with caregivers. A research control group of 18 four-year-old children raised in orphanages showed lower levels of vasopressin in their urine. Researchers believe that this hormone is necessary for recognizing and responding to familiar others. During an experiment, the children sat on the laps of their birth mother or adoptive mother or an unfamiliar woman to play a computer game. The game directed the children to have various types of physical, playful contact with the adult, such as whispering or tickling each other or patting each other on the head. This type of activity should raise the level of oxytocin, but in the orphanage-raised children this did not occur to the extent that it did in family-raised children. This research suggests that the invisible effects occur not only because of the abuse but also because of the type of protective setting to which many children are moved. Dr. Pollak cautioned, however, that this does not necessarily mean that the children are permanently delayed, but it does open a window of understanding to the biological basis for what happens to children after abuse and could help with treatment design.²¹

The Chadwick Center conducted an extensive investigation into trauma, including that experienced by children who suffer abuse and neglect. The division of trauma into two types is helpful here as it indicates the extent to which single event trauma and repeated trauma elicits disorders and personality changes.

Lenore Terr suggested two types of trauma. Type I trauma includes trauma reactions as a result of an unanticipated single event, whereas Type II trauma includes trauma reactions as a result of long-term or repeated exposure to extreme external events. Reactions to these types of traumas can be quite different. Type I trauma, or single event trauma, can evoke reactions typical of posttraumatic stress disorder such as re-experiencing the trauma, avoidant behavior, and hyper-arousal. In contrast, children exposed to long-term trauma (Type II) frequently experience fundamental personality changes. These changes are often associated with long-term coping mechanisms such as denial, repression, dissociation, and identification with the aggressor in order to "survive" the ongoing traumatic experiences. In the context of trauma, this reaction is adaptive. However, in the long-term, these methods of coping create maladaptive changes in character and personality.²²

Among the responses to trauma reported by the Complex Trauma Taskforce in 2003, the Chadwick report includes the following:

- attachment
- boundary problems
- social isolation

- difficulty trusting others
- interpersonal difficulty
- sensorimotor developmental problems
- hypersensitivity to physical contact
- somatization
- increased medical problems
- problems with coordination and balance affect regulation
- problems with emotional regulation
- difficulty describing emotions and internal experiences
- difficulty knowing and describing internal states
- problems with communicating needs
- poor behavioral control
- poor impulse control
- self-destructive behavior
- aggressive behavior
- oppositional behavior
- excessive compliance
- sleep disturbance
- eating disorders
- substance abuse
- reenactment of traumatic past
- pathological self-soothing practices
- difficulty paying attention
- lack of sustained curiosity
- problems processing information
- problems focusing on and completing tasks
- difficulty planning and anticipating
- learning difficulties
- problems with language development and self-concept
- lack of continuous and predictable sense of self
- poor sense of separateness
- disturbance of body image
- low self-esteem
- shame and guilt²³

The report further explains that “a child’s ability to attach and appropriately interact with others influences how they engage in therapy and in other areas of their life. For child trauma and maltreatment victims, attachment patterns are often disrupted because of the traumatic experience or poor relationships associated with the trauma. . . . These attachment patterns have a devastating and long-term effect on subsequent relationships.”²⁴

In 2008, First Star released the statistics sheet shown in Figure 1.1 that summarizes the damage caused to children by current United States policies. Surely we can do better.



Why First Star?

How does the United States fare in its treatment of children?

Global ranking of the U.S. based on gross domestic product: #1ⁱ
 Ranking of the U.S. among developed nations based on overall child well-being: 20th out of 21ⁱⁱ
 Ranking of the U.S. among developed nations based on rate of child deaths from abuse and neglect: 25th out of 27ⁱⁱⁱ

How many children are abused and neglected in the U.S.?

6,000,000 children were referred to Child Protective Services (CPS)^{iv}
 3,600,000 children were investigated for maltreatment by CPS^v
 905,000 children were determined to be victims of abuse or neglect^{vi}

What type of maltreatment did these children suffer?

64% were victims of neglect^{vii}
 16% were victims of physical abuse^{viii}
 9% were victims of sexual abuse^{ix}

Which children are at greatest risk for abuse or neglect?

Children under the age of one were 50% more likely to be victims of abuse and neglect^x
 Children with a reported disability were 52% more likely to experience repeated incidents of abuse or neglect^{xi}

How many children in the U.S. died from abuse and neglect?

In 2006, there were an estimated 1,530 child fatality victims due to maltreatment in the U.S., or an average of 29 children a week^{xii}
 78% of children killed were 0-3 years old^{xiii}
 Of these, 44% were less than 1 year old^{xiv}

How much does child abuse and neglect cost the U.S.?

Annual estimated direct cost of medical care for child abuse and neglect in the U.S.: \$33,101,302,133^{xv}
 Annual estimated direct AND indirect cost of child abuse and neglect in the U.S.: \$103,754,017,492^{xvi}

What kind of legal assistance is provided for these children?

16 states do not mandate legal representation for children in abuse and neglect proceedings^{xvii}
 Abused and neglected children in 34 states do not receive the same traditional legal representation received by adults^{xviii}

What happens to former foster children?

Number of children in the foster care system: 799,000^{xix}
 Number of children that aged out of foster care in a year: 26,517^{xx}
 Percentage of the general population that have a bachelor's degree: 23%^{xxi}
 Percentage of former foster children that have a bachelor's degree: < 2%^{xxii}
 Percentage of the general population in jail or prison in 2008: 1%^{xxiii}
 Percentage of former foster children incarcerated after aging out: Males: 44.6%, Females: 16.4%^{xxiv}
 Percentage of the general population who experience homelessness over the course of a year: < 1%^{xxv}
 Percentage of former foster children who experience homelessness after aging out of the system: 25%^{xxvi}
 Prevalence of post-traumatic stress disorder (PTSD) among the general population: 4%^{xxvii}
 Prevalence of PTSD among Vietnam veterans: 15%^{xxviii}
 Prevalence of PTSD among former foster children: 25%^{xxix}
 Percentage of former foster children who reported being unemployed 1 year after aging out: 53%^{xxx}
 Percentage of former foster children who reported living on food stamps after aging out: 45%^{xxxi}

first star
 putting children firstsm

Figure 1.1 First Star Fact Sheet

- i WORLD BANK, WORLD DEVELOPMENT INDICATORS DATABASE, TOTAL GDP 2007, at 1 (2008).
<http://sheresources.worldbank.org/DATASTATISTICS/Resources/GDP.pdf> (last visited September 11, 2008).
- ii INNOCENTI RESEARCH CENTRE, UNICEF, CHILD POVERTY IN PERSPECTIVE: AN OVERVIEW OF CHILD WELL-BEING IN RICH COUNTRIES 2 (2007) (using six categories of child well-being: material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, subjective well-being).
- iii INNOCENTI RESEARCH CENTRE, UNICEF, A LEAGUE TABLE OF CHILD MALTREATMENT DEATHS IN RICH NATIONS 4 (2003).
- iv ADMIN. ON CHILDREN, YOUTH AND FAMILIES (ACYF), U.S. DEP'T OF HEALTH & HUMAN SERVICES., CHILD MALTREATMENT 2006, at xiv (2008).
- v *Id.*
- vi *Id.*
- vii *Id.* at xv.
- viii *Id.*
- ix *Id.*
- x *Id.* at 26-28.
- xi *Id.* at 30.
- xii *Id.* at 65.
- xiii *Id.*
- xiv *Id.* at 66.
- xv CHING-TUNG WANG, PH.D. & JOHN HOLTON, PH.D., PREVENT CHILD ABUSE AMERICA, TOTAL ESTIMATED COST OF CHILD ABUSE AND NEGLECT IN THE UNITED STATES 4 (2007).
- xvi *Id.* at 5.
- xvii FIRST STAR, REPORT ON A CHILD'S RIGHT TO COUNSEL 12-13 (2007).
- xviii *Id.* (including D.C.)
- xix ADMIN. ON CHILDREN, YOUTH AND FAMILIES (ACYF), U.S. DEP'T OF HEALTH AND HUMAN SERVICES, TRENDS IN FOSTER CARE AND ADOPTION—FY 2002-FY 2006, at 1 (2008).
- xx ADMIN. ON CHILDREN, YOUTH AND FAMILIES (ACYF), U.S. DEP'T OF HEALTH AND HUMAN SERVICES, ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM REPORT #14, at 4 (2008).
- xxi CASEY FAMILY PROGRAMS, THE NORTHWEST FOSTER CARE ALUMNI STUDY, IMPROVING FAMILY FOSTER CARE: FINDINGS FROM THE NORTHWEST FOSTER CARE ALUMNI STUDY 2 (2005).
- xxii *Id.*
- xxiii THE PEW CENTER ON THE STATES, ONE IN 100: BEHIND BARS IN AMERICA 2008 3 (2008).
- xxiv MARK E. COURTNEY ET AL., CHAPIN HALL, MIDWEST EVALUATION OF THE ADULT FUNCTIONING OF FORMER FOSTER YOUTH: OUTCOMES AT AGE 21, at 66 (2007) (asking former foster children at age 21 whether they have spent time in jail since their last interview 2 to 3 years ago).
- xxv Calculated by dividing the estimated homeless population of the U.S. over the course of a year (1.3 – 2.3 million) by the estimated total population in the U.S. (304,364,314). See NAN P. ROMAN & PHYLLIS WOLFE, NATIONAL ALLIANCE TO END HOMELESSNESS, WEB OF FAILURE: THE RELATIONSHIP BETWEEN FOSTER CARE AND HOMELESSNESS 4 (1995); THE URBAN INSTITUTE, MILLIONS STILL FACE HOMELESSNESS IN A BOOMING ECONOMY, <http://www.urban.org/publications/900050.html> (2000) (last visited July 2, 2008); U.S. POPCLOCK PROJECTION, <http://www.census.gov/population/www/popclockus.html> (last visited June 17, 2008).
- xxvi RONNA COOK ET AL., WESTAT INC., A NATIONAL EVALUATION OF TITLE IV-E FOSTER CARE INDEPENDENT LIVING PROGRAMS FOR YOUTH, at 4-11 (1991).
- xxvii CASEY FAMILY PROGRAMS, *supra* note xxi, at 32.
- xxviii *Id.* (citing R. A. KULKA ET AL., TRAUMA AND THE VIETNAM WAR GENERATION (Brunner/Mazel) (1990), on current prevalence.)
- xxix *Id.* (incidence in the 12 months prior to the interviews.)
- xxx MARK E. COURTNEY ET AL., CHAPIN HALL, MIDWEST EVALUATION OF THE ADULT FUNCTIONING OF FORMER FOSTER YOUTH: OUTCOMES AT AGE 19, at 23 (2005).
- xxxi MARK E. COURTNEY ET AL., *supra* note xxiv, at 39 (asking former foster children at age 21 whether they have received food stamps since their last interview 2 to 3 years ago).

Figure 1.1 clearly indicates how not getting state-of-the-art care as children leads to problems throughout life, not the least of which is dropping out of high school, low salaries, and higher rates of incarceration.

Variations in Definitions

In 2003, the U.S. Department of Health and Human Services undertook the National Study of Child Protective Services Systems and Reform Efforts. The goal was to identify current practices and improvement efforts in the child protective services system. Seven areas of variation in state child protective services (CPS) policy were identified.

- *Mandatory reporting.* Nearly all states require professionals who work with children (such as social workers, medical personnel, educators, and child daycare providers) to report suspected child maltreatment. However, standards for nonprofessionals and anonymous reporting sources vary.
- *Investigation objectives.* In 31 states, the purpose of an investigation is to determine if child abuse occurred; 18 of these states also included the purpose of determining risk or safety of the child. In the remaining 20 states, the goal is to protect the child or to establish the risk to the child.
- *Standards of evidence.* Relatively high evidentiary standards (preponderance, material, or clear and convincing) are necessary to substantiate abuse in 23 states. In 19 states, lower standards were specified (credible, reasonable, or probable cause). Nine states do not specify a standard of evidence.
- *Types of maltreatment.* Nearly all states define the four major categories specifically discussed in the Child Abuse Prevention and Treatment Act (CAPTA): neglect, physical abuse, sexual abuse, and emotional abuse. Beyond this, state inclusion of other types of maltreatment, such as medical neglect or abandonment, vary significantly.
- *Required timelines.* State policy varies widely both for required response time to referrals and for the completion of investigations.
- *Central registry.* State central registries contain information on perpetrators of child maltreatment. Many state policies allow use of central registries in background and licensing checks, and information can be shared with other agencies on request. The

types of disposition categories (substantiated, indicated, unsubstantiated) included in central registries vary from state to state, as do procedures for accessing information, expunging protocols, and due process requirements.

- *Alternative response.* Alternative responses allow CPS workers to assess the needs of a child without requiring a determination of maltreatment. Parental training may be proposed or more frequent observation required. Just over half of the states have alternative response policies. The policies vary greatly both in purpose and the types of alternative responses available.

Although this study does not place value judgments on differing state practices, it does acknowledge the potential benefits of moving toward parity in state practices. Among these is greater accountability of the CPS system and more equitable treatment for children across the country.²⁵

Extent of the Problem Now—Again a Blurred Picture

In addition to parity and clarity in child abuse and neglect definitions, we need to achieve a clear picture of the extent of the problem. Without this, other interest groups better prepared to demonstrate their case are more likely to get limited federal and state attention and support.

The U.S. Department of Health and Human Services has conducted three congressionally mandated National Incidence Studies (NIS) of abuse and neglect. The first was conducted in 1979–1980 and reported in 1981, the second was conducted in 1986–1987 and was published in 1988, and the third was conducted between 1993 and 1995 and was published in 1996. A fourth study, due in 2008, was not yet complete by the publication of this book.

Figure 1.2 is really all we need to see that child maltreatment is a growing problem and that every infinitesimal blip upward reflects the horror some child is living. It's important to note, too, that this chart only pertains to reported cases of child abuse. Consider, for example, the little girl found dead in Las Vegas. Jane Cordova Doe, was named for the apartment complex where her body was found on January 12, 2006. She was between three and four years of age and had died from blunt trauma to her torso. The community mourned and the Reverend David Jimenez of Iglesia Pentecostal de Las Vegas said, "She was just dumped as trash. She's not that. She's a child of God." He added, "This has touched everyone's hearts."²⁶

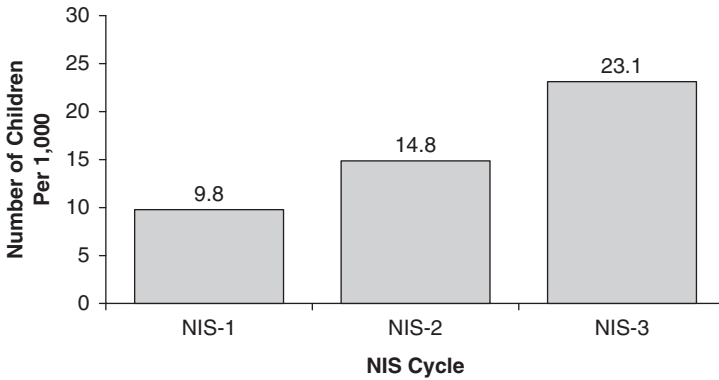


Figure 1.2 National Incidence of Children Harmed or Injured by Abuse or Neglect

Source: *NIS4 Project Summary*.²⁷

Consider too the December 2005 revelation that the University of Nevada Las Vegas Center for Business and Economic Research, which compiled data for the Nevada Kids Count Report, decided to omit that category because of “uncovered underreporting problems in Clark County.”²⁸

The Nevada Department of Human Resources’ Division of Child and Family Services found that 114 Clark County child deaths between 2001 and 2004 might have involved maltreatment. That number is more than three times the number of child deaths reported by the Clark County Department of Family Services.

Kids Count is a project of the Annie E. Casey Foundation aimed at tracking trends with state-by-state data. When such data are incorrect, the real picture of how many children suffer and die from child abuse is unclear and actions taken by politicians, child-service providers, school districts, and the media are thereby misguided. The frightening aspect is that Nevada, which has been below the national average in child maltreatment deaths, may just be the tip of the iceberg in terms of incorrect information. Mike Wilden, director of the Nevada Health and Human Rights Department, said that 20 or more deaths found to involve maltreatment would push Nevada over the average, but added, “I doubt we’ll be the worst in the nation.” The question is whether Nevada is the worst in the nation in misreporting, which could easily mean that far many more children are suffering from abuse and neglect and dying from it than we even know.

NIS4: The Current NIS Study

The NIS design assumes that the maltreated children who are investigated by child protective services (CPS) represent only the tip of the iceberg, so although the NIS estimates include children investigated at CPS they also include maltreated children identified by professionals in a wide range of agencies in representative communities. These professionals, called sentinels, were asked to remain on the lookout for children they believe were maltreated during the study period. Children were evaluated against standardized definitions of abuse and neglect. The data are unduplicated; that is, a given child was counted only once in the study estimates.

The NIS-4 gathered data in a nationally representative sample of 122 counties in the fall of 2005, selected to ensure the necessary mix of geographic regions and of urban and rural areas. The CPS agencies serving these counties were asked to provide data about all children in cases they accept for investigation during the study period, September 4 through December 3, 2005. In addition, professionals working in the same counties in the following types of agencies were asked to serve as NIS-4 sentinels: elementary and secondary public schools; public health departments; public housing authorities; short-stay general and children's hospitals; state, county, and municipal police and sheriff departments; licensed daycare centers; juvenile probation departments; voluntary social services and mental health agencies; and shelters for runaway and homeless youth or victims of domestic violence.

This study sought to be more comprehensive than much previous research. NIS-4 pulled together data from a number of agency sources in each study county. The study began with data from the local child protective services agency (CPS) and incorporated data received from professionals in a number of other community agencies, including the county public health, public housing, and juvenile probation departments, the sheriff or state police, and scientifically selected samples of other agencies, including voluntary social service and mental health agencies, municipal police departments, school, hospitals, day-care centers, and shelters for runaway youth and battered women. The sentinels provided descriptive information on the cases they observed. The study directors thus hoped to obtain a more realistic picture of the extent of child abuse and neglect than those of single agency studies.

In April 2006, the U.S. Department of Health and Human Services reported that in 2004, 830,000 children across the United States were documented victims of abuse or neglect. On any given day, more than a half a million children were in foster care. According to Prevent Child Abuse America, abuse and neglect costs society \$258 million every day—nearly \$94 billion each year.²⁹ Its 2001 report estimated the direct costs

of intervention as well as those for treatment of the children's related medical and emotional problems, and then added the "indirect costs associated with the long-term consequences of abuse and neglect to both the individual and society at large."

Total Daily Cost of Child Abuse and Neglect in the United States

<i>Direct Costs</i>	<i>Estimated Daily Cost</i>
Health Care System	
Hospitalization	\$17,001,082
Chronic Health Problems	\$8,186,185
Mental Health Care System	\$1,164,686
Child Welfare System	\$39,452,054
Law Enforcement	\$67,698
Judicial System	\$934,725
<i>Total Direct Costs</i>	<i>\$66,806,430</i>
<i>Indirect Costs</i>	<i>Estimated Daily Cost</i>
Special Education	\$612,624
Mental Health and Health Care	\$12,678,455
Juvenile Delinquency	\$24,124,086
Lost Productivity to Society	\$1,797,260
Adult Criminality	\$151,726,027
<i>Total Indirect Costs</i>	<i>\$190,938,452</i>
<i>Total Cost</i>	<i>\$257,744,882</i>

Source: Fromm 2001.³⁰

According to Prevent Child Abuse America, the annual costs are equivalent to \$1,461.66 for every family in the United States. The authors cautioned that because "conservative estimates were used, the actual annual cost of child maltreatment in the United States could be higher than \$94 billion."

The Unrelenting Cycle of Abuse

As mentioned previously, child abuse often occurs at the hands of people who themselves have been abused. This tendency of victims to replicate the offense on others is one of the more disturbing characteristics of child abuse. When I visited a southern California facility that provided a

caring and supportive environment for children who had suffered unspeakable abuse, I learned that every night someone had to be stationed at the end of each hallway to watch for any children attempting to move from one room to another. These monitors, however, weren't watching through the night to keep children from sneaking into a playroom or watching late-night television. Their job was to prevent children who had been sexually abused—and who as a result may have become sexual predators themselves—from harming other children. Peter Samuelson described a similar experience in Ohio:

I toured a locked facility in Ohio where convicted children are housed: kids who are themselves sexual predators who harmed another child. A very disconcerting place I thought: bars on the windows, child-friendly murals on the walls and teddy bears on the beds. "How many of these children were themselves sexually molested?" I asked the Warden. "Ninety seven, ninety eight percent" he replied. "Kids don't invent this stuff on their own." And so it rolls on. Let's think positive here: save one child and we probably save dozens in the future. Talk about leverage. . . . Let's get this right, or at least apply best practice that demonstrably works elsewhere. And while we're at it, what if we provided the specialized training that the grown-ups through whose hands the kids pass in some enlightened places get to ALL the professionals in every jurisdiction: judges, lawyers, CASA, social workers, teachers, doctors, nurses. . . . Why is there training going on in some places but not in most of the country? You can train to be a television repairperson nationally through distance learning. Are transistors more important than abused children?³¹

The cyclical nature of abuse makes it even more important that we exponentially increase our efforts to eradicate it. Think of how the acts of an irresponsible HIV-positive person can result, years later, in hundreds of new cases. Similarly, abusing only one child can potentially result in harm to hundreds of others through the years. If that one child grows up and raises two, or three, or six more children, and if those children are abused, the potential grows in succeeding generations. Not only are abused children significantly more likely to become abusive themselves, they are also likely to find it difficult to establish and cope with healthy adult relationships.

Indicators of Abuse

Even with consensus on definitions of child abuse and neglect, we need to know the signs of these when we see them. Physical and emotional abuse often occur when parents can't manage stresses, are unable to deal with

children, or are very controlling. As mentioned, abusers often were themselves abused as children and may be in abusive relationships as adults. Alcohol and drug abuse contribute to the problem. Among confirmed cases of child maltreatment, 40% involve the use of alcohol or other drugs.³²

Emotional abuse can be very hard to identify. Clinicians have testing measures, but caregivers must observe behaviors. Emotionally abused children may nonetheless be quite loyal to their parent, fear retaliation for reporting the abuse, or believe their lot is a normal way of life.³³ Children of alcoholics often have low self-esteem or suffer from anxiety and depression, or both. When parents are heavy drug users, children are caught in a Catch-22. They learn to distrust police, teachers, and aid workers—the very persons who might otherwise help—out of fear that confiding in them will cause harm to the parent.

Indicators of Emotional Abuse

According to Prevent Child Abuse America, behavioral indicators of an emotionally abused child include

- inappropriate behavior that is immature or too mature for the child's age,
- dramatic bedwetting or loss of bowel control (after a child has been trained),
- destructive or antisocial behavior (being constantly withdrawn and sad),
- poor relationships with peers,
- lack of self-confidence,
- unusual fears given child's age (fear of going home, being left alone, specific objects), and
- inability to react with emotion or develop an emotional bond with others.³⁴

These are only indicators, and any of the behaviors can also occur in children who aren't being abused. However, changes in the pattern of these behaviors may indicate a problem, and emotional abuse may be considered a reasonable possibility. The likelihood of emotional abuse increases if these indicators coincide with observations of adults publicly blaming and belittling the child, describing the child in negative ways, openly admitting to disliking or hating the child, threatening,

withdrawing comfort as a means of discipline, being cold or distant, suffering from alcohol or drug abuse, and having a violent nature.³⁵ In his book *When Drug Addicts Have Children*, editor Douglas Besharov reported results of an American Enterprise Institute conference on protecting the children of heavy drug users.³⁶ Drug abuse, as Besharov and Karen Baehler testified, is not a victimless crime but rather—like the cascading and cyclical effects of child abuse—one that affects the user, family members, neighborhood, and community—the hidden victims. Even reductions in the general population’s drug use may not stem the tide of drug-related child maltreatment, Besharov and Baehler argued. Frequent, heavy use of drugs coupled with the stresses of deep poverty “will be with us for the foreseeable future.” More than 10 years later, their prediction holds.

Again, here is a long-standing problem that remains inadequately addressed. There are preventive measures, in some cases, even solutions available. Why, then, the inertia in responding to the needs of children—like those in homes of drug abusers—at risk? In subsequent chapters we address what can be done to respond more effectively.

When Poverty, Race, and Abuse Collide

There is a very good reason why Clarice Walker placed poverty at the top of her list of reasons why children enter the child welfare system—it is the basis of much of the abuse and neglect they experience.

The third national incidence study showed that U.S. children living below poverty level (\$15,000 annual household income) are 22 times more likely to experience observable harm from child maltreatment than those from families with annual incomes above \$30,000.³⁷ The Congressional Research Service echoed this point in a 2005 report: “Disproportionate representation means that when compared to their presence in the overall relevant population, a given racial/ethnic group is over- or under-represented in the specific population of interest. For instance, the 2000 Census shows that African American children make up less than 15% of the overall child population but the most recent data available showed that 27% of the children who entered foster care during FY2003 were African American and that on the last day of FY2003, 35% of the children in foster care were African American.”³⁸ Because minority children are more likely to be poor, they are more likely to be represented in the child welfare system. Experts argue, however, that

poverty alone, though a critical component of child abuse, does not fully explain the overrepresentation of minority children.

A variety of studies finds variation in disproportionate representation of children of color across state or county borders. Research in Santa Clara, California, for example, showed that though Latino children constituted 30% of the child population, they made up 52% of the county's child welfare cases. Similarly, in New York in 2003, black children made up about 18% of that child population, but 42% of those entering foster care.³⁹ A 2004 study of King County, Washington, revealed that though black children made up only 7% of the child population, they accounted for 19% of maltreatment allegation referrals and 23% of the new placements in foster care, and 39% of those who'd been in the system for at least four years.⁴⁰ In 2005, the Children's Bureau sponsored an exploratory study of the child welfare system's response to black children.⁴¹ Very few studies have done so and few have looked at the manner in which agencies are responding to the overrepresentation. Nine child welfare agencies were visited to talk with administrators, supervisors, and workers. The general perceptions are summarized here:

- *Poverty.* An overwhelming majority of participants cited poverty and poverty-related circumstances as primary reasons for the overrepresentation of minority children.

- *Visibility.* Minority families are more likely to lack access to resources and so are also more likely to use public services (for example, hospitals and clinics), and to receive public assistance. Their more frequent contact with these systems makes them more visible in terms of the problems they may be experiencing, including abuse and neglect. On this point Clarice Walker remarked, "when you have to go public, it becomes public." In other words, people who are poor are more likely to be unable to deal with the challenges they face in a quiet, private way. Wealthier families can hire resources like therapists and can get help from their family doctor or schools. "Poor families," Walker noted, "are subjected to waiting lists and they are made more stressed until some can't wait anymore."⁴²

It may seem odd to suggest that visibility is a factor when we are also calling for more attention to the problem of child abuse and neglect. It is also important, however, to factor in that often families merely need help—help they can't get efficiently and effectively. The system thus forces them to wait and wait until they can wait no longer and the

children suffer. Thus, though visibility may cause minority children to be overrepresented, it often stems from the fact that they have not been noticed early enough or provided early enough with programs that could help them avoid the crises that lead to family separation.

- *Overreporting of minority parents for child abuse and neglect.* The study participants believe that the problems of children of minority parents, once again, are more noticeable to schools and medical systems. They and some theorists and researchers argue that this explains some part of the disproportional representation of minority children in the child welfare system.

- *Vulnerability.* Here the issue is related to poverty in terms of the disempowering by undereducation and unemployment. African American communities experiencing few opportunities often become vulnerable to drugs and violence. As the communities become more vulnerable, the report suggests, so do the families.

- *Media pressure* also contributes to overreporting by supervisors and child welfare workers who fear they must bring more children into care to avoid making very public mistakes.

- *Cultural biases in defining abuse and neglect.* Lack of exposure, particularly by staff, can make it difficult for them to see that abuse and neglect may become confused with what is seen within African American culture as discipline. Clearly this is a difficult area. If indeed there are significant differences, we must ask ourselves who is more correct? Where is the line between discipline that is constructive and discipline that is destructive? What this issue does tell us is that it is extremely important that policymakers be familiar with cultural differences and, with those in mind, formulate an agreed-upon definition of abuse and neglect. Then we must do more to inform families of all races of the distinction.

Any serious call for attention to child abuse and neglect must also include, within its primary interests, ways to help families unable to help themselves. In other words, abuse and neglect need to be seen within the contexts in which they occur. Solutions should also be developed with the understanding that people under stress and duress can't always do what they should do, but only what they can do. This is increasingly important in a society with a growing number of single-parent families. We need to be sure that programs do not cavalierly place blame or take

actions without considering the context and the influences on those affected. We need to balance caution with common sense, and a determination to protect children but understand cultural differences. We need to be responsive to Clarice Walker's concern for the overrepresentation and not react by ceasing to remove children when necessary, but rather assure ourselves (through quality of training) that it is not simply the visibility and vulnerability of these children that lead us to do too little for them.

Protecting children from abuse and neglect could progress significantly if poverty were both prevented and ended. Some rightly perceive that society's scorn of poverty and the sense that people could easily pull themselves out of it if they only tried keeps children in danger of abuse and neglect. Marion Wright Edelman, founder of the Children's Defense Fund, warned that "it is a dangerously short-sighted nation that fantasizes absolute self-sufficiency as the only correct way of life."⁴³ She explained that despite our tendency to value complete independence, the government does support everyone, including big businesses. "Chrysler and Lee Iacocca didn't do it alone," she wrote. "Defense contractors don't do it alone. Welfare queens can't hold a candle to corporate kings in raiding the public purse."

Although this may elicit anger among many who prefer to see their successes as due entirely to their own work, the truth is that everyone needs help at some point or another. Edelman pointed out, "but our commitment to help the neediest children has seemed increasingly fragile and ephemeral in recent years. If we want to preserve their futures and our own, we will have to rededicate ourselves to government's side of the partnership, and we will have to do it soon."⁴⁴

Marian Wright Edelman and John McWhorter on *Meet the Press*⁴⁵

These excerpts from the January 15, 2005, *Meet the Press* NBC interview with Marion Wright Edelman and author John McWhorter provide insight into the experiences of black people living in poverty and indicate the extensive challenge before us in terms of reducing the cycle of violence that occurs especially when people suffer the stresses associated with poverty.

Russert: Marian Wright Edelman, you picked up on that very theme in your book, *I Can Make a Difference: A Treasury to Inspire Our Children*. And then also you are working on a report, which the Kansas City

Star wrote about, and it says that you gave a—excuse me—“a preview to a report on what she called the cradle-to-prison pipeline. She believes the non-level playing field exists for many African American males from the day they’re born. A black male born in 2001 has a 1-in-3 chance of ending up in prison. A black girl born the same year has a 1-in-17 chance, she said. ‘I want to get a debate going on the cradle-to-prison pipeline, the set of odds that are set in front of our black children. The most dangerous intersection of America is the intersection of race and poverty.’” Explain.

Edelman: Well, we live in the richest nation on Earth and we let a child be born into poverty every 36 seconds. A majority of their parents are working, playing by the rules, cannot get jobs at decent wages that allow them to escape poverty.

We let a child in the world’s leading nation on health technology be born without health insurance; 90 percent of those children are born in families where they’re working and playing by the rules. Their employers don’t cover health care. . . .

Child poverty has been increasing since 2001. A black boy today does have a one-in-three chance of going off to prison. This is a death knell for the black family, for black disempowerment, and we must address it.

And we’ve got to make sure that every one of our children gets health care, every one of our children gets a strong early education, every one of our children gets education. Eighty percent of black children aren’t reading in fourth grade.

And we’ve got to stop the obscenity of arresting five- and six- and seven-year-old children and then sending children through schools [that] don’t educate them, of having zero tolerance policies that start them very early into the juvenile justice system and then to the criminal justice system.

So this poverty which we know how to end and must end, we must do something about it today with a sense of urgency and finish Dr. King’s dream. We’d all like to celebrate him, but what we need to do is follow him and to finish what he began.

Russert: When Mr. Cosby says the things he does about young blacks, is it because of poverty, because of racism or is it because of black accountability and discipline?

Edelman: It’s a combination of a lot of things, but most young black people are trying to go to school, trying to do right or trying to

(Continued)

(Continued)

live by the rules. They're beating the odds every day. We celebrate them. We train them. And despite violence and despite inner city problems, you know, they're staying in schools, they're going on and they're trying to give back to their community.

There are thousands of black young people who are going to college and who are coming back and getting trained and running freedom schools for their younger sisters and brothers to provide them the mentors and role models and the hope that they were given and we were given in my generation but are trying to give back.

And most people want to work. But we have a problem in this country of poverty and race. The black middle-class did leave ghettos. I'm proud of the Ken Chenaults and I'm proud of Ruth Simpsons, the Browns.

And we've got new leadership, but there is a lot that is going on.

But the key issue here is poverty and race and racial disparities in our school systems, in our health systems, in our criminal justice systems.

You know, black young people still don't have the same chance to succeed, particularly a poor young black person. A young black man who gets pulled into the juvenile justice system is 48 times more likely than a young Latino man is, nine times more likely to be detained for the same drug offense as a white young man.

So we've got to make sure, one, that our children are ready for school and are healthy, have strong families, but we've got to make sure that those families have jobs at decent wages. We've got to make sure that they have schools to teach them to learn because if you can't read in this society, you're not going to succeed. And we've got to make sure that our whole emphasis is not on punishment but on prevention and early intervention.

The only universal child policy in this country that we will guarantee every child is a jail or detention cell after they get into trouble. We will not guarantee them far cheaper health care and far cheaper Head Start and preschool. And we will not guarantee them schools.

In fact, those young people in Chicago are not facing the same kind of educational system. The poorest children get the poorest schools and the poorest neighborhoods, and they're all being plagued by violence. But let me just remind you as Dr. King reminded us in the poor people's campaign that poverty afflicts more whites than blacks, that poverty and teenage pregnancy and violence afflicts more whites than blacks.

What we've got to do is to move beyond that watershed and build across racial movement focused on children that eliminates child poverty in the richest nation on Earth, that stands up to an administration, members of Congress, that would after four massive tax cuts during war give war tax cuts to the rich and cut \$40 billion from safety net programs to help these young children, white and black.

That's just wrongheaded. And we are making the wrong choices. And the post-Katrina disaster which we must address, we're spending the life out of our children in a war choice in Iraq and tax cuts for the rich. We need to finish the movement to end poverty and child poverty in America.

With Edelman was John McWhorter, author of *Winning the Race: Beyond the Crisis of Black America*. On the question of where the blame lies, his reply to Tim Russert proposes a shared-responsibility approach to ending poverty among black families, the most highly represented racial group in the child welfare system, and thereby having a potentially significant impact on child abuse and neglect.

Russert: You mentioned strong families.

Let me show what you the National Center for Health Statistics said in terms of births to unmarried mothers.

In the Asian community it's 15 percent; in the white community, 24 percent; Hispanic community, 46 percent; the black community, 69 percent.

Mr. McWhorter, how much of a factor is that in terms of black culture, black society and some of the problems we're talking about?

McWhorter: It's not an absolute that somebody brought up by a single mother is going to have a bad life, but I think that all indications are that it's better for somebody to have two parents.

And more importantly, a great proportion of that 69 percent are women who are not in the best position to give the best life to their children.

We can talk about what the reasons for that are, but again, our history and not just newsreels of Dr. King. It's Chicago. It's poor black Chicago in the 1920s, and people were alarmed that the illegitimacy rate was 15 percent.

Now, what's the difference between then and now? Clearly there are things that happened to our system that made it a lot easier to have children that you aren't necessarily in a position to take care of. You just do what people do, seeing what's going on around you.

(Continued)

(Continued)

This is not the kind of situation that I think Dr. King would have wanted. He's actually on record, I remember in one speech, as saying that the Negro—that was, of course, the terminology of the day—the Negro man does not want to languish on welfare.

Now, of course, you have to have some welfare, but he would have been very surprised to see what was happening to the welfare system with poor black people in mind, precisely when he was assassinated. There are some things that we need to think about. Main thing about King is that one of his legacies, one of the things we should think about with King, is that we can't wait for another one. The problems are different.

The things that Ms. Edelman is talking about are very real and the idea is to fix them now working with local organizations that can help people face-to-face of making the best of the worst.

And so you have the Harlem Children Zone in New York. You have Operation Hope in Los Angeles. You have Eugene Rivers' Ten-Point Coalition in Boston.

These are the things that we need to pay more attention to. Academics need to stop being so professionally pessimistic about race in America and pointing us to these things that are actually making some kind of a difference.

And in general, anyone who tells us what we need to wait for is a second civil rights revolution, whether this is said explicitly or implied, is engaging in a kind of unintended cruelty, because we all know that for better or for worse that revolution isn't going to happen. We have harder, although more concrete, work to do. And it's actually being done. We just need to call more attention to it.

McWhorter's call is critical to responding to children living in poverty who also experience abuse and neglect. Waiting for a second civil rights revolution is indeed cruel when efforts to change children's lives can be undertaken now.

The reason why children are poor, why their families are poor, is not because most of them are lazy or can't help themselves, it's because they need a leg up to do so. Only a country that has lost its way morally allows children to suffer from poverty, abuse, and neglect without taking evident and consistent steps to make it stop. The fondness for capitalism so many of us have does not preclude a love of children and a willingness

to give them the help they need to thrive. Children, after all, are our most precious natural resource. They become consumers and voters. Eventually they shape the futures of those who allowed them to linger in an unacceptable past.

As we discuss in Chapter 8, caring for children at risk is not the province of any particular political party. It must concern all of us. We must keep dancing with the bear until we tame the beast. Then, and only then, can we sit down.

Endnotes

1. Derived from Joyce Elders, former surgeon general: "Public health is like dancing with a bear. You get very tired but you can't afford to sit down."
2. Blair Sadler, "The Vision: Why a National Call to Action," *Child Abuse and Neglect* 23, no. 10 (1999): 956.
3. Ibid.
4. Ibid.
5. Bob Herbert, Children in Torment, Editorial, *New York Times*, March 9, 2006.
6. David L. Chadwick, "The Message," *Child Abuse and Neglect* 23, no. 10 (1999): 957.
7. Ibid.
8. <http://petersamuelson.blogspot.com>
9. Peter J. Pecora, et al., "Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study" (Seattle: Casey Family Programs, 2003), www.casey.org/NR/rdonlyres/CEFB1B6-7ED1-440D-925A-E5BAF602294D/128/casey_alumni_study_sum.pdf
10. Clarice Walker, telephone interview, July 2, 2005.
11. <http://petersamuelson.blogspot.com>
12. <http://nccanch.acf.hhs.gov/pubs/factsheets/whatiscan.cfm>
13. Child Abuse Prevention and Treatment Act (as amended in 1996, PL104-235).
14. U.S. Department of Health and Human Services, Administration on Children, Youth and Families/Children's Bureau, and Office of the Assistant Secretary for Planning and Evaluation, *National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy* (Washington, DC: Government Printing Office, April 2003); National Research Council, Panel on Child Abuse and Neglect, *Understanding Child Abuse and Neglect*, (Washington, DC: National Academy Press, 1993).
15. Jill Elaine Hasday, "The Canon of Family Law," *Public Law and Legal Theory Working Paper No. 77* (Chicago: University of Chicago Law School, 2004), 26–27.
16. Ibid., 28.
17. <http://petersamuelson.blogspot.com>
18. Hasday, "The Canon of Family Law," 32.

19. Martin Teicher, "Scars that Won't Heal: The Neurobiology of Child Abuse," *Scientific American* 286, no. 3 (2002): 1.

20. *Ibid.*, 2.

21. Alison B. Fries, Toni E. Ziegler, Joseph R. Kurian, Steve Jacoris, and Seth D. Pollak, "Early experience in humans is associated with changes in neuropeptides critical for regulating social behavior," *Proceedings of the National Academy of Sciences* 102(47) (2005): 17237–40.

22. Nichole Taylor, Alicia Gilbert, Gail Mann, and Barbara Ryan, "Assessment Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP) Model" (San Diego, CA: Chadwick Center for Children & Families, 2005), www.chadwickcenter.com/Assessment-Based%20Treatment.htm.

23. Alexandra Cook, Margaret Blaustein, Joseph Spinazzola, and Bessel van der Kolk, eds., "Complex Trauma in Children and Adolescents." White paper from the National Child Traumatic Stress Network Complex Trauma Task Force, 2003, 5–7. For more information, go to www.nctsn.org

24. Taylor, Gilbert, Mann, and Ryan, "Assessment-Based Treatment for Traumatized Children," 35.

25. National Clearinghouse on Child Abuse and Neglect Information, available online at <http://nccanch.acf.hhs.gov>; U.S. Department of Health and Human Services, *Child Maltreatment 2002* (Washington, DC: U.S. Government Printing Office, 2004); Jane Waldfogel, *The Future of Child Protection: How to Break the Cycle of Abuse and Neglect* (Cambridge, MA: Harvard University Press, 1998), 68; U.S. Department of Health and Human Services, Administration on Children, Youth and Families/Children's Bureau, and Office of the Assistant Secretary for Planning and Evaluation, *National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy* (Washington, DC: Government Printing Office, April 2003).

26. Ken Ritter, "Dead Girl's Remains Go Unclaimed in Las Vegas," Associated Press, 2006.

27. *4th National Incidence Study of Child Abuse and Neglect—NIS4: Project Summary* (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, Westat Inc., and Walter R. McDonald & Associates Inc., 2005). For more information about the study and its progress, see www.NIS4.org.

28. Lisa Kim Bach, "UNLV Report to Omit Abuse Deaths," *Las Vegas Review-Journal*, December 14, 2005.

29. Suzette Fromm, "Annual Cost of Child Maltreatment, Prevent Child Abuse America" (Washington, DC: Child Abuse America, 2001), www.preventchildabuse.org.

30. Suzette Fromm, *Annual Cost of Child Maltreatment* (Washington, DC: Prevent Child Abuse America, 2001).

31. <http://petersamuelson.blogspot.com>

32. www.preventchildabuse.org

33. "Emotional Abuse & Young Children," Florida Center for Parent Involvement, <http://lumpy.fmhi.usf.edu/cfsroot/dares/fcpi/>.

34. *Ibid.*

35. *Ibid.*

36. Douglas Besharov, ed., *When Drug Addicts Have Children: Reorienting Society's Response* (Washington, DC: Child Welfare League of America, 1994).
37. Andrea J. Sedlak and Diane D. Broadhurst, *The Third National Incidence Study of Child Abuse and Neglect, NIS-3* (Washington, DC: U.S. Department of Health and Human Services, 1996).
38. Congressional Research Service, Emilie Stoltzfus report to Honorable Charles Rangel, *Race/Ethnicity and Child Welfare* (Washington, DC: Library of Congress, 2005), 1.
39. *Ibid.*, 3.
40. King County Coalition on Racial Disproportionality, *Racial Disproportionality in the Child Welfare System in King County, Washington* (Seattle, WA: King County Coalition on Racial Disproportionality, 2004), executive summary, 1–4, www.hunter.cuny.edu/socwork/nrcfcpp/downloads/KingCountyReportonRacialDisproportionalityExecutiveSummary.pdf.
41. U.S. Children's Bureau, "Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community" (Washington, DC: U.S. Department of Health and Human Services, 2005), 1–6, <http://nccanch.acf.hhs.gov/pubs/children/execsum.cfm>.
42. Clarice Walker, interview, November 23, 2005.
43. Marion Wright Edelman, *The Measure of Our Success* (Boston, MA: Beacon Press, 1992), 90.
44. Marion Wright Edelman, *Families in Peril: An Agenda for Social Change* (Cambridge, MA: Harvard University Press, 1987), 35.
45. www.msnbc.msn.com

