

FAMILIES AT RISK: EXAMINING LACK OF SUPERVISION ALLEGATIONS AMONG FAMILIES
WITH PRIOR CHILD PROTECTIVE SERVICES INVOLVEMENT

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Abstract

Each year many school-age children are left to care for themselves. While this may be suitable for children with sufficient levels of maturity and the physical and mental abilities to execute appropriate judgment, for others it may constitute child neglect. This project examined the antecedents of inadequate supervision of children among families with prior allegations of child maltreatment. Using the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), the results indicated that mothers' maternal mental health, economic well-being (income and employment), and perceived social support were associated with neglectful supervision of children between ages 4 to 6 among families with previous involvement in the child protective system before age 4. Specifically, the likelihood of an inadequate child supervision allegation is greater among mothers with lower perceptions of social support, clinical levels of depression, who are unemployed, and have low incomes compared to their counterparts without these characteristics. The findings suggest that parents with histories of child maltreatment remain at risk of future allegations of neglectful supervision and that CPS agencies must seize opportunities to support mothers and families in hopes of preventing future maltreatment.

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Introduction

Over 3 million (15 percent) of children ages 6 to 12 are regularly left alone, unsupervised, or in the care of a sibling under age 13 (Vandivere et al. 2003). Especially troubling are estimates that roughly 4,000 very young children (age 5) are regularly left to alone to care for themselves (Hofferth, et al. 1990). There are numerous harmful consequences for children who are inadequately supervised including serious injury, emotional trauma, and in some cases, death (U.S. Department of Health and Human Services [DHHS] 1981 in Jones 1987). Each year, child protective services (CPS) agencies around the United States receive millions of reports of suspected child maltreatment, including neglect. While many of these are unfounded, others require intervention like parent education and other support services, and still others are sufficiently severe to necessitate the removal of the children from the home. Most children who are subjects of maltreatment reports are involved only once with child protective services agencies, but others are involved in repeated investigations and substantiated incidents of abuse or neglect.

The reoccurrence of child abuse or neglect potentially points to failures in the system of intervention. Follow-up is therefore of significant concern to national and state-level policy-makers. Yet, existing research on the risk factors associated with re-reporting and recurrence has several important limitations. Theory suggests that in addition to prior child welfare involvement, repeated maltreatment is a function of complex and interrelated factors related to the parents, child, and home environment.

Despite its potential for severe consequences, however, relatively little research has examined the factors contributing to lack of supervision of a child, in particular. The antecedents to neglectful supervision may include poor parental decision-making and deficient parenting, both of which could indicate low cognitive or social functioning or poor parental mental health. The lack of substantial research in this area may be explained by a general lack of appropriate data as child welfare administrative records are typically not linked to detailed background data on families and their circumstances that would allow investigations of explanatory models. Further, few datasets include in-depth case reviews that provide a richer picture of the types of maltreatment that children experience. Lastly, the studies that do exist are often limited by small samples or administrative data from only a few states.

This study aims to address these gaps by using data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) to examine the occurrence of neglectful child supervision among children at greatest risk – those who have prior involvement in the child welfare system. The LONGSCAN is an unusually rich data source with detailed case-level maltreatment records for over 1300 U.S. children linked to comprehensive information about the children, parents, and families. I employ a prospective design following, for two years, a cohort of children who were subjects of maltreatment allegations before age four. Controlling for an initial report of maltreatment, I examine the influence of child-, parent-, and family-level factors on the likelihood of an allegation of lack of appropriate supervision during that period. Among the key explanatory variables are maternal health and depression, perceived social support, socioeconomic

status, and family structure. Because the dependent variable is binary, I use logistic regression.

Gaining a better understanding of the circumstances surrounding neglectful supervision of very young children among families at high levels of risk will be valuable to policymakers and practitioners in three key ways. First, the results of this study will provide information about the types and characteristics of families with prior CPS involvement who are subsequently reported for lack of supervision. Though no screening tool is perfect, this information may help caseworkers identify the cases that may be more likely to return to CPS' attention. In addition, the results may offer evidence to support the provision of services to low-risk cases of child maltreatment, known as alternative or differential responses. If a family reported for child maltreatment that did not receive services is re-reported for lack of supervision, it raises the important question of whether service provision following the prior referral could have prevented the most recent maltreatment. Finally, the study's findings could shed light into the types of services that would be most beneficial to families who are reported to CPS. For instance, if maternal depression is associated with re-referrals for lack of supervision, policy makers and program administrators may want to consider how they could better support mothers' mental health to preserve these already fragile families.

Background

Understanding Child Protective Services

In the United States, the child protective services (CPS) system is charged with handling allegations of child maltreatment. There are several types of maltreatment that include, but are not limited to the following: physical abuse; sexual abuse; neglect; failure to provide adequate food, clothing, shelter, medical care, and hygiene; inadequate or lack of supervision, emotional maltreatment; and educational neglect. This analysis focuses on lack of supervision. While federal laws guide many aspects of child protective services, state human services agencies typically administer these services. In some states, CPS systems are further decentralized to the local or county level. Many localities will address self-care with their own legal codes. For example, a city may decide to investigate all reports of children under the age of 6 left home alone. It is these state and/or local CPS agencies that are responsible for fielding and investigating reports of child maltreatment. In cases where child maltreatment poses a serious risk of harm to a child, the CPS agency may remove the child(ren) from the home. In cases where maltreatment has occurred, but does not rise to the level of removal, the child protective services may provide parenting classes, child care, substance abuse treatment, or other services to meet the families' needs.

Family and juvenile courts are authorized to make decisions about what happens to the child after he/she has been identified, through the child protection agency, to need the court's protection. Courts are responsible for making final decisions around whether children will be removed from the home, the child's placement, steps parents must take to

have their children returned home, and in some cases, whether to terminate parental rights. There are also other repercussions for parents if a child is removed from the home due to child maltreatment, including criminal charges. In some cases, depending on state law, some abusive or neglectful actions in the civil court processes may also be considered crimes. Each state has statutes that describe the types of abusive or neglectful acts that can be punished criminally, which include homicide, assault or battery, abandonment, rape, and several other behaviors.

Legal and Practice Definitions of Maltreatment

The federal law guiding child protective services is the Child Abuse Prevention and Treatment Act (CAPTA), which provides a minimum standard definition which States must uphold in their own policies: “child abuse and neglect means, at a minimum, 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.” (42 U.S.C.A. § 5106g (2)).

Using the CAPTA definition as a minimum standard, States create their own definitions of child abuse and neglect. Of particular interest to this analysis are state laws and policies around lack of supervision. Only two states explicitly outlaw self-care. Illinois law prohibits leaving a child under age 13 unsupervised for 24+ hours. Maryland State law specifically prohibits brief episodes of self-care for children under the age of 8: “A person who is charged with the care of a child under the age of eight years may not allow the child to be locked or confined in a dwelling, building, enclosure, or motor

vehicle out of sight of the person charged unless the person charged provides a reliable person of at least 13 year of age to remain with the child to protect the child.”

Lack of adequate supervision is one of most ambiguous types of child maltreatment because, as evidenced above, there are few laws outlining it and no clear criteria defining what constitutes appropriate supervision. For their National Study on Child Neglect and Abuse Reporting, the American Humane Association (1984) defined “lack of supervision” as: “Inattention on the part of, or absence of, the caretaker which results in injury to the child or which leaves the child unable to care for him/herself, or have his [sic] behavior monitored so that he [sic] avoids the possibility of injuring himself or others” (American Humane Association 1984 in Jones 1987). The Modified Maltreatment Classification System (MMCS) used in the LONGSCAN, defines lack of supervision as when “a caregiver or responsible adult does not take adequate precautions to ensure a child’s safety in and out of the home, given the child’s particular emotional and developmental needs” (LONGSCAN Visit 0-6 Data Dictionary 2004).

Young Children Left to Care for Themselves – A Review of the Literature

Three distinct, but interrelated bodies of literature guide this study. The first examines the antecedents and causes of child neglect to better understand the factors that put families at risk of neglecting their children. The second relates to the antecedents of inadequate supervision in particular. Finally, the third area of study considers the factors associated with recurrence of child maltreatment among families with prior CPS involvement. Taken together, these three bodies of literature provide the needed

background to understand which factors and characteristics of families with prior CPS involvement may increase the risk of inadequately supervise their children.

Understanding Child Neglect

Broadly, neglect is characterized by omissions in care, which result in significant harm or the risk of significant harm. Child neglect can also be defined as failing to provide the basic needs for a child, i.e. adequate food, supervision, shelter, clothing, or medical care. Most state laws allow some exclusions for families who cannot provide for certain needs due to poverty. Neglect is typically broken up into six categories: physical neglect, child abandonment and expulsion, medical neglect, inadequate supervision, emotional neglect, and educational neglect.

Neglect is the most common form of child maltreatment. Data from FY 2005 show that 63 percent of maltreated children are victims of neglect. Neglect also tends to affect the youngest victims. In 2005, nearly three-quarters of child victims (73 percent) ages birth to 3 years were neglected compared with 53 percent of victims, ages 16 years and older. Furthermore, among child fatalities, neglect is the most common type of maltreatment, contributing to 42 percent of all child fatalities in 2005 (U.S. DHHS, Administration on Children, Youth and Families 2007).

Most children who are victims of neglect live with single parents, typically mothers. The absence of a father is associated with low income and fewer tangible resources to provide for children's needs. Chronically neglectful families tend to be large and have fewer resources than smaller families. Unemployment is also very common in

neglectful families. Neglectful families tend to live in impoverished neighborhoods and are less likely than non-neglectful families to be involved in church or other community groups. Families of color are overrepresented among neglectful families. However, because of the higher incidence of poverty among families of color (Native Americans, Hispanics, and African Americans), this overrepresentation goes away when socio-economic status is held constant. It is possible that racial discrimination and poverty place undue stresses on these families, which make them more likely to be neglectful.

Factors known to contribute to child neglect include poverty, unemployment, and parental stress. Poverty and unemployment have a strong positive association with child maltreatment, particularly neglect (Goldman, et al. 2003). It is noteworthy that poverty alone is not a cause of child neglect, but rather the correlates of poverty. There are a variety of theoretical explanations for the link between poverty and child maltreatment. According to the stress perspective, the emotional strain associated with inadequate financial resources lowers parents' coping ability and elevates the risk of maltreatment. Often the problem is compounded by inadequate mental health resources in the community. Finally, parents with low incomes, despite good intentions, may be unable to provide adequately for their children's needs while living in high-risk and unsafe areas. There may also be other characteristics, like mental health issues, that may make parents more likely to be poor and abusive.

Understanding Neglectful Child Supervision

While the literature on inadequate supervision as a form of child neglect is limited, two studies guide this work. In 1987, Jones completed an extensive study of lack of supervision cases in New York State. Specifically, she examined a sample (n=807) of cases from all first-time reports to child protective services that were substantiated in 1982-1983. She also conducted an in-depth case study on a subsample of the original sample (n=99) of cases that included lack of supervision allegations using case record reviews. Data sources for Jones' work included CPS reports on the larger sample.

Jones identified and considered five specific categories of inadequate supervision: (1) child left unattended; (2) child left in care of unsuitable caretaker; (3) child left in the care of a suitable substitute caretaker, but without proper planning or consent; (4) caretaker inadequately supervising child; (5) child permitted, encouraged, or forced to engage or not restrained from engaging in harmful or potentially harmful activities (Jones 1987). Her study, while dated, provides valuable insight into the subset of neglect cases and neglectful families, which make up inadequate supervision cases.

More recently, Coohy (1998) completed a similar study, examining 103 neglectful families and 102 comparison families in urban and rural areas of Georgia. The neglectful families were reported to CPS and had their neglectful behavior subsequently substantiated by CPS. Comparison families were recruited from Aid to Families with Dependent Children (AFDC) employment preparation and Head Start programs and matched with neglectful families on race, income, and single-parent status. Her sample came from Gaudin and Polansky's dataset, *Family Functioning in Neglectful Families*

[1991-1993]. Coohey's study attempted to test Towle's conceptual model of neglect, focusing on mother's motivation, capacity, and opportunity (Towle 1954).

Jones' work examined several key domains related to lack of supervision, including: related maltreatment reports and the CPS agencies' responses; family's economic status; maternal employment; and demographic characteristics. Her results revealed that allegations of lack of supervision were often accompanied by other types of neglect. These cases were also highly correlated with child fatalities, although they were less likely to be judged "serious" by CPS officials compared to non-lack of supervision cases. Lack of supervision cases were also open for a shorter period of time and received fewer contacts by CPS workers. Lack of supervision cases were more likely to have single-female headed households, where the mothers were less likely to be employed. Interestingly, families that left children unattended were more likely to report comfortable financial statuses. Perpetrators who left children unattended tended to be older and Caucasian families were more likely to leave children unattended than any other racial/ethnic group. Finally, lack of supervision households had more and younger children than their counterparts.

Coohey's work confirms many of Jones' findings particularly in the areas of income, age, and employment. Coohey's work did, however, find a higher incidence of lack of supervision among African-American families as compared to Caucasian families. The study also noted that mothers who inadequately supervised their children were more likely to have a spouse or partner. An important contribution of Coohey's work is a focus on mothers' motivation levels and social and problem-solving skills.

Mothers who inadequately supervised their children were more likely to have lower motivation levels than their counterparts, including feeling aimless, having negative attitudes toward future accomplishments, and a general sad expression. These women also had fewer problem solving skills, such as realistic planning, following through with plans for herself, children and family, and setting and maintaining control of her own behavior. Finally, mothers who did not adequately supervise their children had fewer social skills including showing warmth in gestures with interviewers, curiosity towards the feelings of others, awareness of complexities in others' decisions and that they have to weigh alternatives themselves, and being able to laugh at themselves. Cooney did not find that there were any differences between adequately and inadequately supervising mothers on perceived social support. However, when looking at other adult problems, she discovered that mothers who inadequately supervise their children were more likely to have drug/alcohol problems, developmental disabilities, have mental health problems, be clinically depressed, have a problem with the law, and have health or other problems (Cooney 1998).

Taken together, Jones' and Cooney's studies paint a complex picture of the types of families who have been found to have inadequately supervised their children and the problems they face. These individuals appear to be of higher income than their counterparts, yet they are less likely to be employed and possibly more likely to be single female heads of households. These contradictions are particularly notable given the well-documented positive association between unemployment and poverty. Moreover, Jones' and Cooney's work suggest that parental functioning, as noted through motivation levels

and mental health, may be closely related to mothers' leaving children to care for themselves. These two studies support the broader body of literature on the factors that lead to child neglect, as well as the characteristics of neglectful parents.

Re-Involvement in the Child Welfare System

For many families who come into contact with the child protective services system, their cases are successfully resolved and if removed temporarily from parental custody, the children are reunited with their parents and go home to a safe environment. For others, however, this contact marks the beginning of a longer-term involvement with CPS that may include re-referrals to the agency, removal of the children from the home, and possibly termination of parental rights. Not surprisingly, the characteristics and issues that bring families to the attention of the child welfare system are very similar to those that predict recurrence or recidivism.

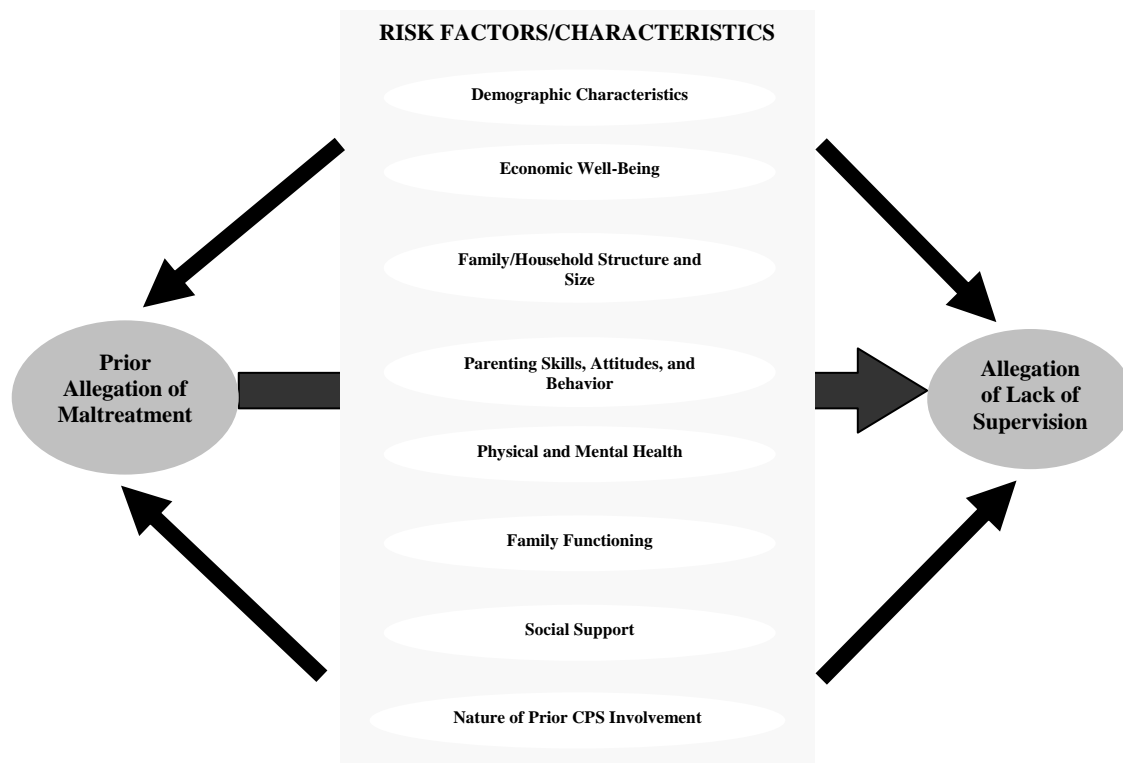
Families with younger children may be at higher risk of recurrence, as are larger families. The presence of a disability in the child is also associated with a higher rate of recurrence (Fluke et al. 2005; Marshall and English 1999). Having a case involving neglect and multiple types of maltreatment also puts families at risk of recurrence (Marshall and English 1999; Jonson-Reid et al. 2003). Several case factors are also related to risk of recurrence, including substance abuse by the caregiver and domestic violence (Fluke et al. 2005; English et al. 2000). Families with fewer social supports are more likely to experience recurrence (DePanfilis and Zuravin 1999). Finally, the

literature suggests that poverty also plays a role as families with lower economic statuses are more likely to be re-reported to CPS for child maltreatment (Drake et al. 2003).

Conceptual Framework

As evidenced above, the incidence of child neglect and in particular, lack of supervision, is a complex interplay of factors that fall into several key areas: demographic characteristics, economic well-being, family structure and size, health (mother and child), history of child maltreatment, and parenting skills. The conceptual framework for the proposed project (figure 1) depicts these interrelated sets of factors as they put families with prior CPS involvement at risk of an allegation of lack of supervision.

Figure 1: Conceptual Framework



Data

Data Source

This analysis uses the Longitudinal Surveys of Child Abuse and Neglect (LONGSCAN), which is part of the National Data Archive on Child Abuse and Neglect, funded by the U.S. Department of Health and Human Services. The Consortium of the LONGSCAN, formed in 1990, brings together five long-term studies of child maltreatment that use common procedures and instrumentation. Data collection began in 1991, with interviews starting at age 4 and continuing every two years until age 18. The maltreatment data available in the LONGSCAN include all children in the study, regardless of whether or not they had any reports of child maltreatment between ages 0 to 8. The data were collected by reviewing and coding CPS maltreatment narratives, which include data abstracted from county-level CPS files. The LONGSCAN uses the Modified Maltreatment Coding System (MMCS) a modified version of the definitions developed by Barnett et al. (1993) to classify types of maltreatment.

Analysis Sample

The LONGSCAN includes 1,354 children in five regions throughout the U.S. (East, Northwest, Midwest, South, and Southwest). Each of these regions had different sample selection criteria, representing varying levels of risk or exposure to maltreatment. To account for this risk, this study used a sub-sample of all cases with an allegation of maltreatment before age 4, which resulted in a sample of 746 children.

Data Limitations

The dataset poses several limitations for this analysis. The first challenge arises from the different target populations and sampling procedures used among the five research sites. The cohorts at each of the sites should be considered a purposive, convenience sample of a particular geographic region in the United States. The children were recruited with varying of risks of maltreatment, which affects the analyst's ability to aggregate the data. Similarly, it is difficult to measure the incidence of maltreatment since being reported to CPS was a condition for eligibility into the sample. It is possible, for instance, that a lack of supervision report is what brought these children into the study. To deal with these sampling issues, this analysis will only consider those cases that have already had an allegation of maltreatment by age 4.

Limiting the sample to those cases with a prior allegation, however, does not eliminate all of the potential biases from these different eligibility conditions. In one site, for instance, all of the children in the sample had been in foster care, meaning that their maltreatment was so severe that the child was removed from the home. In other sites, the child need only be reported to CPS to be included in the sample. Thus among all cases with an allegation, the severity of the allegations and the agencies' responses likely vary. Thus, while the analysis will look at all cases with prior CPS involvement, the multivariate models will need to account for the child's prior CPS history.

Finally, while the longitudinal nature of the dataset affords me the ability to account for the child's involvement in the CPS system prior to age 4, it is important to point out that some of the child, parent, and family characteristics measured at the age 4

“baseline” may have changed during the two-year interval during which subsequent allegations of inadequate supervision are measured. This is likely to be least problematic among those whose re-allegations occurred closer to the end of the observation period (age 6) than for children who became the subjects of subsequent reports relatively soon after the initial allegation.

Measures

Dependent Variable: Reported Lack of Supervision

The dependent variable is a dummy variable coded 1 if the child was the subject of an allegation of lack of supervision between ages 4 and 6 and 0 otherwise. In the LONGSCAN, the MMCS classification system is used for categorizing types of maltreatment.

Covariates

All of the control variables used in the models are taken from the age 4 interviews.

Child demographic characteristics. Child characteristics in the model include: race/ethnicity, gender, and birth position.

Child health problems. Child’s health problem is defined as having at least one of the following: emotional disorder, mental retardation, developmental delay, physical handicap, hearing problem, speech problem, vision problem, chronic illness, or other illness or problem.

Mother demographic characteristics. Mother's demographic characteristics in the model include: education level, marital status, employment, and age at child's birth.

Maternal health and mental health. The models include measures for physical health and psychosomatic symptoms, as well as depression. Mother's physical health is measured using the Caregiver Health Assessment, which is a three-item scale with scores ranging from 1-6. Higher scores indicate poorer physical health. Mother's psychosomatic health is measured using the Health Opinion Survey, a 20-item scale with scores ranging from 20-60. Higher scores indicate presence of more psychosomatic symptoms like trembling, difficulty sleeping, etc. Maternal depression is measured using the Center for Epidemiological Studies' Depression Scale (CES-D). The CES-D is a tool that measures self-reported symptoms of depression reported in the past week using a 20-item questionnaire that includes six major dimensions of depression. The total score is a summation of the mother's response on each of the 20 questions and ranges from 0 to 60. Higher scores reflect a greater number of depressive symptoms. A score of 16 or higher has been used extensively as the cut-off point for high depressive symptoms on this scale (Radloff 1977)

Parenting attitudes and beliefs. Parenting attitudes and beliefs are measured using three subscales of Adolescent-Adult Parenting Inventory (AAPI): appropriate expectations, appropriate family roles, and appropriate empathy. Scores on each of these subscales are developed by combining various items in the Inventory. Higher scores in each of these subscales indicates greater beliefs and attitudes in line with the appropriate expectations,

family roles, and empathy. For the appropriate expectations subscale, the LONGSCAN added 6 additional items to improve reliability and validity.

Maternal support. The models include two different measures of mother's support, perceived social support and neighborhood support. Perceived social support is a total score variable based on the Duke-UNC Functional Social Support Questionnaire. This questionnaire measures an individual's perception of the amount and type of personal social support. The LONGSCAN uses an abbreviated 10-item measure that includes seven original and three project-developed items grouped into 3 scales and does not include questions related to the quality of support. The total score is a summation of the mother's response on each of the 10 questions and ranges from 10 to 50. Higher scores represent greater perceived social support. Neighborhood satisfaction/support was measured using a LONGSCAN-created 9-item scale with scores ranging from 9-36. Higher scores indicate greater satisfaction with the caregiver's neighborhood.

Economic well-being. Three different measures of economic well-being are included in the models, namely, family income, receipt of at least one type of public assistance (e.g., AFDC, Medicaid, WIC, or Food Stamps), and receipt of housing assistance. Family income in the LONGSCAN is a categorical variable rather than an interval-ratio variable. As a result, family income is defined as earning less than \$20,000 in a year.

Family/household structure. The models include several measures of family and household structures including number of children in the household and presence of biological father in the household.

Family functioning. Satisfaction with family functioning is measured using the Family APGAR, a 5-item scale with scores ranging from 5-15. Higher scores indicate greater degree of satisfaction with family functioning.

Prior CPS involvement. The final model also controls for specific factors related to the child's prior allegation of maltreatment and includes: number of reports of maltreatment before age 4, number of different types of maltreatment before age 4, whether there was an allegation of lack of supervision before age 4, and the child's age at first report.

Table 1 provides means and standard deviations for the variables used in the analysis. As shown, the children come from diverse racial and ethnic backgrounds, though the majority of the participants are African American (40 percent) compared to Caucasian (32 percent), Hispanic (10 percent), or children of another race (18 percent). A slight majority of children in the analysis sample are female (53 percent) and roughly 11 percent of these children are only children, although the average number of children in their households is three. Many of these children (40 percent) are the youngest of a set of siblings.

The average level of education among mothers in the analysis sample is less than a high school diploma (M=11.8 years) and only about a third of them are employed full- or part-time. Just over a third of the mothers (34 percent) are single and have never been married, while another 37 percent are married and 29 percent are divorced or separated. On average, the mother's were 32.2 years of age when the focal child was born. In terms of mental health, just over 30 percent of the mothers in the analysis sample are clinically

depressed, according to their responses on the CES-D, though they appeared to have relatively high levels of social support (M=38.4).

Nearly two-thirds of the households in the analysis sample have annual incomes less than \$20,000 and a significant proportion (84 percent) received some type of public assistance (AFDC, Medicaid, WIC, or Food Stamps). In addition, 20 percent of them reported receiving housing assistance. With regards to household structure, 18 percent of cases have biological fathers in the home. The mothers are fairly satisfied with family functioning with a mean score of 12.5 on the family APGAR survey.

Finally, although all children in the analysis sample were subjects of previous maltreatment allegations, their level of involvement with child protective services varies. On average, the children have 1.2 reports of child maltreatment between ages 0 and 4 involving 2.7 different types of maltreatment. Nearly 50 percent of the children were allegedly inadequately supervised at some time between ages 0 and 4. Finally, the children in the analysis sample were 2.5 years old, on average, at the time of their first report of maltreatment.

Table 1: Descriptive Characteristics of Cases with Prior CPS Involvement (N=746)

| Variables | n | Mean | SD |
|--|----------|-------------|-----------|
| Child Characteristics | | | |
| <i>Race</i> | | | |
| White | 695 | .32 | .466 |
| Black | 695 | .40 | .491 |
| Hispanic | 695 | .10 | .295 |
| Other (Asian, Native American, Mixed Race) | 695 | .18 | .386 |
| <i>Gender</i> | | | |
| Male | 696 | .47 | .500 |
| Female | 696 | .53 | .500 |
| <i>Birth Position</i> | | | |
| Only Child | 684 | .11 | .311 |
| Oldest Child | 684 | .18 | .383 |
| Middle Child | 684 | .31 | .463 |
| Youngest Child | 684 | .40 | .491 |

| Variables | n | Mean | SD |
|--|----------|-------------|-----------|
| <i>Health Problem^a</i> | | | |
| Yes | 675 | .42 | .493 |
| No | 675 | .58 | |
| Mother Characteristics | | | |
| <i>Education Level (in years)</i> | 694 | 11.8 | 2.27 |
| <i>Employment Status</i> | | | |
| Employed (Full- or Part-Time) | 695 | .32 | .467 |
| Unemployed | 695 | .68 | .467 |
| <i>Marital Status</i> | | | |
| Single | 695 | .34 | .473 |
| Married | 695 | .37 | .484 |
| Separated or Divorced | 695 | .29 | .453 |
| <i>Age at Child's Birth</i> | 695 | 32.2 | 11.2 |
| <i>Maternal Health</i> | | | |
| Caregiver Health Score (Physical Health)(Scale: 1-6) | 693 | 2.6 | 1.19 |
| Health Opinion Survey Score (Psychosomatic)(Scale: 20-60) | 687 | 27.7 | 6.17 |
| <i>Maternal Depression</i> | | | |
| CES-D Score (Scale: 0-60) | 683 | 11.9 | 10.7 |
| Clinically Depressed | 683 | .30 | .458 |
| <i>Perceived Social Support (Scale:10-50)</i> | 684 | 38.4 | 8.76 |
| <i>Adult-Adolescent Parenting Inventory Scores</i> | | | |
| Appropriate Expectations (Scale: 12-60) | 692 | 48.2 | 6.40 |
| Appropriate Family Roles (Scale: 8-40) | 691 | 29.7 | 6.75 |
| Appropriate Empathy (Scale:8-40) | 691 | 30.7 | 5.46 |
| <i>Neighborhood Satisfaction (Scale: 9-36)</i> | 615 | 22.5 | 3.99 |
| Family/Household Characteristics | | | |
| <i>Economic Well-Being</i> | | | |
| Income less than \$20,000 | 677 | .65 | .479 |
| Receipt of at least one type of Public Assistance ^b | 691 | .84 | .367 |
| Receipt of Housing Assistance | 691 | .20 | .397 |
| <i>Number of Children in Household</i> | 690 | 3.1 | 1.82 |
| <i>Family Structure</i> | | | |
| Biological Father in Home | 690 | .18 | .383 |
| <i>Family Functioning (Scale: 5-15)</i> | 693 | 12.5 | 2.55 |
| Child Welfare History | | | |
| Number of Different Types of Allegations (age 0-4) | 746 | 2.7 | 1.43 |
| Allegation of Lack of Supervision (age 0-4) | 746 | .48 | .500 |
| Number of Reports (age 0-4) | 739 | 1.2 | 1.22 |
| <i>Age at First Report</i> | 746 | 2.5 | 1.85 |

Notes:

^a – Child has at least one of the following conditions: emotional disorder, mental retardation, developmental delay, physical handicap, hearing problem, speech problem, vision problem, chronic illness, or other illness or problem

^b – Family receives at least one of the following: AFDC, Medicaid, WIC, Food Stamps

Source: Longitudinal Studies of Child and Abuse and Neglect, Age 4 Interviews

Methods

The study will use both bivariate and multivariate analyses to identify the factors associated with reports of neglectful supervision between ages 4 to 6 among children who were had prior histories of involvement with the CPS. Chi-square tests will be used to measure the strength of bivariate associations and two-tailed t-tests will be employed to assess whether there are statistically significant differences in means across children with and without subsequent reports of inadequate supervision. Logistic regression models will be estimated to assess the effectiveness of the variables in my explanatory framework to predict the likelihood of later allegations of neglectful supervision (between ages 4 to 6) among children with prior reports of maltreatment (before age 4).

Results

What are the Differences between Children With and Without Subsequent Neglectful Supervision?

Table 2 presents child, mother, and family characteristics for the two groups of interest in this study – children with and without an allegation of inadequate supervision between ages 4 and 6, subsequent to an alleged maltreatment at a younger age. As shown, few statistically significant differences in child characteristics emerged. However, there were significant differences in mothers' characteristics across the two groups. In comparison to their counterparts, mothers of children with allegations of inadequate child supervision during the observation period were on average less well-educated ($M=11.4$ vs. 11.9 years; $p<.05$), more likely to be unemployed (86 vs. 65

percent; $p < .001$), less likely to be married (28 vs. 39 percent; $p < .05$), and younger at the birth of the focal child (30.1 vs. 32.6 years; $p < .05$). Similarly, the mothers of children in the recurrence group experienced more psychosomatic health symptoms ($M = 29.1$ vs. 27.4; $p < .01$) and were significantly more likely to be clinically depressed, according to the CES-D (48 vs. 26 percent; $p < .001$) than the mothers of children who did not have an allegation of lack of supervision during the study period.

Disadvantageous family and household characteristics were also more common among the children with subsequent allegations of neglect than for children who were not subjects of neglectful supervision reports. Children in the former group were more likely to have family incomes lower than \$20,000 (81 vs. 62 percent; $p < .001$) and to receive at least one type of public assistance (93 vs. 82 percent; $p < .001$), and they reported lower levels of satisfaction with family functioning ($M = 11.9$ vs. 12.6; $p < .05$). Contrary to expectations, children with allegations of inadequate supervision during the two-year interval were more likely to have lived with their biological fathers at age 4 (26 vs. 16 percent; $p < .05$).

The circumstances surrounding their involvement with the child welfare system differed little across the two groups of children although the children in the re-report category were older at the time of their first report to CPS than their counterparts without an allegation of neglectful supervision (2.9 vs. 2.5 years; $p < .05$).

Table 2: Descriptive Characteristics of Families with Prior CPS Involvement by Lack of Supervision Allegation between Ages 4 to 6 (N=746)

| Variables | Lack of Supervision Allegation (Age 4 to 6) | | | | | Sig. |
|--|---|------|------|------|------|------|
| | n | No | | Yes | | |
| | | Mean | SD | Mean | SD | |
| Child Characteristics | | | | | | |
| <i>Race</i> | | | | | | |
| White | 695 | .32 | .465 | .33 | .474 | |
| Black | 695 | .40 | .491 | .41 | .494 | |
| Hispanic | 695 | .10 | .303 | .06 | .247 | |
| Other (Asian, Native American, Mixed Race) | 695 | .18 | .384 | .19 | .398 | |
| <i>Gender</i> | | | | | | |
| Male | 696 | .46 | .499 | .55 | .500 | * |
| Female | 696 | .55 | .500 | .46 | .499 | * |
| <i>Birth Position</i> | | | | | | |
| Only Child | 684 | .11 | .314 | .09 | .292 | |
| Oldest Child | 684 | .18 | .385 | .17 | .376 | |
| Middle Child | 684 | .30 | .458 | .38 | .488 | * |
| Youngest Child | 684 | .41 | .492 | .36 | .481 | |
| <i>Health Problem^a</i> | | | | | | |
| Yes | 675 | .42 | .493 | .42 | .495 | |
| No | 675 | | | | | |
| Mother Characteristics | | | | | | |
| <i>Education Level (in years)</i> | 694 | 11.9 | 2.30 | 11.4 | 2.04 | ** |
| <i>Employment Status</i> | | | | | | |
| Employed (Full- or Part-Time) | 695 | .35 | .478 | .14 | .347 | **** |
| Unemployed | 695 | .65 | .478 | .86 | .347 | **** |
| <i>Marital Status</i> | | | | | | |
| Single | 695 | .33 | .471 | .37 | .485 | |
| Married | 695 | .39 | .489 | .28 | .450 | ** |
| Separated or Divorced | 695 | .28 | .447 | .35 | .480 | |
| <i>Age at Child's Birth</i> | 695 | 32.6 | 11.3 | 30.1 | 10.6 | ** |
| <i>Maternal Health</i> | | | | | | |
| Caregiver Health Score (Physical Health)(Scale: 1-6) | 693 | 2.5 | 1.20 | 2.7 | 1.16 | |
| Health Opinion Survey Score (Psychosomatic) (Scale: 20-60) | 687 | 27.4 | 6.15 | 29.1 | 6.10 | *** |
| <i>Maternal Depression</i> | | | | | | |
| CES-D Score (Scale: 0-60) | 683 | 11.3 | 10.3 | 15.5 | 12.1 | **** |
| Clinically Depressed | 683 | .26 | .441 | .48 | .502 | **** |
| <i>Perceived Social Support (Scale:10-50)</i> | 684 | 38.8 | 8.56 | 36.3 | 9.54 | *** |
| <i>Adult-Adolescent Parenting Inventory Scores</i> | | | | | | |
| Appropriate Expectations (Scale: 12-60) | 692 | 48.2 | 6.46 | 48.3 | 6.07 | |
| Appropriate Family Roles (Scale: 8-40) | 691 | 30.0 | 6.68 | 28.4 | 7.01 | ** |
| Appropriate Empathy (Scale:8-40) | 691 | 30.9 | 5.48 | 29.9 | 5.26 | * |
| <i>Neighborhood Satisfaction (Scale: 9-36)</i> | 615 | 22.5 | 3.94 | 22.7 | 4.29 | |
| Family/Household Characteristics | | | | | | |
| <i>Economic Well-Being</i> | | | | | | |
| Income less than \$20,000 | 677 | .62 | .487 | .81 | .395 | **** |

| Variables | Lack of Supervision Allegation (Age 4 to 6) | | | | | Sig. |
|--|--|------|------|------|------|------|
| | n | No | | Yes | | |
| | | Mean | SD | Mean | SD | |
| Receipt of at least one type of Public Assistance ^b | 691 | .82 | .381 | .93 | .264 | **** |
| Receipt of Housing Assistance | 691 | .20 | .398 | .19 | .392 | |
| Number of Children in Household | 690 | 3.10 | 1.82 | 3.34 | 1.84 | |
| <i>Family Structure</i> | | | | | | |
| Biological Father in Home | 690 | .16 | .370 | .26 | .442 | ** |
| Family Functioning (Scale: 5-15) | 693 | 12.6 | 2.51 | 11.9 | 2.68 | ** |
| Child Welfare History | | | | | | |
| Number of Different Types of Allegations (age 0-4) | 746 | 2.64 | 1.44 | 2.83 | 1.42 | |
| Allegation of Lack of Supervision (age 0-4) | 746 | .48 | .500 | .51 | .502 | |
| Number of Reports (age 0-4) | 739 | 1.14 | 1.21 | 1.34 | 1.25 | |
| Age at First Report | 746 | 2.45 | 1.86 | 2.87 | 1.77 | ** |

Notes:

^a – Child has at least one of the following conditions: emotional disorder, mental retardation, developmental delay, physical handicap, hearing problem, speech problem, vision problem, chronic illness, or other illness or problem

^b – Family receives at least one of the following: AFDC, Medicaid, WIC, Food Stamps

* $p < .10$, ** $p < .05$, *** $p < .01$, **** $p < .001$

Source: *Longitudinal Studies of Child and Abuse and Neglect, Age 4 Interviews*

What are the Most Important Risk Factors for Subsequent Neglectful Supervision?

To identify the relative importance of each of the risk factors for later reports of neglectful supervision, I estimated a series of logit models in which each of the domains of predictors were added incrementally. The baseline model includes only child characteristics and the estimated odds ratios are presented in table 3. Only the estimated effects of gender and birth order achieved statistical significance in Model 1. Specifically, girls were 60 percent more likely to be left to care for themselves than boys, and middle children were roughly 60 percent more likely than youngest born children to be the subject of this allegation. Models 2 and 3 add in mother and family/household characteristics, respectively, and the nature of the child’s prior child protective services involvement was included in Model 4.

The results from these models revealed that mother and family/household characteristics had the greatest impact on the likelihood of a lack of supervision allegation for families with a prior allegation of maltreatment. For instance, having an employed mother reduced the odds that a child had an inadequate supervision allegation by roughly 65 percent ($p < .01$). In addition, children with a mother who was divorced or separated were nearly two times as likely to have a neglectful supervision allegation than children with single mothers ($p < .05$). Mothers' clinical depression was also a statistically significant predictor of the likelihood of recurrence of CPS involvement, increasing the odds that a child was reported for lack of supervision by nearly two ($p < .05$). Not surprisingly, the mother's perceived social support lowered the odds of an allegation. Specifically, a one point increase on the 50-point scale of perceived social support decreased the odds that her child had an inadequate supervision allegation by 4 percent ($p < .05$). Parenting and child-rearing attitudes also contribute to the likelihood of lack of supervision. A one point increase in a 48-point scale measuring the appropriateness of mothers' beliefs about their children increased the odds that her child had an allegation of inadequate supervision by between 7 and 9 percent (models 2, 3, and 4, respectively) ($p < .01$ for model 2; $p < .05$ for models 3 and 4). Mothers' beliefs about appropriate family roles were also significantly associated with the likelihood of recurrence of allegations, but the significance of these effects disappeared when child welfare history was added in model 4.

Turning our attention to social and economic factors, having a family income of less than \$20,000 per year nearly doubled the odds that a child had an allegation of lack

of supervision, but only at a marginally significant level ($p < .10$). Conversely, a family's receipt of housing assistance decreased the odds of a subsequent CPS report of lack of supervision by over 50 percent ($p < .05$). Receipt of public assistance did not have a statistically significant effect on the odds of being reported for lack of supervision.

A larger family size increased the odds that a child was allegedly poorly supervised by just over 15 percent ($p < .10$), while the presence of biological parents in the home also affected the incidence of a lack of supervision allegation. The presence of the biological father in the home significantly increased the odds that a child had a lack of supervision allegation by over 2 times ($p < .05$) as compared to children who did not have a biological father living in the home.

Although information about the child's prior involvement with child protective services was only included in Model 4, these characteristics had no statistically significant effect on the likelihood of an allegation of lack of supervision between ages 4 and 6. In fact, the addition of these covariates to the model did very little to mitigate the effects of the other statistically significant covariates (e.g., mother's employment and marital statuses, maternal mental health, perceived social support, parenting attitudes, and family structure). This suggests that while prior child welfare involvement predicts subsequent allegations, the specific nature of the prior involvement matters less than the actual involvement.

Table 3: Results of Logistic Regression Analyses Examining Likelihood of an Allegation of Lack of Supervision (ages 4 to 6) for Families with Prior CPS Involvement (n=561)

| | Model 1 – Child Characteristics | | Model 2 – Model 1 and Mother Characteristics | | Model 3 – Model 2 and Family/ Household Characteristics | | Model 4 – Model 3 and Child Welfare History | |
|---|---------------------------------|------|--|------|---|------|---|------|
| | Odds Ratios | s.e. | Odds Ratios | s.e. | Odds Ratios | s.e. | Odds Ratios | s.e. |
| Child Characteristics | | | | | | | | |
| <i>Race</i> | | | | | | | | |
| White vs. | | | | | | | | |
| Black | .76 | .204 | .65 | .213 | .62 | .217 | .67 | .239 |
| Hispanic | .51 | .259 | .46 | .257 | .37* | .213 | .41 | .236 |
| Other | .85 | .272 | .86 | .300 | .92 | .334 | .86 | .320 |
| <i>Gender</i> | | | | | | | | |
| Female vs. | | | | | | | | |
| Male | 1.6** | .37 | 1.53* | .379 | 1.53* | .390 | 1.51 | .389 |
| <i>Birth Position</i> | | | | | | | | |
| Youngest Child vs. | | | | | | | | |
| Only Child | .83 | .343 | 1.02 | .452 | 1.32 | .618 | 1.30 | .614 |
| Oldest Child | .84 | .289 | .77 | .294 | .86 | .339 | .76 | .310 |
| Middle Child | 1.59* | .433 | 1.45 | .426 | 1.40 | .443 | 1.36 | .433 |
| <i>Has Health Problem^a</i> | .98 | .231 | 1.04 | .268 | 1.18 | .319 | 1.17 | .318 |
| Mother Characteristics | | | | | | | | |
| <i>Education Level</i> | | | 1.04 | .067 | 1.06 | .070 | 1.05 | .070 |
| <i>Employment Status</i> | | | | | | | | |
| Unemployed vs. | | | | | | | | |
| Employed (Full- or Part-Time) | .33*** | .11 | .33*** | .129 | .35*** | .128 | .35*** | .128 |
| <i>Marital Status</i> | | | | | | | | |
| Single vs. | | | | | | | | |
| Married | 1.31 | .473 | 1.13 | .429 | 1.13 | .429 | 1.14 | .438 |
| Separated or Divorced | 1.96** | .648 | 1.99** | .669 | 1.99** | .667 | 1.98** | .667 |
| <i>Age at Child's Birth</i> | .98 | .015 | .98 | .016 | .98 | .016 | .98 | .016 |
| <i>Maternal Health</i> | | | | | | | | |
| Caregiver Health Score (Physical Health) (Scale: 1-6) | 1.01 | .12 | 1.01 | .123 | 1.01 | .123 | 1.00 | .124 |
| Health Opinion Survey Score | .99 | .025 | .98 | .026 | .98 | .026 | .98 | .026 |

Discussion

The study's findings suggest that families with a prior allegation of maltreatment, regardless of what it was, are at risk of further allegations, particularly for lack of supervision. As discussed earlier, families with an allegation of maltreatment are reported to the child protective services agency, which is tasked with determining whether available evidence supports the allegation. In adherence to the goal of family preservation as stated in the Child Abuse and Prevention Treatment Act of 1974 (P.L. 93-247) and its most recent authorization by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), CPS agencies generally respond to substantiated cases of abuse or neglect with an array of family support services such as parenting classes, intensive in-home family assistance, and substance abuse treatment. Removal of a child from the home is considered the option of last resort except in the most severe cases. Even when an investigation fails to substantiate an allegation of abuse or neglect, families considered to be at risk of recurrence are often offered direct services or referrals aimed at prevention.

Several of the results of the present study are noteworthy. First, I found that even though the allegations of maltreatment among the children in my sample occurred at an early age – 1.2 years on average – family circumstances that were measured when the children were age 4 were statistically significant predictors of further maltreatment allegations in the subsequent two years, when the children were between ages 4 and 6. This suggests that the family circumstances that led to maltreatment at the earlier age may still put families at risk several years later. Although all of the children in the present study were subjects of *allegations* of maltreatment before reaching age 4, these original cases were *substantiated* for only a quarter of the group of children who were reported as being inadequately supervised during the observation period. The results

point to an opportunity to lower the risk of neglectful supervision of young children by extending prevention efforts.

In addition, the multivariate results models provide some specific guidance for where to focus efforts to prevent subsequent allegations of lack of supervision – toward the support of mothers. Consonant with the stress perspective discussed earlier, assistance appears to be needed in three distinct, but interrelated areas: economic well-being, social support, and maternal mental health. Each of these areas may indicate higher (or lower) areas of parental stress and could lead to the greater (or reduced) risk of a lack of supervision described in the analyses above.

First, three indicators of economic well-being significantly impacted the incidence of a lack of supervision allegation – mother’s employment, having annual income less than \$20,000, and receipt of housing assistance – all of which decreased the odds of an inadequate supervision allegation. This may point to a need to refer mothers to employment centers to help them find a job or to support them, possible by providing child care, while mothers look for work.

Furthermore, making sure that families connect with resources to maintain their housing, such as a home-ownership programs or government vouchers, is critical in giving them the support they need to properly care for their children.

The findings also suggest that mothers need personal support. Children with mothers who were divorced or separated had nearly double the odds of a lack of supervision allegation than single mothers and children with both biological parents living in the home had substantially lower odds of neglectful supervision allegations. At the same time, increased perceived social support was related to decreased odds of an allegation of lack of supervision. Mothers going through a divorce or separation may have high levels of stress which may put

them at greater risk of maltreating their children. Having a support system, whether it is family members, neighbors, or some other type of respite, could help these mothers. This suggests that CPS agencies could speak with mothers to identify supportive figures and encourage mothers to reach out to them. The agencies may also invite supportive figures to case planning meetings and other case activities to build their support. Finally, CPS agencies could provide mothers with referrals to respite providers to offer further support.

Finally, maternal mental health is another area where CPS agencies may be able to better support mothers. Having a mother who is clinically depressed, according to the CES-D, doubled the odds that a child had a lack of supervision allegation between ages 4 and 6. Counseling is a service that child protective services agencies frequently offer to mothers. However, this counseling may only occur while the case is open. Additionally, counseling may be offered by a limited number of providers at specific times making it difficult for working mothers or mothers with transportation issues to access. For cases that are not substantiated, the mother may never receive or even be referred to counseling. It is critical that CPS agencies make mental health services available and accessible to families by working with providers located in areas where families live or near public transportation who may offer more flexible schedules for working families. For those cases where the maltreatment is not substantiated, CPS agencies may want to make referrals to mental health providers in the hopes of staving off future mental health issues.

It is important to note, however, some of the data limitations that make it difficult to draw conclusions about particular interventions that CPS agencies could use to help families, as well as specific missed opportunities. First, it is impossible to ascertain the specific details of the case that first brought the family to the system's attention. Perhaps the allegation was failure to thrive, but the maternal grandmother came forward to take care of the baby so the allegation was

not substantiated and services were not provided. In addition, the data do not provide specific information about the services families received as a result of their allegation of child maltreatment. It is possible, for instance, that the mother received substance abuse treatment, but has since returned to using substances. Also, the analyses only consider those cases with an allegation of maltreatment before age 4, rather than substantiated maltreatment which was subject to service provision and agency oversight. The results might be different if the sample was limited to cases with substantiated maltreatment before age 4, rather than an allegation only.

Another critical consideration is that a family's circumstances may have changed between the first report to CPS and the allegation of lack of supervision between ages 4 and 6. There may have been any number of events such as divorce, a death in the family, or the birth of a new baby, that amplified parental stress and increased the risk of maltreatment. Or, the mother may have lost her job and is unable to pay her bills and faces a period of economic instability. Using longitudinal data, like the LONGSCAN, makes it difficult to understand exactly how a family's circumstances and well-being change over time and put them at risk of maltreatment.

Finally, as with many such studies, it is impossible to show causality. That is, these analyses do not tell us anything about the direction of the relationships between variables. For instance, while having a mother who is clinically depressed doubles the odds that a child will have an allegation of lack of supervision, I cannot say that the mother's depression caused or directly led to the lack of supervision. While the analyses can show associations between certain characteristics and the incidence of lack of supervision, it is not possible to say that these characteristics caused the maltreatment. Further, because lack of supervision is one of several types of maltreatment that the LONGSCAN measures, it is difficult to say whether the study's findings are specific to lack of supervision or simply any type of maltreatment. Put simply,

without running additional analyses, it is difficult to determine whether the characteristics described here influence the likelihood of a lack of supervision allegation, specifically, or any type of maltreatment. Further analyses are needed to determine whether the study's impacts pertain to lack of supervision rather than all types of maltreatment.

Keeping these limitations in mind, the results of this study imply that factors related to economic well-being, maternal support, and maternal mental health all impact the likelihood that a child will have an allegation of lack of supervision between ages 4 and 6. Given that the children in the sample all had a prior allegation of maltreatment which brought them to the attention of the local child protective services agency, the study's findings suggest that CPS agencies may have more to do to prevent subsequent maltreatment. Research shows that expenditures on child welfare services have increased substantially in the past decade (Scarcella et al. 2006). As costs rise and government budgets tighten, it is easy to provide the minimum amount of care needed address immediate crises for families that come to the attention of the child welfare system. However, as this study's findings suggest, families that come to the attention of CPS agencies remain at risk of maltreating their children for some time. CPS agencies must do everything they can to support mothers and families to help them to succeed and prevent future maltreatment.

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