Monitoring Child Neglect

Summary of Discussions at a Meeting
Co-Sponsored by the Centers for Disease Control and Prevention (CDC) and Prevent Child Abuse America (PCAA)

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Background

Child neglect often is defined as an omission – as a failure by parents or other caregivers to provide a child's basic physical, educational, or emotional needs. By its very nature – spanning different ages and developmental stages, with different effects on different children – neglect has been difficult to define consistently. This, in turn, has made it difficult to gauge the extent of the problem and the real and potential effectiveness of different interventions.

On March 29, 2002, two groups with different perspectives about child neglect met to discuss measurement issues related to public health surveillance of this complex problem. The first group represented the psychologists, social workers, pediatricians, and other clinicians who have struggled to monitor and respond to neglect for decades. The second included researchers from the public health community, newer to the issue of child neglect but offering experience in measuring a variety of risk factors and outcomes. (A list of meeting participants is provided in Appendix A.)

The meeting began with an overview of the public health approach to surveillance and brief descriptions of pilot state surveillance programs. This was followed by descriptions of two existing national data systems: the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Study of Child Abuse and Neglect (NIS). Meeting participants then discussed the following topics:

- The Ideal, What We'd Like to Know;
- The Real, Limitations and Obstacles;
- Uses of Child Neglect Surveillance Data; and
- Next Steps.

Highlights from each of these presentations and discussions are provided in this summary.

Public Health Surveillance

Len Paulozzi, MD, provided an overview of public health surveillance goals and methods. Dr. Paulozzi is an epidemiologist with the Division of Violence Prevention (DVP), one of three divisions at the Center for Disease Control's (CDC's) National Center for Injury Prevention and Control (NCIPC).

In 2001, CDC received funds to support the prevention of child abuse and neglect. To accomplish this, Dr. Paulozzi explained that he and his colleagues have followed the example of their counterparts in other public health arenas by applying the public health model to this issue.

The public health model generally consists of four sequential steps:

- Defining the problem;
- Identifying possible causes;
- Developing and testing interventions; and
- Disseminating and implementing effective interventions.

The first of these, defining the problem, is a unique public health contribution accomplished through surveillance – the "ongoing scrutiny, generally using methods distinguished by their practicability, uniformity, and frequently their rapidity, rather than by complete accuracy."[1]

A combination of local, state, and national public health surveillance systems for other diseases and conditions suggests some of the ways that public health could be useful to the child maltreatment field. For example, public health agencies have access to data (through vital records, hospital discharge data systems, and others) and an established infrastructure for obtaining it.

By revealing the size of a problem and the characteristics associated with it, surveillance can generate basic descriptive information such as who is affected, and under what circumstances. Because surveillance captures information about entire populations, it can yield rates and insights about how a particular problem changes over time. Surveillance data can also be used to evaluate the relative effectiveness of different strategies, facilitate planning, and provide data for research.

Surveillance systems, like other large-scale efforts, typically involve trade-offs, for example, between obtaining high-quality data and burdening respondents,

[1] Last JM. (Ed.) 1995. *A dictionary of epidemiology*. New York: Oxford University Press.

and between sensitivity and timeliness. Other key attributes of public health surveillance systems Dr. Paulozzi noted, are simplicity, flexibility, data quality, and acceptability.

State Child Maltreatment Surveillance Projects

At the national level, two major data collection efforts have been underway: the National Child Abuse and Neglect Data System (NCANDS) and a series of National Incidence Studies (NIS) described in detail in the next section.

At the state level, child maltreatment is monitored through citizen review panels, child fatality review committees, state vital records, and child protective services (CPS) files.

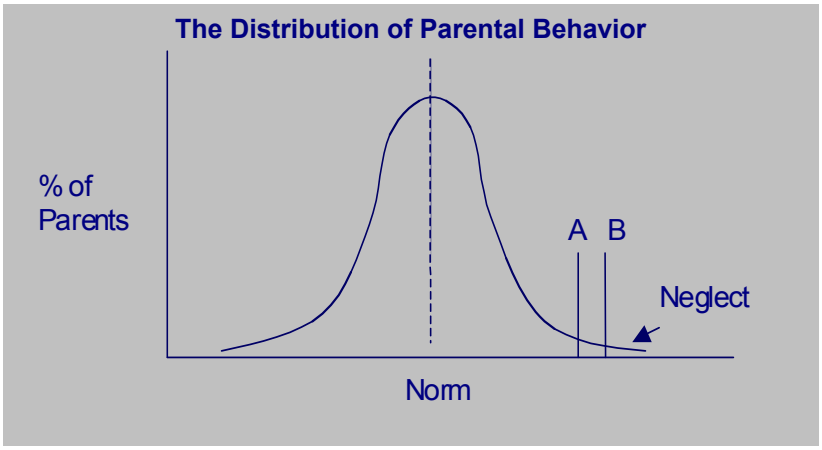
Given the estimated extent of the problem and its consequences for health, Dr. Paulozzi observed that public health agencies have only had a small role in measuring the magnitude of the problem of child maltreatment in the United states. To help address this gap and to explore ways of obtaining more detailed and accurate data, CDC funded seven child maltreatment surveillance projects in state health departments in October 2001. The goal of these projects is to develop and test methods for population-based surveillance of both abuse and neglect, collecting data about children between 0 and 9 years of age.

Three of the projects in Rhode Island, California, and Michigan focus on mortality data, using state vital records, police and FBI records, CPS files, medical examiner (ME) reports, and child fatality review committee findings.

Four projects in Rhode Island, California, Missouri, and Minnesota collect morbidity data about child maltreatment using hospital discharge records, CPS records, and data from emergency departments and trauma registries.

Results of these efforts include preliminary work on case definitions and the development of state-specific instruments and methods. Over the next three years, these pilot projects will help CDC determine the best types of systems to recommend to other states.

It is no surprise that developing a surveillance or monitoring system for neglect is even more of a challenge than doing so for abuse. First, the varieties of abuse – physical, sexual, and emotional – tend to be more distinct, more acute, and more easily tracked through existing health-care data systems. Neglect includes even more categories – physical, medical, supervisional, emotional, educational, and others. These not only overlap with one another and are difficult to define, but they also change with the age and development of the child. Moreover, the consequences of neglect tend to be delayed and less visible than the more acute consequences of abuse, and therefore are harder to measure.



To illustrate the difficulties of defining neglect and the implications of different definitions, Dr. Paulozzi referred to his version of a normal bell curve, which shows the distribution of parental behavior. Most parents fall at the peak of the curve, a social norm, for example, that would suggest a child six years of age can be left alone for an hour. There are two different extremes at the less-populated tail ends of the curve: on the left, a few parents who maintain that a child six years of age can only be left alone for a few minutes, if at all; on the right, parents who would feel no compunction about leaving a young child alone for days.

The line between what constitutes normal, acceptable parental behavior and abnormal, unacceptable parental behavior can shift; different groups at different times might choose to place normal behavior at point A or point B of the curve. However, there is ultimately a point beyond which any parent would be labeled neglectful. Dr. Paulozzi observed that a relatively small change in the position of that cut-off point can result in a relatively large change in the area under the curve – and thus a large change in prevalence.

State Definitions of Neglect

Meeting participants from several of the states conducting pilot child maltreatment surveillance projects provided their definitions for the group's consideration.

- In **Minnesota**, child neglect is defined as inadequate food, shelter, clothing, or medical care. Using this definition, the state's CPS identifies approximately 11,000 cases each year, using reports from multiple state agencies.

- In **California**, the child neglect definition covers both overt acts and omissions, at different levels. General neglect is defined as a lack of food, clothing, or medical care. Severe neglect is defined as malnutrition, failure to thrive, or willfully putting a child in danger. Both the state's child welfare and criminal justice agencies receive reports, the latter through a Child Abuse Central Index, but there is no interaction between the two agencies.

- **Missouri's** definition covers failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support; education as required by law; nutrition; or medical, surgical or any other care necessary for the child's well-being.

- **Rhode Island's** definition covers failure to provide adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so; failure to provide a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to, social problems, mental incompetency, or the use of drugs or alcohol to the extent that the person or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or abandonment of the child.

Current National Data Collection Efforts

National Child Abuse and Neglect Data System (NCANDS)

Mr. John Gaudiosi, the Project Officer for NCANDS, spoke about the federal role in child maltreatment monitoring and introduced Ying-Ying Yuan, Ph.D., a researcher with Walter R. McDonald & Associates, who gave an overview of the National Child Abuse and Neglect Data System (NCANDS).

NCANDS is a voluntary reporting system to which all states have contributed aggregate data since 1991. More detailed, case-level data is available from 34 states, covering 77% of the U.S. child population.

The system collects data about five types of maltreatment:

- Physical abuse
- Sexual abuse
- Neglect
- Medical neglect, and
- Emotional or psychological maltreatment.

Of the 879,000 child maltreatment victims identified by NCANDS data, 515,800 (63%) represented neglect cases, a rate of 7.3 per 1,000 children.

NCANDS defines neglect as "neglect or deprivation of necessities: a type of maltreatment that refers to the failure by the caretaker to provide needed, age-appropriate care, although financially able to do so, or offered financial or other means to do so."

Another 25,000 children from 39 states were classified as medically neglected. Medical neglect is similarly defined by NCANDS as "a type of maltreatment caused by failure by the caretaker to provide for the appropriate health care of the child, although financially able to do so, or offered financial or other means to do so."

Dr. Yuan noted that although state definitions of neglect vary, they share many similar variables, such as medical neglect, failure to thrive, dental neglect, and failure to provide medical care. (In NCANDS, an "other" category captures neglect cases that are classified as "other" by states such as abandonment, incarceration, lack of supervision, perinatal substance abuse, and allowing controlled substance use.) Dr. Yuan believes these conditions should be included in state lists, rather than collapsed in the "other" category. She is increasingly concerned about allowing the use of controlled substances.

Dr. Yuan stated that the proportion of neglect cases among all types of maltreatment has remained constant over the years and accounts for the greatest number of maltreatment cases. (The numbers themselves have varied because of changes in state data collection systems.)

Dr. Yuan noted that, like other types of maltreatment, neglect is under-reported and is more likely than physical abuse to recur. A challenge for NCANDS and other surveillance efforts is to determine how the intersection of neglect and other types of maltreatment could be detected and accurately recorded.

Dr. Yuan identified a number of areas for discussion, including:

- Whether **specific conditions** should be included such as those currently listed under "other".

- Whether a **typology of neglect** should be adopted. States aggregate neglect into different types, even though they may all share one typology.

- How **chronicity** should be measured, i.e., when does neglect begin and end? Given the issues of chronicity, what is the best way to measure the recurrence of neglect cases?

- Whether **levels of severity** should be included. Should levels reflect inappropriate caregiving according to community standards, and/or by age? Should they differentiate between *risk* of physical harm and physical harm itself?

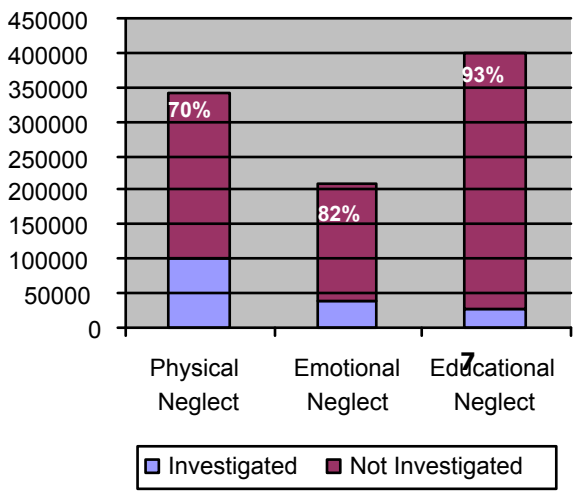
Dr. Yuan also noted that data are now being collected not only for cases of children investigated and assessed, but also for alleged victims. This will help us to understand the risk factors in this population and compare them to those of children found to be abused or neglected. However, Dr. Yuan pointed out that the ability to collect data about alleged victims for this purpose will depend to a great extent on state policies and procedures and information systems.

National Incidence Studies (NIS)

Andrea Sedlak, Ph.D., a researcher with Westat's Human Services Research Area, provided an overview of the National Incidence Studies (NIS). The NIS was legislatively mandated by Congress in 1974 to develop an understanding of child maltreatment and has been conducted three times: 1979-80, 1986-87, and 1993-95.

Using a combination of CPS data and reports from sentinel agencies, such as law enforcement, medical services, and education, the NIS developed estimates of the number of children who were abused and neglected during a particular study year beyond those already investigated by CPS. This yields a nationally-representative sample of counties that, in turn is used to predict national estimates. For a representative sample of CPS-investigated cases, NIS collected data about characteristics of the maltreated children, their families, perpetrators, and the maltreatment itself. Key data items are collected about the remaining cases so that an unduplicated count can be made.

CPS Investigation of Neglected Children (Harm Standard)



By comparing CPS data with cases reported by sentinels, the NIS revealed that CPS reports cover only one-third of child neglect cases. Among cases reported by sentinels, between two-

thirds and three-fourths are reported by schools.

The NIS uses two standardized definitions to include cases in its estimates: the Harm Standard and the Endangerment Standard. The Harm Standard requires demonstrable harm from the maltreatment. The Endangerment Standard expanded the potential pool of cases by including serious endangerment and an expanded group of perpetrators (e.g., non-parental caretakers, or minors who sexually abuse other children). Dr. Sedlak reviewed several tables showing the implications of counting endangerment and harm, including the one reproduced below:

National Incidence Study III Neglect Estimates (Total number of children, and number per 1,000)		
Maltreatment Category	**Harm Standard**	**Endangerment Standard**
All Neglect	**879,000**	**1,961,3100**
	(13.1)	**(29.2)**
Physical Neglect	**338,900**	**1,335,100**
	(5.0)	**(19.9)**
Emotional Neglect	**212,800**	**584,100**
	(3.2)	**(8.7)**
Educational Neglect	**397,300**	**397,300**
	(5.9)	**(5.9)**

In response to a question, Dr. Sedlak stated that the educational neglect figures for Harm and Endangerment are identical because harm can be assumed if a child misses school. It is the largest category reported by schools, she added, but also the hardest to prove.

Another participant asked how the neglect figures compared with those reported for abuse. Dr. Sedlak said that the neglect rate (13.1 per 1,000) was higher than the abuse rate (11.1 per 1,000, or 743,000 cases).

The Ideal: What We'd Like to Know

To launch a discussion about the data needs that a child neglect surveillance system might be able to address, participants were asked to list what they would like to know about child neglect.

Participants' "wish lists" included more data and/or better data about the following:

- **Consequences after detection.** What happens when neglect cases go to court? What information do judges need? What information and training would be useful lawyers, judges, and CPS agencies to intervene? What about cases that are not substantiated, since these do not necessarily indicate an absence of maltreatment?

- **Definitions.** How do neglect cases get defined and substantiated? What are community definitions of neglect, and how and why do these vary by community? What is optimal parenting, and how is its opposite – minimal parenting – defined?

- **Risk factors.** How can a surveillance system identify and track risk factors with their potential for primary prevention? What are the potential risk factors, and how could they be substantiated (e.g., public health nurses documenting empty refrigerators or dirty houses)? What role do poverty, maternal depression, family size, parental cognitive functioning, or other factors play?

- **Contagion.** How do risk factors spread within a community? In families? Is the concept of contagion a useful model for neglect?

- **Theory.** Some participants observed that child neglect lacks a multifactorial theory that could in turn drive a surveillance system – one that links various risk factors to outcomes. Comments about the co-occurrence of neglect with other issues in families, such as parental mental illness or substance abuse, were linked to this.

- **Measuring outcomes.** Several participants urged that we focus on measuring consequences for the child. For example, neglect due entirely to poverty is not counted, but a focus on the child's experience would count it as neglect regardless of cause. Should poverty be counted, and what effect would this have on the numbers?

- **Accountability.** Some participants emphasized the use of uniform definitions so that state programs could be compared and held accountable for their impact on the number of neglect cases.

- **Recurrence and chronicity.** Some neglect does not recur, only because it never truly goes away. How can surveillance measures take this into account? In response, some participants mentioned multi-tiered systems for substantiation, such as those in place in Michigan, Missouri, and California.

- **Prevention emphasis.** If detection equals intervention in many cases, how can surveillance support primary prevention – detecting sub-threshold behaviors that could be warning signs of neglect? What can be learned about links between the timing of detection and the severity of neglect?

- **Units of measurement.** Case data focus on individual children, but interventions should address families. This relates to contagion models and theoretical constructs as well.

The Real: Limitations and Obstacles

Participants turned next to understanding and perhaps overcoming the many barriers of effective surveillance. The discussion also touched on whether or not surveillance would duplicate existing efforts.

Meeting participants identified specific barriers or concerns, including:

- **Flaws in existing data sources**, such as underreporting by emergency departments and inconsistent classification by people in the field.

- **Exemptions** that hinder comprehensive surveillance such as religious exemptions for medical neglect, or educational neglect that does not fall under CPS authority. One participant believed that home schooling, because it minimizes contact between children and teachers or other adults outside the family, makes it more difficult to detect child abuse and neglect cases that occur in that situation.

- **Lack of coordination** across multiple agencies such as justice, welfare, mental health, substance abuse, early intervention, prenatal

programs, developmental disabilities, schools, domestic violence shelters, and others.

- **Inconsistent definitions and policies.** "We need one clear definition of neglect around a behavior set of minimal social standards," said one participant. Another participant suggested using surveillance case finding similar to other surveillance systems – i.e., identifying possible, probable, and non-cases. Some type of tiered overlay that incorporates severity, situational vs. patterns of neglect, and consequences was suggested as a partial solution to the definition dilemma. See "gray areas" and "continuums," below for related concerns.

- **Gray areas**. What situations contribute to neglect? Do domestic violence, divorce or marital/custody strife, poverty, or cultural norms contribute to neglect? What about parents who refuse to comply with lead abatement programs or other types of remediation? One area that is particularly poorly delineated is **supervisory neglect**, according to some participants, including children supervising other children.

- **Continuums.** Many neglectful acts and behaviors occur along a continuum, making it difficult to pinpoint any particular event or behavior as the defining one. For example, for measures such as food intake or calcium requirements, how much do children need at different points? When is the neglect line crossed?

- **Poverty.** As in the previous discussion, the issue of poverty was raised as a risk factor for neglect. Some participants felt that "in an impoverished environment, a child may not get his or her emotional needs met." For these participants, poverty was seen as a critical issue both as a risk factor and as a possible arena for intervention. Others pointed out that not all poor children are neglected, moreover that resources may be withheld from children or at least not focused on them in homes enjoying more financial latitude.

- **Societal norms and beliefs.** Some participants suggested that barriers to surveillance include public indifference to the issue of neglect and a notion that family privacy is sacrosanct, and that the surveillance of neglect violates this privacy.

Is more surveillance really needed? During the discussion of barriers to surveillance, one meeting participant wondered whether more data are really necessary and commented that , "With such small funds, is more counting really the most important thing? Is more surveillance really needed, and is surveillance the best role for CDC?"

Several participants made the case for additional surveillance, citing these reasons:

- Existing data undercount the extent and severity of the problem; more surveillance is needed to better measure the depth of the problem using more reliable, accurate measures.

- Other than CPS records, data are not available at state and county levels.

- CDC is seeking surveillance mechanisms that would complement, rather than duplicate existing surveillance, particularly to help estimate the need for specific preventive measures. Echoing an earlier point about measuring the effectiveness of interventions, a participant asked, "If you aren't counting, how do you know if prevention is working?" Another participant pointed out that while this symposium addressed surveillance, CDC has a variety of activities underway to prevent child maltreatment including evaluating interventions.

Participants then suggested focusing on a particular aspect of neglect in greater depth. One possibility is that CDC could take the lead in exploring the realm of medical, mental health, and dental health, with a particular emphasis on fatalities. This is just one example of how related phenomena could be "unpacked" to explore different antecedents, outcomes, and interventions. Another suggestion was to examine the use of services and interventions for families, such as how parents learn about services, and which factors support or hinder their acceptance of interventions. To make data collection more manageable, some participants suggested focusing on a particular age group, such as children ages 0-3 years who are at greatest risk. Others, however, voiced their concern about missing opportunities to intervene with older children.

What should surveillance systems track? Participants had a number of suggestions:

- Initial cases vs. recurrence, both were deemed important, but some argued that cases of recurrence in families offered the greatest cost-benefit ratio if effective interventions could be found.

- Individual cases vs. families. As discussed above, families may make more sense as a unit of measurement for prevention purposes as opposed to culpability purposes to which child welfare and law enforcement data are geared.

- Location – to track environmental hazards such as lead or bad wiring.

- Correlation with poverty.

- Supervision or lack thereof.

Surveillance systems could also help answer research questions about the effectiveness of home nursing visits, or whether access to medical care or subsidized child care makes a difference in preventing and detecting neglect.

Another possible use of surveillance data is to generate a national plan or report about child maltreatment/endangerment similar to the Surgeon General's reports about suicide and mental health. This would serve as both a mechanism for raising awareness about the extent of the problem and a call to action to implement solutions that are already available.

Several participants expressed concerns about duplicating other efforts, or designing surveillance that might not be compatible with other data collection or analysis activities. They urged CDC to thoroughly explore linkages with existing systems to help minimize these problems. Two national studies were mentioned in this context: the National Study of Child and Adolescent Well-being, which is tracking 6,000 children longitudinally through the child welfare system and which will have baseline results at the end of 2002, and another that is tracking 100,000 children.

Uses of Child Neglect Surveillance Data

Meeting participants offered specific suggestions about how they could use surveillance data to answer research questions, strengthen programs, or design policy and other interventions. These included:

- Surveillance that tracks fatalities to help highlight child maltreatment deaths and to generate change at the state agency level. A CDC representative noted that the National Violent Death Reporting System, NVDRS, will begin pilot programs this year. NVDRS is a state-based system that will collect standard sets of data about all violent deaths;

- Surveillance that provides better information about the frequency of child neglect, the consequences for children, and the effects of legislation. This would be particularly useful to attorneys representing child welfare agencies and children, and to judges, legislators, and others;

- A focus on health care;

- Smaller geographic denominators such as states and counties to offer something that is currently unavailable from existing data sets;

- Anything that conveys the depth and breadth of child neglect, to show the severity of the problem;

- Surveillance that contributes to definitions or parameters for different types of neglect (medical, failure to supervise) and could identify clear outcome measures for each;

- Between versions of the NIS, it would be valuable to have data that went beyond CPS as a gauge to index or calibrate a national system;

- Clarify which parts of the state child neglect definitions are the same and to use these to rank surveillance systems based on definitions;

- While incorporating cases other than those from CPS, confirm that CPS is indeed accurately portraying cases;

- Use surveillance to provide information about intervention outcomes;

- Make surveillance consistent across states;

- Go beyond checking a "yes/no" box for type of neglect to collect data about the actual circumstances of neglect. This would help classify neglect cases on a continuum;

- A national estimate of risk factors from "unpacking" existing counts would be very useful for bringing together bits and pieces of information and studies about different populations;

- NCANDS is the largest database to date, but lacks depth. Existing work needs to be brought together to give local groups access to consistent data. "The numbers are small and the communities are small," this participant noted, "but collectively, they represent a large problem;"

- It would be helpful to have definitions and guidance about how to handle children's deaths that are not labeled homicides, but have elements of parental neglect;

- Infant abandonment may represent a cutting-edge neglect issue, but there is little data or research about it. One exception, noted a participant, is an incidence study by Bismarck et al about missing, abducted, and runaway children abandoned by their parents. Another participant observed that many of these cases are adolescent parents abandoning their infants, and that such parents may also represent cases of neglect;

- "We need some way to hold state and county agencies accountable for making progress in the area of child neglect," one participant said;

- Because change will occur slowly, a surveillance system should be sensitive enough to capture a decrease in neglect over time. "We need to guide further interventions, said this participant, and to show where weaknesses are and with what age groups;" and

- A surveillance system should be able to collect data without overburdening of the population. For example, low response rates from telephone surveys will lessen the value of data from population-based systems. This may require deciding what will be measured and filling in existing gaps. Some data sets are better than others, observed one participant, and it may be necessary to measure the same thing in a better way (e.g., with a developmental emphasis). Likewise, one participant noted that some data collection efforts could be embellished without burdening the general public. One example is abstracting ER data about substance abuse to look for links to neglect. Another participant added that ongoing surveys should be monitored for these types of opportunities.

Next Steps

Given the current status of data systems and the existing knowledge base, what would constitute useful, productive next steps? Participants offered the following suggestions:

- Major potential partners for state-based surveillance systems are HMOs. Consider the types of interventions that would get HMOs interested and

involved, such as nonfatal medical neglect. This implies pursuing medical issues and establishing guidelines for medical neglect.

- Define chronicity in terms of chronic neglect.

- Use definitions that are as broad as those used by the NIS, to capture better counts of what is generally agreed upon as a case of neglect. Although definitions have been generated by CPS systems, they are still limited. "We can do better!" said a participant, who also urged examining single incidents more closely because they often have more severe consequences than chronic cases.

- Since the public only hears about the worst cases and assumes nothing can be done, the media should focus on a range of treatable neglect issues, such as updated immunizations, to convey that something can be done about the problem.

- Public health nurses can identify neglect; they generally know which families and children are at risk. Can this "sentinel" system be used to collect information beyond that gathered by CPS? In response to this suggestion, there was concern about placing public health nurses in this role.

- What interventions are in place at schools? What do schools actually do to intervene beyond reporting? What is their capacity to act as an alternative to CPS, addressing the needs of families who neglect their children?

- Developmental age should be considered as one option for narrowing the focus. Although older children might be lost when age ranges are prioritized, it might be a useful initial step.

- "Several narrow slices can form a broader basis – a better handle." Several participants mentioned narrowing the focus on selected aspects of the problem, but simultaneously maintaining a broader view.

- In every discussion during the meeting, the lack of consistent definitions was mentioned as a barrier. A useful next step would be to use a surveillance system to give glimpses of risk factors, including age, chronicity, severity, and outcomes based on consistent definitions.

- Regarding data duplication and reducing the data collection burden, several participants suggested careful reviews of upcoming surveys, with a critical look at where value could be added by different types of surveillance.

- Because so many fatalities have nebulous findings about the role of neglect and how the death is defined, it might be useful to select 150 of these cases and to convene a group to discuss them to identify parameters that could be used to classify future cases.

- A publication highlighting the various interventions that have been successful in different child neglect situations would be helpful.

- Several participants mentioned addressing barriers to studying the problem of child neglect, such as confidentiality laws, variations in states' use of personal identifiers, and human subjects or IRB protection restricting some types of data collection regarding violence. One success story, suggested a participant, is the National Child Abuse Coalition, which inserted provisions for health, mental health, and child abuse screenings in a House bill. Perhaps this Congressional intent and interest will offer new ways to look at data, services, and programs.

- Political opposition due to privacy concerns or inappropriate government intervention in family life is a related issue. Participants agreed that using the term "neglect" might risk provoking a backlash.

- Other participants noted that CPS simply cannot address the problem in a meaningful way due to limited resources. "It is often just putting out fires," said one participant. "Missed opportunities for prevention are out there. If society would act on them, we wouldn't have so many neglected children."

- Considering that child welfare agencies are typically understaffed and that their workers underpaid, what can we learn about the economics of the system, and what it would cost to reverse the situation? "Eventually," the participant noted, "the economic issue needs to be measured: skill levels, assessing treatment needs, people skills, and resource allocation." Research about all of these topics is very spotty, she noted.

- What are the risks to latch-key kids or among kids who witness intimate partner violence? Focus on the issues that have solid evidence behind them and publicize the risks and interventions.

Appendix A: Meeting Participants

Invited Participants

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