

The Contemporary U.S. Child Welfare System(s): Overview and Key Challenges

By
LAWRENCE M. BERGER
and
KRISTEN S. SLACK

This volume of *The ANNALS* aims to increase awareness among scholars, policy-makers, and practitioners of the size, scope, and functions of child welfare services in the United States. We aim to promote a wider understanding of the broad impacts of child welfare policies and point to ways in which child welfare services can be better incorporated into cross-cutting social policy debates. The articles in this volume offer concrete recommendations for policies and practices that can reduce child maltreatment, and for systemic approaches—both within the purview of child welfare services and across the broader community and social policy landscape—that can better identify and respond to the needs of children and families in which maltreatment has already occurred or where there is a risk of abuse and neglect. This introduction sets a foundation for understanding the contents of the volume: we provide an overview of child welfare services in the United States and highlight current challenges that the U.S. child welfare systems face.

Keywords: child abuse and neglect; child maltreatment; child protective services; child welfare; child welfare system

Child welfare services in the United States are guided by a three-part federal mandate to promote safety, permanency (enduring residence in a stable and legally recognized family), and well-being for children experiencing or at risk of child maltreatment. Complying with this mandate requires that state and local governments first respond to alleged reports of suspected child abuse and neglect; investigate those reports when warranted; (often) make a

Lawrence M. Berger is Associate Vice Chancellor for Research in the Social Sciences, Vilas Distinguished Achievement Professor of Social Work, and former director of the Institute for Research on Poverty at the University of Wisconsin–Madison. His research focuses on the ways in which economic resources, sociodemographic characteristics, and public policies affect parental behaviors and child and family well-being.

Correspondence: lmberger@wisc.edu

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determination as to whether maltreatment has occurred; and, when appropriate, provide services to protect children from ongoing maltreatment. Second, it requires ensuring safe, stable, and permanent living arrangements for children either with their family of origin or by providing out-of-home care, either temporarily or permanently, for children who cannot safely live with their family of origin. Third, it requires intervening to promote the health; mental health; and educational, material, and social well-being of system-involved children and youth, particularly those who have been removed from their home. While these services fall under the purview of what is commonly referred to as “the” U.S. child welfare or child protective services “system,” they are, in actuality, provided by a multitude of state-, county-, and territorial-administered systems that are characterized by considerable variation in policies and practices.

Child welfare services in the United States are far-reaching and expensive. A large proportion of American children and families—and particularly low-income children and families and children and families of color—are investigated for alleged maltreatment and, in many cases, subject to further intervention, including child removal (Kim et al. 2017; Wildeman and Emanuel 2014; Wildeman et al. 2014), at a cost of roughly \$30 billion per year to federal, state, and local governments (Rosinsky and Williams 2018). Moreover, despite that the vast majority of child welfare-involved families are low-income and also involved in other social welfare programs, most commonly the Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps) and Medicaid/State Children’s Health Insurance Program (SCHIP) (Cancian, Noyes, and Kim 2017; Feely et al., this volume; Slack and Berger, this volume), child welfare services typically receive limited attention in major social policy debates—a crucial omission given the substantial costs of child maltreatment to individuals, families, and society, as well as a growing body of evidence suggesting a causal link between income and child maltreatment, including that more generous social welfare transfers may result in lower rates of child abuse and neglect (Berger et al. 2017; D. Brown and De Cao 2020; E. Brown et al. 2019; Cancian, Yang, and Slack 2013; Pac 2019; Raissian and Bullinger 2017; Schneider, Waldfoegel, and Brooks-Gunn 2017; Wildeman and Fallesen 2017).

This volume of *The ANNALS* brings together leading child maltreatment¹ and child welfare policy scholars to assess options and opportunities for better preventing, identifying, and addressing child abuse and neglect—through both child welfare services and through the wide range of other policies and programs with which populations at risk of child maltreatment and child welfare involvement regularly interact—bringing to bear the most rigorous existing research on child

Kristen S. Slack is professor and PhD program chair at the University of Wisconsin–Madison Sandra Rosenbaum School of Social Work. Her research focuses on understanding the role of poverty and economic hardship in the etiology of child maltreatment, caseload dynamics of child welfare systems in relation to other public benefit systems, and community-based programs designed to prevent child maltreatment.

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maltreatment prevention and response. The volume is particularly timely for at least three reasons. First, after declining for more than a decade, foster care caseloads have risen substantially in recent years, which has largely been attributed to the opioid epidemic and its effects on families (Sepulveda and Williams 2019; Williams and Sepulveda 2019). Second, the school closures, lockdowns, and losses of employment and income that the COVID-19 pandemic has caused have created a context in which actual child abuse and neglect rates are likely rising, even as reports of child maltreatment are likely falling (Welch and Haskins 2020). This has raised concerns about both child safety and long-term system capacity. Third, recent federal legislation, the Family First Prevention and Services Act of 2018, has radically transformed child welfare financing by, for the first time, allowing federal Title IV-E funds—which have historically been available only for partial federal reimbursement of foster care, adoption assistance, and kinship guardian assistance—to be spent on evidence-based prevention efforts rather than solely on out-of-home care services. This has created an opportunity to substantially reform child welfare financing, policy, and practice (see articles by Haskins, this volume; Testa and Kelly, this volume).

This volume is intended to increase awareness among public policy scholars, policy-makers, and practitioners of the size, scope, and functions of child welfare services in the United States, with the aim of promoting a wider understanding of the potential implications of social policies and reforms thereof for child welfare services, as well as better incorporating child welfare services into cross-cutting social policy debates. To this end, the articles offer concrete recommendations for improving child maltreatment prevention as well as systemic approaches—both within the purview of child welfare services and across the broader community and social policy landscape—to identifying and responding to children and families at risk of abuse and neglect and those for which maltreatment has already occurred. In this article, we provide an overview of child welfare services in the United States, and highlight current challenges facing U.S. child welfare systems. Throughout, we point to the contributions to these areas that the articles included in the volume provide.

Why Do We Need a Child Welfare System?

A substantial number of American children experience abuse or neglect, which, in turn, is associated with adverse cognitive, emotional/behavioral, social, and economic outcomes throughout the life course. This incurs a high cost to both individuals and society. The extensive list of adverse outcomes associated with being maltreated in childhood spans mental health (depression, suicidality, anxiety, conduct disorder, aggression, post-traumatic stress disorder); drug and alcohol abuse; physical health (obesity, sexually transmitted diseases, diabetes, liver and kidney dysfunction, vision problems); risky health behaviors; cognitive development (school performance, learning problems); difficulty relating to peers; educational achievement and attainment; delinquency, violence, and criminal

behavior; and employment, employment stability, earnings, occupational status, and wealth accumulation (National Research Council 2014; Norman et al. 2012; Widom 2014). These outcomes may, at least in part, reflect that experiencing abuse and neglect during childhood can impact brain development and related biological processes, with consequences for executive functioning, stress response, emotion processing and regulation, and cognitive functioning and memory (Bernard, Lind, and Dozier 2014).

Moreover, evidence suggests a dose-response relation such that exposure to multiple forms of (Font and Maguire-Jack 2020), more frequent, and more severe abuse and neglect are associated with poorer development and life outcomes (Jackson et al. 2014; Jaffee and Maikovich-Fong 2011; Johnson-Reid, Kohl, and Drake 2012). Effects may also differ by the developmental stage(s) at which maltreatment occurs (Jaffee and Maikovich-Fong 2011). In addition, evidence points to high levels of intergenerational transmission of abuse and neglect such that children whose parents experienced childhood maltreatment are at substantial risk of experiencing maltreatment themselves at the hands of both their parents and others (Font et al. 2020). It is important to note, however, that there is an ongoing debate over the extent to which these associations are likely causal in nature versus reflecting other aspects of social and economic disadvantage that are associated both with experiencing childhood maltreatment and with poor outcomes throughout the life course. Nonetheless, child abuse and neglect are extremely costly to U.S. society: recent estimates suggest that the total cost of child abuse and neglect in the United States ranges from \$428 billion to \$2 trillion per year (Peterson, Florence, and Klevens 2018).

Recognition of both the consequences and costs of child maltreatment has led to a range of policies and programs in the United States, as in all industrialized countries, to prevent and respond to child abuse and neglect to minimize both their occurrence and their adverse consequences (Berger and Slack 2013; Berger and Waldfogel 2011). These efforts span public policies, laws, and regulations; federal, state, and local (e.g., county, territorial/tribal) funding allocations; and public and private agencies, programs, and services committed to intervening with children and families who are at risk of, suspected of, or have been identified as experiencing child abuse and/or neglect. Precise policies, services, and mechanisms differ substantially across (and within) countries, as well as by state/territory and county within the United States. Collectively, however, they are typically referred to as composing a country's child welfare or child protective services (CPS) system.

Although *child welfare system*, *child protection system*, *CPS system*, *CPS*, and similar terms are frequently interchangeably used, in this article, as in all of the articles in this volume, we use *child welfare system(s)* as the overarching term to indicate the full scope of systemic responses to child maltreatment, including both CPS and out-of-home (foster care) services. We use *CPS* to refer to "front-end" child welfare system activities, including report receipt, investigation, maltreatment determination, in-home services, child removal, and the like. We use *out-of-home care services* or *foster care services* to refer to child welfare system activities for children who have been removed from their home. Notably, we

define the U.S. child welfare system as being responsible for identifying, responding to, and addressing alleged acts of maltreatment—we do not include child maltreatment prevention services to families who have not yet been reported to CPS as, in the U.S. case, such services are typically provided (and traditionally financed) by a range of government and private agencies and funding mechanisms outside of the formal child welfare system(s), which has been described as “reactionary by design” (Welch and Haskins 2020).² Finally, although we and the other authors in the volume refer to the U.S. child welfare, CPS, or foster care “system,” it is important to recognize that child welfare policy and practice are predominantly determined and delivered at the state or county level (albeit under the guidance of federal mandates and funding mechanisms): thirty-eight states, Washington, D.C., and Puerto Rico operate state-administered systems, ten states operate county-administered but state-supervised systems, and two states operate hybrid systems in which some CPS functions are administered at the state level and others at the county level. Slack and Berger (this volume) provide a more detailed discussion of state and local variation in child welfare practice and policy.

The legitimacy of government-sanctioned child welfare systems as a mechanism for intervention in family life has been justified across the advanced industrialized countries by widespread agreement that child abuse and neglect are conditions that necessitate societal intervention both because children are not fully able to protect themselves from maltreatment at the hands of their parents and caregivers *and* because children are entitled to grow up in a home in which they are free from abuse and neglect (Waldfoegel and Berger 2006). As such, child welfare systems have considerable coercive and legal power to intervene in (allegedly) abusive and neglectful families—if necessary, even against parents’ wills (Freymond and Cameron 2006). That is, concerns for both equity and children’s rights have meant that society’s obligation to protect children from maltreatment is typically treated in law and policy as superseding society’s obligation to ensure parental rights and family privacy once some legally defined threshold of abuse or neglect has *potentially* been crossed (Berger and Waldfoegel 2011).³ Berger and Waldfoegel (2011) further assert that efficiency concerns also justify the need for child welfare systems. Specifically, given extensive evidence that experiencing abuse or neglect during childhood is associated with a wide range of adverse outcomes throughout the life course, which result in extensive short- and long-term costs to both individuals and society, they argue that cost-effective interventions for preventing and ameliorating the effects of abuse and neglect are warranted. At the same time, there are growing calls for reimagining the child welfare system and reducing or even eliminating foster care as a response to child abuse and neglect, replacing such policy responses with a more robust social and economic safety net and continuum of prevention services (Center for the Study of Social Policy 2020; Dettlaff and Boyd, this volume; Merritt, this volume; Feely et al., this volume; Ringel et al. 2017). As the field moves forward, innovations in policy are critically needed to both counteract the need for CPS and improve the experiences of families who come into contact with the child welfare system.

What Constitutes Child Maltreatment?

Child maltreatment is made up of acts of omission and acts of commission, usually on the part of a parent or primary caregiver, that have resulted in or *pose a threat of* potential harm to a child, typically regardless of parental or caregiver intent (Gilbert, Widom, et al. 2009). Many, but not all, U.S. state statutes include a clause indicating that the action or omission must have occurred *for reasons other than poverty* alone. Acts of commission—things parents or caregivers do that pose risk of or actual harm to children—are primarily categorized as child physical abuse, child sexual abuse, and child psychological or emotional abuse. Acts of omission—things parents or caregivers fail to do, so as to pose risk of or actual harm to children—are primarily categorized as child physical, medical, supervisory, educational, or emotional neglect.

Child neglect, the umbrella term for omissions in care, is characterized by inadequate provision of basic necessities such as food, clothing, shelter, supervision, education, and medical care and, in some cases, a failure to meet children's emotional or psychological needs. Neglect is by far the most common form of maltreatment in the United States and was indicated in 74.9 percent of all confirmed maltreatment cases in 2017 (U.S. Department of Health and Human Services [USDHHS] 2019a). In fact, child neglect is the most common form of maltreatment in all of the developed countries (Gilbert, Widom, et al. 2009). The second most common form of maltreatment, physical abuse, constitutes actions that put children at risk of, have the potential to cause, or have caused bodily harm; such actions are frequently undertaken for disciplinary or punitive purposes. Physical abuse was indicated in 18.3 percent of confirmed maltreatment cases in 2017 (USDHHS 2019a). Sexual abuse includes exposing a minor to or involving them in any form of direct sexual contact as well as exploitation or exhibitionism. It was indicated in 8.6 percent of confirmed maltreatment cases in 2017 (USDHHS 2019a). Finally, emotional or psychological abuse is broadly defined to encompass actions and omissions that are the cause of or have the potential to cause psychological/emotional harm to a child; this type of abuse was indicated in 5.7 percent of maltreatment victimizations in 2017 (USDHHS 2019a).⁴ Notably, while precise definitions and thresholds of each form of abuse or neglect differ considerably by U.S. state (Rebbe 2018), as well as by country and, in many cases, by state, region, or province within a country, these overarching constructs are defined relatively similarly across the industrialized countries and the states and territories within them. Font and Maguire-Jack (this volume) provide a detailed discussion of various definitions of child abuse and neglect and the implications of identifying and measuring maltreatment.

How Does the Child Welfare System Identify Children and Families?

Alleged incidents of abuse and neglect come to the attention of the child welfare system when suspected maltreatment is reported by mandated or voluntary

reporters. This initially requires that a parental or caregiver act of omission or commission is viewed by a potential (mandatory or voluntary) reporter who makes an assessment that the behavior may constitute child maltreatment and, in turn, a decision to make a report. This first stage of the process occurs outside of the child welfare system, itself.

Parameters for reporting suspected child maltreatment are governed by federal, state, and (sometimes) local laws and policies that dictate what conditions should be reported and to what agency. They also stipulate those categories of individuals that are legally obligated to report suspected maltreatment (mandated reporters), although all individuals may voluntarily do so. Mandated reporters typically include teachers, childcare providers, clergy, social workers, health care personnel, law enforcement, and other professionals with frequent contact with children; however, in some states and locales, all individuals are mandated to report suspected child maltreatment. Voluntary reporters include all other (nonmandated) individuals. However, most voluntary reports are made by relatives, the other parent, friends, and neighbors. Some reports are made anonymously. Roughly two-thirds of all reports are made by “professionals,” such as educators, law enforcement, and social service personnel, who are likely mandated reporters. The remainder are from “nonprofessionals,” who are much more likely to be voluntary reporters, or “unclassified” reporters (USDHHS 2020). Reports are typically submitted to a government or quasi-government agency via a telephone hotline.

What Happens after a Child or Family Is Reported?

Upon receiving a report, the child welfare agency engages in a screening process to first determine whether the information provided is substantial and precise enough to warrant further attention. Specifically, the information must enable the agency to identify and locate the family and must also contain evidence suggesting a reasonable likelihood that maltreatment may have occurred for a specifically identified child. If these conditions are not met, the case is screened-out and closed without further action. If they are met, it is screened-in, and the agency is mandated to contact and investigate or assess the family to determine whether there are child safety concerns, (often) whether maltreatment has occurred, and whether the family may benefit from additional voluntary or mandated services. Law enforcement may be contacted (and involved) in particularly severe cases of abuse or neglect and those that include illegal activities, such as prostitution and the manufacture and distribution of illicit substances, although law enforcement involvement is by no means the norm. If the agency determines that there is no, or insufficient, evidence that maltreatment has occurred, that there are no prevailing child safety issues, or that the family is not in need of additional services, the case is typically closed, although referrals to voluntary services may be made.

Families found to have engaged in abuse or neglect, or to be at considerable risk of maltreatment or related child safety concerns, as well as those deemed in need of additional (psychosocial) intervention, may be asked or required to collaborate with their child welfare worker to create a child protection or safety plan, offered voluntary short- or long-term services, or mandated to participate in such services. Services typically include parenting skills, mental health, substance use, and other related interventions for parents and/or children. They may be delivered in the family's home or in community agencies. In most states, the investigation concludes with a determination as to whether abuse or neglect has occurred, at least for families that are investigated after initially being deemed at considerable risk for abuse or neglect.⁵ These determinations are referred to as "substantiations" or "indications" that maltreatment has occurred and may result in the perpetrator being placed on a child maltreatment registry.

When severe abuse or neglect has occurred, or substantial child safety concerns are identified, children may be removed from home and placed in relative or nonrelative foster homes, or in institutional settings (congregate care) if a suitable family foster home cannot be identified or if a foster home placement is deemed inappropriate (often because a child exhibits acute socioemotional problems). Once a removal has occurred, parents and children are typically offered or mandated to a range of services. Following a removal, most children are reunified with their family of origin (i.e., return to their home of origin) within a relatively short period of time and never reenter out-of-home care. However, there is considerable variation in children's placement experiences and trajectories with some experiencing multiple placement spells (removals and reunifications); multiple placements with various caregivers in a variety of settings within and across spells; eventual terminations of parental rights; and diverse (ultimate) exits from care into reunification, adoption, permanent (relative) guardianship or a similar arrangement; and emancipation from care (without a permanent placement) after reaching the age of majority (see Wulczyn, this volume).

Decision-making at each stage of the child welfare process—spanning reporting (which is external to the child welfare system), screening, investigating, case disposition, child removal, out-of-home care exit timing and type, and termination of parental rights—involves attempts by mandated and voluntary reporters, child welfare practitioners and, in some cases, judges to assess perceived risk in a context of incomplete information. These processes are, by their very nature, subjective. As such, they may reflect a variety of biases, misjudgments, errors, and the like. In response, a variety of risk assessment tools have been introduced to aid practitioner decision-making at multiple stages of the child welfare system. Most recently, some locales have implemented predictive analytics strategies, which harness large-scale longitudinal administrative data to generate family risk scores for practitioners to weigh in their decision-making. Their use has generated considerable controversy with respect to predictive accuracy, exacerbation of historical biases, and ethical use. At the same time, some evidence suggests that they result in improved safety for children without increasing racial and ethnic disparities. Drake and colleagues (this volume) provide a detailed analysis of the strengths and limitations of such approaches, including ethical concerns, within specific practice contexts.

In addition, a large research literature has documented that child welfare investigations—and, in particular, child removals—tend to be confrontational in nature and induce considerable stress, anger, and trauma for the children and families involved. Merritt (this volume) draws from both prior research and her own in-depth interviews with child welfare-involved families to highlight implications for policy and practice reforms to reduce conflict, improve information sharing and collaboration, and establish better family-agency partnerships to work toward common goals.

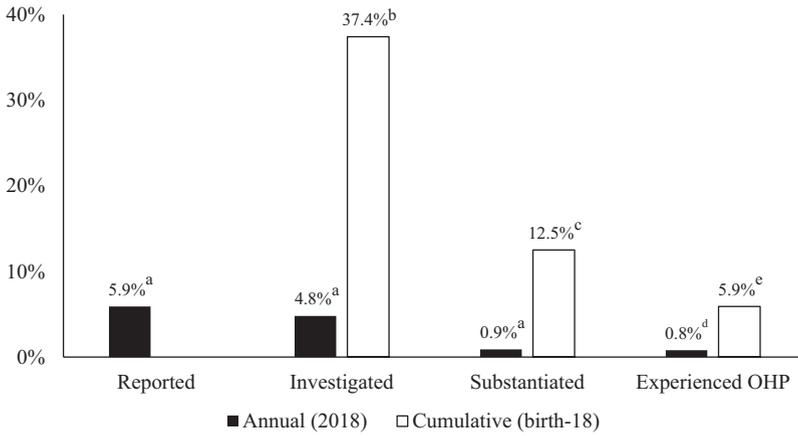
How Common Is Child Welfare System Involvement and for Whom?

High annual prevalence rates of CPS involvement and foster care placement have generated widespread concern among scholars, policy-makers, and practitioners. However, cumulative childhood incidence rates—particularly for children of color—are simply alarming. Figure 1 presents the annual (in 2018) and cumulative rate of investigation, substantiation, and out-of-home care that U.S. children experience, as well as the annual report rate (for which we are aware of no existing cumulative estimates). As shown in Figure 1, 5.9 percent of all U.S. children (7.8 million children) were reported, 4.8 percent were investigated, 0.92 percent were deemed victims of child maltreatment (USDHHS 2020); and 0.8 percent spent some time in out-of-home care (USDHHS 2019b).⁶ Yet these prevalence rates are just the tip of the iceberg. Over the course of childhood, from birth to age 18, 37.4 percent of all U.S. children are investigated for (Kim et al., 2017) and 12.5 percent are determined to be victims of abuse or neglect (Wildeman et al. 2014); approximately 5.9 percent spend some time in foster care as a result of child welfare system involvement (Wildeman and Emanuel 2014).

Of particular concern, children and families of color—particularly Black and Native American children and families—are highly likely to be involved in the child welfare system at all levels. Figure 2 presents cumulative childhood investigation, substantiation, and out-of-home placement rates by race and ethnicity. These figures are striking. Whereas at some point during childhood, 28.2 percent, 10.7 percent, and 4.9 percent of white children are investigated, substantiated, and spend some time in out-of-home care, respectively; for Black and Native American children, these rates are 53.0 percent, 20.9 percent, and 11.0 percent; and 23.4 percent, 14.5 percent, and 15.4 percent, respectively. By comparison, for Hispanic and Asian/Pacific Islander children, they are 32.0 percent, 13.0 percent, and 5.4 percent; and 10.2 percent, 3.8 percent, and 2.1 percent, respectively (Kim et al. 2017; Wildeman et al. 2014; Wildeman and Emanuel 2014).

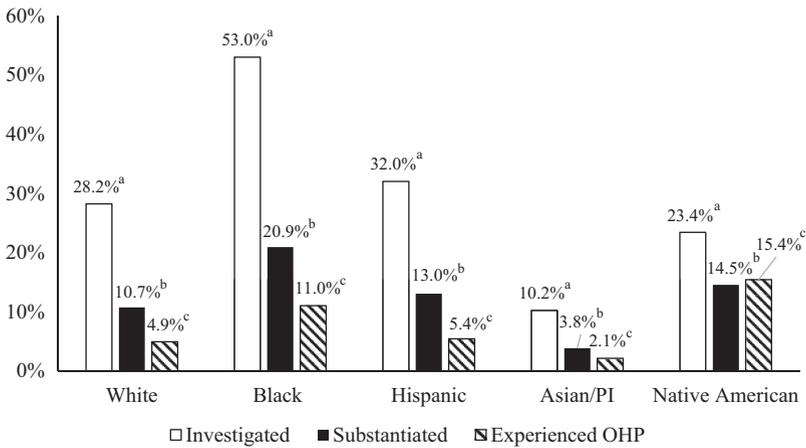
Additionally, child welfare-involved families tend to be highly economically disadvantaged—indeed, lack of economic resources is the strongest and most consistent predictor of child welfare system involvement in developed countries,

FIGURE 1
Annual and Lifetime (Birth–18) Rates of CPS Involvement in the United States



SOURCES: Authors’ figures based on data from ^aUSDHHS (2020); ^bKim et al. (2017); ^cWildeman et al. (2014); ^dUSDHHS (2019b); ^eWildeman and Emanuel (2014).

FIGURE 2
Lifetime (Birth–18) Incidence of CPS Involvement in the United States by Race/Ethnicity



SOURCES: Authors’ own figure based on data from ^aKim et al. (2017); ^bWildeman et al. (2014); ^cWildeman and Emanuel (2014).

including in the United States (Cameron and Freymond 2006; National Research Council 2014; Pelton 2015).⁷ On average, child welfare–involved families are characterized by considerable instability in employment and earnings, low

incomes, and high levels of involvement in means-tested social welfare programs. While national estimates are not available, recent estimates from Wisconsin⁸ indicate that, in the year prior to being investigated for child maltreatment, the vast majority of investigated families received benefits from one or more means-tested programs, including the SNAP (76 percent), Medicaid/SCHIP (71 percent), Temporary Assistance for Needy Families (TANF; 15 percent), child care subsidies (16 percent), child support enforcement (38 percent as a payee and 18 percent as a payer), and unemployment insurance (UI; 17 percent); moreover, roughly 40 percent had at least one-quarter with no reported earnings in the year before the investigation. This is particularly important in light of growing evidence that economic resources may be causally linked to child abuse and, in particular, neglect (Berger et al. 2017; Cancian, Yang, and Slack 2013; Raissian and Bullinger 2017; Schneider, Waldfogel, and Brooks-Gunn 2017; Wildeman and Fallesen 2017). Economic resources are thought to impact child maltreatment both directly and through several intermediary mechanisms (see Berger and Waldfogel 2011). First, when family resources are inadequate to provide the basic goods and services that children need for healthy development, the quality of the home environment may fall below legal thresholds for child neglect. As such, inadequate economic resources may have a direct and mechanical effect on child maltreatment risk, particularly child neglect. In addition, economic resources may affect child maltreatment through their influence on parental psychosocial functioning and family dynamics. Research has long established that inadequate economic resources are inversely linked to parental well-being, including being associated with greater stress, depression, and cognitive load, which, in turn, are linked to poorer quality parenting, including less parental warmth and responsiveness, and greater harsh, substandard, and neglectful parenting behaviors. More stringent resource constraints also suggest that lower-income parents have fewer disciplinary and behavioral control options than their higher-income counterparts and may, therefore, have fewer alternatives to physical discipline. Inadequate economic resources may indirectly influence risk of both child abuse and child neglect through these mechanisms. Yet existing child welfare services primarily focus on parental psychosocial functioning and parenting behaviors. Child welfare-involved families are not systematically offered services to increase their economic resources.

What Are the Key Challenges Facing the Contemporary U.S. Child Welfare System(s), and How Does this Volume Address Them?

Our overview of the contemporary U.S. child welfare system calls attention to several key issues. First, it is crucial that child welfare policy and practice be guided by the fact that *child neglect is by far the most common form of child maltreatment*. Moreover, child physical abuse and sexual abuse have declined to an unprecedented extent over the last three decades, whereas similar declines

have not been observed for child neglect (Finkelhor, Saito, and Jones 2020)—such that child neglect is now driving child welfare caseloads even more than in the past. This simple fact is enormously important to understanding and reforming the U.S. child welfare system. To begin with, child neglect is closely linked to low incomes, poverty, and economic hardship. However, the child welfare system does not currently systematically attend to these issues. This begs the question of whether child welfare practice should continue to (almost exclusively) prioritize parenting skills and psychosocial interventions or should be expanded to consistently and systematically address economic struggles, through coordinated efforts both within and outside of the formal child welfare system (Feely et al., this volume; Slack and Berger, this volume).

Moreover, the current COVID-19 pandemic has triggered lockdown orders, school closures, and extensive losses of employment and income. Associated social isolation and economic hardship are highly likely to result in increased child maltreatment and, likely, child neglect, in particular. Although limited exposure to mandated reporters may result in decreased child welfare reporting while lockdowns and school closure orders are in effect (Welch and Haskins 2020), increases in underlying maltreatment have the potential to drive an influx of child welfare cases once such orders are lifted, particularly given dire predictions for a speedy economic recovery. Thus, we might expect substantial increases in child maltreatment and, perhaps, foster care placement, particularly for low-income families, in the wake of the adverse economic effects of the pandemic. At the same time, growing evidence indicates that generous and inclusionary social welfare programs have the potential to reduce abuse and neglect (Berger et al. 2017; Brown and De Cao 2020; Brown et al. 2019; Pac 2019; Raissian and Bullinger 2017; Wildeman and Fallesen 2017). The federal response to the epidemic represented an unprecedented expansion in the U.S. safety net via a wide range of policy initiatives, including income support expansions under the Coronavirus Aid, Relief and Economy Security Act (2020). The effects of these policy initiatives in the aftermath of the COVID-19 pandemic are ripe for analysis and evaluation; the results thereof may have widespread implications for informing future child maltreatment prevention efforts.

Second, *the formal child welfare system devotes very few resources to child maltreatment prevention*. Rather, prevention has traditionally fallen under the purview of other public and private systems, agencies, and funding mechanisms such that the formal system itself is characterized by a predominantly reactive, rather than proactive, mandate and approach (Welch and Haskins 2020). As noted above, the recent passage of the Family First Prevention and Services Act of 2018, for the first time, authorizes the use of federal (Title IV-E) funds to provide in-home prevention services to help families in crisis avoid (escalating) child welfare system involvement, including out-of-home placement, through the provision of specifically targeted interventions in the form of evidence-based substance use and mental health treatment, and in-home parenting services. These services can be provided to a wide range of families at risk of child removal, including those in informal kinship care arrangements and those who have reunified after a child was placed out-of-home. This flexibility allows child

welfare agencies to begin serving families that have not (yet) been reported—a vast departure from traditional policy and practice—and to provide enhanced services to reunified families. This is particularly important in light of evidence that child abuse and neglect are, in general, underreported (Flaherty et al. 2008; Wood et al. 2017), coupled with recent evidence that underreporting (and thus underinclusion in the formal child welfare system of children and families for whom abuse or neglect has occurred) has increased in the context of the COVID-19 pandemic and associated lockdowns and school closures (Welch and Haskins 2020). It is also important given a paucity of resources targeted to reunified families, many of which will experience a subsequent child removal (Font, Sattler, and Gershoff 2019).

Several of the articles in this volume directly address the opportunities and challenges of the Family First Act, potential avenues to provide enhanced prevention efforts, both within and outside of the child welfare system, and the financing thereof. Haskins (this volume), for example, presents an in-depth analysis of child welfare financing, drawing out key implications for why the United States has not been more successful at preventing, identifying, and addressing child maltreatment and highlighting new opportunities for improvement given increased flexibility in use of federal funds under the Family First Act. Testa and Kelly (this volume) provide a framework for how states, counties, and child welfare agencies can best identify and evaluate initiatives to promote child safety and prevent maltreatment and child removal in a context of a limited range of demonstrated efficacious, evidence-based initiatives.

Other articles in the volume propose large-scale child maltreatment prevention initiatives. These span primary (prior to identification that risk of maltreatment has occurred), secondary (targeted at those identified as being at risk of abuse or neglect), and tertiary (targeted at those identified as already having been abused or neglected, and intended to prevent further maltreatment) prevention efforts, and may include universal (eligibility is not based on level of risk, nor income or assets) and targeted/categorical approaches (eligibility is based on level/category of risk or income/assets) (Merritt, Maguire-Jack, and Negash 2017). For example, Jones-Harden and colleagues (this volume) highlight key components necessary for creating an effective child maltreatment prevention landscape in the United States and recommend prioritizing a specific set of scalable evidence-based programs. Roygardner, Hughes, and Palusci (this volume) argue for better leveraging community strengths and resources to inform a universal “prevention zone” approach to a coordinated system of primary, secondary, and tertiary prevention of child abuse and neglect at the community level. Feely and colleagues (this volume) propose a “safe and consistent care of children” framework that would place child safety at the center of the full range of social welfare programs impacting children and families, with an emphasis on ensuring that families acquire adequate resources to ensure they are able to meet their children’s needs, thereby reducing child maltreatment, particularly child neglect.

Third, *the child welfare system is far reaching such that involvement therein is a common experience for American children—particularly low-income children and children of color*. This begs the question of whether definitions may be too

broad as to overinclude in the child welfare system children and families whose primary challenges are not related to parental actions or omissions but rather to, for instance, economic and material hardship. Font and Maguire-Jack (this volume), for example, highlight practical difficulties in determining whether parental omissions have occurred as a result of “poverty alone,” and their implications for child welfare decisions regarding both whether and how to intervene. They further describe important definitional and measurement issues and their implications for estimates of the prevalence and incidence of maltreatment. Merritt’s (this volume) description of the stress and trauma associated with children’s and families’ interactions with the child welfare system raises concerns about casting too wide a net vis-à-vis investigations and removals, given that unnecessary intervention in these areas may do more harm than good, and stresses the importance of a less confrontational approach. Dettlaff and Boyd (this volume) question whether child welfare system intervention is even necessary for many of the children and families of color involved in the system and whether, on average, child welfare involvement benefits or further disadvantages them. Other articles argue that appropriately resourced and implemented prevention efforts (Jones-Harden et al., this volume; Roygardner, Hughes, and Palusci, this volume) and comprehensive systems synergy-focused initiatives (Feely et al., this volume; Slack and Berger, this volume) have the potential to substantially reduce the proportion of low-income and minority children and families entering the formal child welfare system and advancing through the child welfare services continuum.

Fourth, *most children who are reported to the child welfare system are neither substantiated for maltreatment nor removed from home and, for those who are removed from home, most out-of-home care trajectories are relatively short-lived.* This, again, raises concerns about whether children and families are unnecessarily traumatized by (unnecessary) investigations (Merritt, this volume; Dettlaff and Boyd, this volume) that ultimately do not result in receipt of services (Slack and Berger, this volume). It also raises key questions regarding the appropriate alignment of legal definitions and thresholds for maltreatment with services offered by the child welfare system (Font and Maguire-Jack, this volume), whether families may be better served by programs outside of the traditional child welfare system (Jones-Harden et al., this volume; Dettlaff and Boyd, this volume; Feely et al., this volume; Roygardner, Hughes, and Palusci, this volume; Slack and Berger, this volume), and whether families may warrant services—and whether society should bear the responsibility to provide such services—even if their circumstances have not risen to legal thresholds for maltreatment (Slack and Berger, this volume). Indeed, Slack and Berger (this volume) argue on both equity and efficiency grounds that society has an obligation to serve the large number of children and families who are known to the child welfare system as a result of having been reported or investigated, but who have not (yet) been substantiated for maltreatment, because these children and families are documented to be at substantial risk for maltreatment and are highly likely to subsequently return to the child welfare system, often under exacerbated circumstances. They further argue that such intervention should be external to the child welfare system, where families can engage voluntarily.

Wulczyn's (this volume) analyses of out-of-home placement trajectories raise further concerns that foster care policies and practices do not reflect the reality of many children's out-of-home care placement experiences. This is of particular salience to the contemporary child welfare system, which has seen large increases in foster care caseloads; foster care caseloads consistently declined from 2002 to 2012, but have increased steadily thereafter (by 10 percent from 2012 to 2016 alone), reflecting both increased entries into care and longer placement spells (and, therefore, fewer exits); they are now at their highest level since 1999 (Child Trends Databank 2019). Moreover, in the context of the ongoing opioid epidemic and health, economic, and social impacts of the COVID-19 pandemic and its aftermath, it is likely that this upward trend will continue.

Finally, *decision-making at all stages of the child welfare system continuum is made in the context of incomplete information and is, frequently, subjective in nature*. While, to a considerable extent, this is unavoidable, it could perhaps be minimized in a variety of ways, including more precise, standardized, and easily operationalized legal definitions (Font and Maguire-Jack, this volume), as well as the implementation of efficacious and well-evaluated tools to aid practitioners in decision-making at specific junctures in the child welfare system continuum. To this end, Drake and colleagues (this volume) present a "practical framework" for considering the use of predictive analytics in the child welfare system that takes into account accuracy in optimal decision-making around specific decisions and potential outcomes both for the overall population of children and families that come to the attention of the child welfare system and for particular subgroups thereof; evaluating whether the use of predictive modeling results in better, worse, or equivalent decisions relative to status quo practice (or alternative risk-assessment/decision-making tools); and assessing whether a particular child welfare system has the capacity to successfully implement a predictive analytics approach. They also devote considerable attention to ethical debates surrounding use of predictive analytics, including its potential to exacerbate or reduce ongoing systemic biases. These are crucial considerations for policy and practice in the contemporary child welfare system given that decisions therein are extremely consequential to children and families, as well as to society. Reducing subjectivity in child welfare decisions has potentially widespread implications for the way families experience the child welfare system (Merritt, this volume), as well as for potential overinclusion and underinclusion at various levels of the system (albeit post reporting), both in general and based on factors such as race and ethnicity, economic disadvantage, and family and neighborhood characteristics.

Looking Forward: Toward a Better Approach to Preventing, Identifying, and Addressing Child Maltreatment

The articles in this volume tackle the challenge of recommending innovative approaches to better preventing, identifying, and addressing child abuse and

neglect in the United States. These reforms span the child welfare system and the wide range of other policies and programs with which child welfare-involved children and families and those at risk of child maltreatment and child welfare involvement commonly interact. In doing so, the articles draw upon the most rigorous existing research to propose a wide range of approaches involving varying populations and domains of intervention, systems, and technologies. In the face of widespread child welfare system involvement, particularly for socially and economically disadvantaged groups, and growing out-of-home care caseloads, these articles are intended to seed a rich debate on social welfare policy reforms to improve the U.S. approach to child abuse and neglect.

Notes

1. We use the terms “child maltreatment” and “child abuse and neglect” interchangeably.

2. Efforts to prevent child abuse and neglect before they (or CPS involvement) have occurred include media campaigns, community-level interventions, school-based prevention programs, parenting resources and skills, home visiting, and other in-home or community-based services (Berger and Font 2015; MacMillan et al. 2009). In the United States, these efforts typically fall under the purview of health and mental health, family support/home visiting, childcare and education, economic support, juvenile justice, and related programs and systems, rather than that of the child welfare system(s). However, there is considerable international variation in the extent to which prevention efforts are internal or external to a country’s child welfare system(s), largely reflecting differences in the extent to which the country’s approach leans more toward a family-support focus or a child protection focus, as well as the degree to which the child welfare system is mandatory or voluntary, proactive or reactive, and integrated into or fragmented from the country’s larger constellation of policies and practices for promoting child and family well-being (Berger and Slack 2013; Gilbert, Kemp, et al. 2009; Gilbert, Parton, and Skivenes 2011). Welch and Haskins (2020) describe the U.S. approach as lacking a clear overarching structure and system philosophy, as well as struggling to meet the dual mandate of, and therefore vacillating between, prioritizing family support (preservation) and child protection.

3. Notably, while each industrialized country—and each U.S. state and territory—has established such definitions and thresholds, they vary considerably by locale.

4. Additionally, whereas only one form of maltreatment was indicated to have occurred in 85.6 percent of confirmed cases in 2017, multiple forms of maltreatment were found to have occurred in 14.4 percent of confirmed cases. Among single-type maltreatment cases, 62.7 percent were for neglect, 11.0 percent for physical abuse, 6.7 percent for sexual abuse, and 2.3 percent for emotional or psychological abuse (USDHHS, 2019a).

5. As discussed by Slack and Berger (this volume), many states and counties have implemented “alternative response” or “differential response” approaches in which reports are essentially triaged by level of risk. Lower-risk reports then receive an “assessment,” after which no determination is made as to whether abuse or neglect occurred; higher-risk reports receive a traditional “investigation,” which results in such a determination.

6. Note that this figure includes all U.S. children who spent time in out-of-home care in 2018; it is not limited to those who were removed from home in 2018.

7. See Font and Maguire-Jack (this volume) for a complete discussion of risk factors for and causes of child abuse and neglect.

8. Calculated by the authors from linked longitudinal multisystem state administrative data available in the Wisconsin Administrative Data Core, housed at the Institute for Research on Poverty at the University of Wisconsin–Madison. Available upon request.

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