

# “Like a Trap”: Mandatory Reporting and Dilemmas of Help-Seeking

Kelley Fong

*They'll help me along the way to let me know, oh, they're on my side. But once they see something wrong with my baby, CPS is like 911. They're definitely gonna call.*

– “Christina,” Providence, RI

## Introduction

In the weeks after 21-year-old Christina's baby was born—her first child—she kept getting phone calls from hospital staff and social service providers.<sup>1</sup> They were encouraging Christina to accept “home visiting” services, in which a nurse or social worker would come to her home to offer parenting information and guidance. Home visiting is a major national strategy to improve maternal and child health and well-being, receiving at least \$400 million annually in federal funding and aimed at serving low-income families just like Christina's.<sup>2</sup>

But Christina declined. “No, no thank you, that's okay. I'll just, you know, take care of my kid by myself,” she recalled replying—not because she saw little value in the service, but because she knew it came with risks. Research links home visiting programs to reduced child abuse and neglect and improved child health and development.<sup>3</sup> Yet, as with other service providers families encounter, home visiting staff are legally mandated to report suspected child abuse and neglect to state Child Protective Services (CPS) authorities. These reports are commonplace, especially in Black, Native American, and low-income communities.<sup>4</sup> One in three children nationwide, and one in two Black children, will be the subject of a CPS report during childhood.<sup>5</sup>

Christina, a Black mother living in Providence, Rhode Island, had not yet been reported to CPS, and she wanted to keep it that way. So, she explained how she weighed the decision: “I always think of the good and the bad. The good is, they do help you. But the bad is, do

I really wanna risk if they feel as though I'm not taking care of my baby according to their book?”

Nearly 70 percent of reports to CPS come from professionals like doctors, teachers, social services staff, and therapists, who collectively file well over one million reports each year.<sup>6</sup> These professionals are the very systems we hope will support children and families.

<sup>1</sup> All names used are pseudonyms. Christina was previously “Lisa” in Kelley Fong, “Concealment and Constraint: Child Protective Services Fears and Poor Mothers' Institutional Engagement,” *Social Forces* 97, 4 (2019): 1785–1810. Since then, she decided she preferred a different pseudonym. This research presented in this article was supported by the Multidisciplinary Program on Inequality and Social Policy at Harvard University, the Julius B. Richmond Fellowship from the Center on the Developing Child at Harvard University, the Doris Duke Fellowship for the Promotion of Child Well-Being, and the National Science Foundation Graduate Research Fellowship.

<sup>2</sup> U.S. Department of Health and Human Services [HHS], *The Maternal, Infant, and Early Childhood Home Visiting Program Brief* (2021).

<sup>3</sup> HHS, *Home Visiting Program Brief*.

<sup>4</sup> Lawrence M. Berger and Jane Waldfogel, “Economic Determinants and Consequences of Child Maltreatment,” *OECD Social, Employment, and Migration Working Papers*, No. 111 (OECD Publishing, 2011); Frank Edwards et al., “Contact with Child Protective Services Is Pervasive but Unequally Distributed by Race and Ethnicity in Large U.S. Counties.” *PNAS* 118, 30 (2021): e2106272118; Kelley Fong, “Neighborhood Inequality in the Prevalence of Reported and Substantiated Child Maltreatment,” *Child Abuse & Neglect* 90 (2019): 13–21; HHS, *Child Maltreatment* 2019.

<sup>5</sup> Hyunil Kim et al. “Lifetime Prevalence of Investigating Child Maltreatment Among U.S. Children,” *American Journal of Public Health* 107, 2 (2017): 274–80.

<sup>6</sup> HHS, *Child Maltreatment* 2019 (2021).





*"Christina," with her son, now six years old, near their home in Providence, RI.*

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Yet, in their connection to CPS, they become conduits to an entity empowered to take what parents cherish most: their children. This setup puts low-income mothers in a bind. In contexts of adversity, mothers understand that professionals can easily misconstrue their best efforts to care for their children. As I find in my research in Rhode Island, low-income mothers proactively distance themselves from educational, healthcare, and social service providers.<sup>7</sup> At times, like Christina, they decline services offered, or they hesitate to be fully forthcoming with the service providers they encounter. These cautious, risk-averse responses are reasonable from the perspective of mothers who love their children above all, but may also exacerbate the challenges children face.

In this way, CPS's impact extends beyond the families directly and presently involved. Dorothy Roberts writes that in impoverished Black neighborhoods, "Everyone in the neighborhood has either experienced state intrusion in their family or knows someone who has. Parents are either being monitored by caseworkers or live with the fear that they may soon be investigated."<sup>8</sup> With CPS's pervasive intervention, it penetrates spaces where it is not currently or physically present. The threat of CPS looms over low-income mothers weighing engagement with social service providers—providers that might, on the one hand, offer assistance but could also turn them in as negligent parents. In the remainder of this article, I summarize my data and research methods, then present findings using three illustrative case examples. I close by discussing the implications of the research. Specifically, commitments to promote child well-being must reckon with how our institutional networks of support are entangled with the system parents fear above all.

## Data and Methods

Between 2015 and 2019, I conducted 175 in-depth interviews with 83 low-income mothers in Providence, Rhode Island. I recruited participants during encounters in the community or at local service agencies (41 participants), via flyers (21 participants), and through referrals from previous study participants (21 participants). I visited service

providers to recruit, but these providers did not broker introductions for me, and I told mothers I was not connected to the providers. The project focused on low-income mothers as those most highly exposed to CPS intervention;<sup>9</sup> mothers whose income qualified them for Supplemental Nutrition Assistance Program (SNAP) benefits were eligible to participate.<sup>10</sup>

I invited eligible mothers to participate in a research study on mothers' perceptions of governmental and non-profit agencies. I conducted most interviews in mothers' homes. In initial interviews, mothers shared their life histories and their perceptions of various service systems (CPS and others) over the course of approximately two hours. Most mothers also participated in follow-up interviews, generally around one hour. Participants received \$20 cash at each interview.

The interview sample largely consisted of White, Black, and Latina mothers (28 non-Latina White, 26 non-Latina Black, and 23 Latina participants). Participants reported a median monthly household income of \$800, well below the federal poverty line. Many, but not all, shared experiences of adversity over the life course, such as experiences of abuse or neglect as children, domestic violence, and homelessness. Their experience with CPS as parents ranged; some (30 of 83) had never come into contact with the agency when we first met, while others had CPS cases in court (32 of 83), including having children removed and placed out of the home. The research findings presented here emerged from my systematic analysis of the interview data.

Deciding to participate was itself a risk

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<sup>7</sup> Such concerns may also extend beyond low-income mothers to middle- and upper-class Black mothers, who may have social networks with CPS experience and recognize that their class status cannot protect them from racism. Additionally, I did not interview fathers, but they too may withdraw from service providers due to concerns about CPS reporting. Future research should consider the perspectives of these groups.

<sup>8</sup> Dorothy Roberts, *Shattered Bonds: The Color of Child Welfare* (New York: Basic Books, 2002): 240–41.

<sup>9</sup> Berger and Waldfogel, "Economic Determinants and Consequences"; HHS, *Child Maltreatment* 2019.

<sup>10</sup> For more details on the study's data and methods, see Fong, "Concealment and Constraint."

calculation on which my sample is selected, especially given my position as a relatively privileged doctoral student at the time. Sampling through participant referrals helped connect me with mothers who might not participate otherwise, and several participants told me they would not ordinarily participate in a project like mine. Nevertheless, to the extent that particularly cautious mothers avoided the interview, CPS risks might be even more salient in a more comprehensive sample. The interviews yielded rich data on low-income mothers strategizing around CPS concerns, but I am open to the possibility that more remained concealed—consciously or unconsciously—from me.

## Research Findings

CPS does not patrol the streets for abusive or neglectful parents. Instead, it relies on reports from community members, especially those whose jobs put them in contact with children and families. This means that, as staff from the Center for Family Representation write, “institutions and professionals that are meant to provide necessary services to the community—medical providers, social services agencies, the police, and schools—act as tentacles of surveillance,” funneling marginalized families to CPS.<sup>11</sup>

Although the low-income mothers I interviewed articulated confidence in their parenting, they also acknowledged their vulnerability to CPS reports. Even those who had never been reported to CPS generally knew friends, neighbors, and/or relatives who had. They recognized CPS reports as a risk, as reporting could be capricious, and reporters might easily mistake their hardships as neglect. Mothers weren’t wrong in their assessments. The threshold for reporting is low, with CPS encouraging professionals to report any suspicions they have. And reporters do not need proof of abuse or neglect; credible allegations are sufficient for CPS to investigate. The vast majority of CPS reports allege neglect rather than abuse,<sup>12</sup> which often involves manifestations of poverty and adversity.

In this context, mothers strategized to protect their families from CPS’s intervention—think of Christina concluding home visiting services

weren’t worth the risk. Even for those never reported to CPS, the possibility of reports created tradeoffs that added risk to help-seeking. Three-quarters of the mothers I interviewed (63 of 83), across racial and ethnic groups, with and without CPS experience, identified proactive strategies they pursued to protect themselves from CPS reports.<sup>13</sup> They described avoiding or declining social services; they said they didn’t always want to be fully forthcoming with service providers.<sup>14</sup>

Many participants described positive relationships with doctors, schools, and other authorities, so their CPS fears were not generally all-consuming. Still, in their accounts, the possibility of CPS reporting infused interactions with service systems, even if in the background, barely perceptible until coming to the forefront in key moments. Service providers may aspire to cultivate positive relationships to better serve families, but their role as mandated and frequent CPS reporters undermine these aims.

### *Brittni*

One January, I spoke with Brittni and her boyfriend Pete, as Brittni’s two toddlers from a previous relationship snuggled with her. She and Pete, both White, opened up right away about living in their car before entering a local family shelter a few weeks prior. They’d come to Rhode Island to live with Pete’s uncle. Things didn’t work out; when Pete’s uncle kicked them out, they had nowhere to go. Brittni kept the situation from her parents, who already judged

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<sup>11</sup> Charlotte Baughman, et al., “The Surveillance Tentacles of the Child Welfare System,” *Columbia Journal of Race and Law* 11, 3 (2021): 501.

<sup>12</sup> HHS, *Child Maltreatment* 2019.

<sup>13</sup> I discuss these findings at greater length in Fong, “Concealment and Constraint.” Declining to mention these strategies did not imply a lack of strategizing around CPS. For example, a few mothers had little to say about CPS in the interview, reluctant to discuss the sensitive and highly stigmatized topic. Additionally, I focus on proactive strategizing here; on mothers’ disengagement from service providers after these providers report them to CPS, see Kelley Fong, “Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life,” *American Sociological Review* 85, 4 (2020): 610–38.

<sup>14</sup> In some instances, strategizing around CPS involved mothers making themselves visible to systems rather than withdrawing from them. Yet this service participation, when undertaken superficially, to fend off CPS, fostered a sense of constraint.

her for her young, single motherhood and whom she didn't want to disappoint further.

So, for six months, they said, they stayed in the car with the kids and all their things. They went to the park, spent time at the library, and tried to scrape together enough money from odd jobs for an occasional motel stay to shower and do laundry. As autumn became winter, a winter when New England's polar vortex made national news, they took turns staying up and turning on the car for heat. What terrified them most during those months was the prospect of someone reporting them to CPS:

Pete: Every night we were in the car, my worst fear was hearing this on the window [*knocks*] –

Brittni: A cop.

Pete: – and then it's a police officer, and boom, next thing you know, the kids are getting taken away. That woulda killed me. That woulda killed her.

Brittni and Pete emphasized their devoted care for the children. "There are days where we wouldn't eat just so they could," Brittni recounted. "We've always put them forward." Still, Brittni said it was just "common knowledge" that police would frame their situation as child neglect and notify CPS. So, they took pains to hide their living conditions: finding hidden spots to park, buying black posterboard to put against the car windows, and switching up the rest stops where they spent the night.

Welfare and SNAP benefits can be lifelines to families in such situations. But Brittni and Pete weren't receiving this assistance. They sought to conceal their living situation from the welfare office, too, believing that staff there would likely alert authorities. When the family visited the welfare office seeking benefits, the staff asked for proof of Rhode Island residency. Having come from out of state, and now living in their car, Brittni and Pete didn't have anything to show. Brittni explained:<sup>15</sup>

"I didn't tell [welfare] we were living in the car because if they find out, they have to tell CPS, and CPS will come and take the kids away. I just, we were homeless. I didn't wanna like,

divulge too much information about it. They were like, "Well, we don't have any proof that you're actually living in Rhode Island, nothing, so there's nothing that they can do."

Ideally, Brittni and Pete suggested, welfare would respond by offering housing assistance, or at least by finding a way to approve the benefits given the family's living situation. But realistically, the couple believed that disclosing their situation would lead to a CPS report. Indeed, in my research, I reviewed case records in which social service providers alerted CPS about parents staying in cars with their children.

Brittni felt she had to choose between alleviating material hardship and keeping her family together. She opted for the latter. As we see, mothers' strategizing may protect against state scrutiny but can also cut their families off from critical sources of support. Others I interviewed, in explaining why they chose not to enter homeless shelters during times of need, spontaneously pointed to shelters' practices of calling CPS.<sup>16</sup> Mothers spoke about not disclosing their homelessness to doctors or to children's schools, giving relatives' addresses if needed, for fear of being reported to CPS.

When we first met, Brittni and Pete were grateful to be living in the family shelter with their children. Two months later, I called Brittni to see how everything was going. She'd left that shelter for another one. After staff threatened to call CPS on her, she said, she decided she'd "had it."

## **Desiree**

As Brittni's case indicates, families must make their needs and vulnerabilities known to receive state and non-profit support. Yet the mothers I interviewed worried about the ramifications of disclosing challenges like homelessness, housing instability, challenge meeting children's material needs, parenting

<sup>15</sup> For consistency, I substitute "CPS" for participants' references to the Rhode Island Department of Children, Youth, and Families throughout this article.

<sup>16</sup> In Providence, waitlists for housing assistance are years long, leaving the shelter system as among the only paths to enter into (at least short-term) subsidized housing.



practices and stressors, substance use, and domestic violence. Seeking help, accessing services and being forthcoming about one's needs, is fraught when doing so can lead to a CPS report.

Desiree, a Dominican and Puerto Rican mother of two, outlined this catch-22. She had long endured numerous, compounding adverse experiences, but two years after we first met, things had taken a turn for the worse. Her daughters, now seven and eight, Desiree had been going without formal income for months, explaining that her welfare benefits were cut off after missing an appointment. She was making ends meet by selling some of her SNAP benefits and shoplifting cat food and shampoo when needed. "I barely eat because I feel guilty," she shared. "'Damn . . . my kids can be eating this.' It's hard."

She'd tried to reach out to local social service agencies, but said they told her she didn't qualify. Desiree felt caught.

"What's next? Should I be taking pictures of myself eating out of a trash can? Maybe that'll help? No, that won't. They'll just call CPS on me because I'm eating out of a trash can... I feel like if let's say I tell welfare, 'Hey, this mess is going on, and I can barely afford to keep my kids.' 'You can't afford to keep your kids? You know we're gonna have to call the city on you. We're gonna have to call CPS.' I'm damned if I do. I'm damned if I don't... I don't eat so that my kids can eat, but I'm scared to ask for any help these days, because I'm scared that it's gonna work against me."

Desiree understood that sharing the severe deprivation she was experiencing could open up opportunities for assistance, but she worried it could also lead to a CPS report. Such a report would launch a terrifying investigation oriented around fixing Desiree's individual inadequacies rather than addressing her family's chronic material needs. And CPS, Desiree emphasized, wouldn't help her daughters. They'd been in foster care briefly before; her older daughter, Desiree said, returned with head lice, and her younger daughter contracted an infection that

left her with painful cysts all over her legs. So, caring for her daughters meant keeping threats like CPS at bay.

Shakira Paige, a peer trainer at parent advocacy organization Rise, and a New York City mother not part of the study, faced a similar challenge when she ran out of food stamps while living in a shelter with her children. For six days, waiting until the first of the month, the family subsisted on peanut butter. Shakira echoed Desiree in explaining why she didn't reach out for help, "I didn't tell anybody what was going on because I was scared to get [a CPS] case because I didn't have the necessities for my kids."<sup>17</sup>

Recently, Desiree's methadone clinic had informed her about a new, Medicaid-funded program they offered that could help with housing, SNAP benefits, employment, mental health, and other services. But Desiree hadn't reached out to this program:

"I'm scared to come to them because even though we signed a confidentiality agreement, but if they feel that CPS authorization office needs to be called, they will do it. It sucks. I feel like I can't tell anybody anything, because oops, I might've said too much. I might have a knock on my door, and somebody might be here to take my kids. That's one of my biggest fears... That's why I keep a lot of stuff to myself."

This program had never reported Desiree to CPS, but she understood that their obligations to CPS trumped any confidentiality promises they might make her. Program staff would be legally mandated to report. She'd had enough experience with frontline bureaucrats to figure they wouldn't understand or empathize with her situation. After all, Desiree presumed, they lived an entirely different life, "in your little house with your little white picket fence, and your two dogs, and your husband."

Desiree and Shakira were striving to do their best for their children, strategizing to make their limited resources last. But the possibility

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<sup>17</sup> Rise, *Someone To Turn To: A Vision for Creating Networks of Parent Peer Care* (2021): 7.

of drawing CPS attention kept them from reaching out for needed resources to care for their children. They had to weigh disclosing their needs against the possibility of state scrutiny and even separation. For marginalized families, the prospect of CPS reporting turns potential lifelines into landmines. As entry points to CPS, social service providers become agents of the punitive state rather than allies offering assistance.

## Colleen

Colleen was raising seven children under the age of eight, including newborn twin boys, with her long-time boyfriend. She took on childcare while he worked at a warehouse. “All of my time is taken up with my kids,” Colleen, a White mother, said. Even when showering or using the bathroom, she added, she couldn’t get a moment to herself. She loved reading but never got to escape into a book anymore. “That’s probably why I’m so friggin’ high-strung and depressed lately,” she reflected. “Not really depressed, but I’m not myself, ‘cause I have no time to do anything I enjoy doing.”

But when her children’s pediatrician and the school asked about her mental health and parenting stressors, Colleen questioned their intentions. She recognized them as conduits to CPS, saying parents should “definitely” be careful when talking with “anyone who works for an agency... like Head Start, the doctors.” As Colleen explained, offhand comments about using substances, feeling stressed with children, or food insecurity could be misconstrued: “Some people, you say something to them, they’ll take it out of context. They’ll call CPS on you.”

Colleen had accepted visiting nurse services, thinking they would help her children. Still, she felt anxious when her visiting nurse asked questions. As we talked about CPS concerns, she commented, “It makes you nervous sometimes, when [the visiting nurses] come, especially if you know you’re struggling or something, and you don’t want them to know, because it makes you nervous that they could do something like ruin your life, even though you’re doing the best you can.” Colleen’s account identifies an important reason mothers

often decline to share their parenting concerns with helping professionals.<sup>18</sup> Although social workers and doctors might ask questions to provide mothers with information and support, mothers like Colleen understood these inquiries as opportunities to be turned in for wrongdoing. They figured it was safer to keep their responses superficial. “I answer the question, but I really don’t answer it,” said Aaliyah, a Black mother. As another Black mother, Ruby put it, “I tell them what I want them to know.”

Later, Colleen read the questionnaire her children’s school regularly asked her to complete:

Colleen: I feel little interest or pleasure in doing things. I feel too stressed to enjoy my child. I get more frustrated than I want with my child’s behavior.” It’s like a trap. If you say yeah, I get more frustrated with my child’s behavior, that means you’re gonna hit ‘em or something, they probably think... So, I just circle “sometimes.” Why do you need to know about what I do?

Interviewer: Why do they want to know?

Colleen: “I dunno. Just ‘cause they, I dunno, maybe they wanna, I feel like they wanna know ‘cause they wanna threaten your family or something... It seems to be like, sometimes they do wanna report you or something or catch you doing something wrong.”

From the school’s perspective, this might have been a well-intentioned effort to offer additional support. Increasingly, understanding that education and health are influenced by parenting and home environments broadly, schools and pediatricians seek to help

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<sup>18</sup> Amy M. Heneghan, MaryBeth Mercer, and Nancy L. DeLeone, “Will Mothers Discuss Parenting Stress and Depressive Symptoms with Their Child’s Pediatrician?” *Pediatrics*, 113, 3 (2004): 460–67; Gerald B. Hickson, William A. Aldemeier, and Susan O’Connor, “Concerns of Mothers Seeking Care in Pediatric Offices: Opportunities for Expanding Services.” *Pediatrics*, 72, 5 (1983): 619–24.

parents with other needs.<sup>19</sup> Colleen's children's schools and doctors had never called or even threatened to call CPS. But Colleen saw this as a real possibility, given pervasive CPS reporting, so she concealed the full scope of her family's needs. Opening up about vulnerabilities carried risks, as providers could "trap" her and "ruin [her] life" by summoning CPS.

## Discussion and Implications

Educational, healthcare, and social service systems can serve as vital sources of support for families, especially marginalized families. Such systems want to encourage parents to disclose stressors and challenges to reach out in times of need. This institutional help-seeking is an important part of protective parental capacity—a key way parents with limited resources can promote their children's well-being.<sup>20</sup> Strong institutional and social support networks can assist parents in raising their children in safe and nurturing environments.

But parents know that authorities may treat their poverty and adversity as abusive or neglectful parenting. Purportedly, service providers refer families to CPS wanting to improve conditions for children and ensure children's safety.<sup>21</sup> Yet as we see in the accounts of Christina, Brittnei, Desiree, Colleen, and others, the current practice of widespread CPS reporting by support-oriented systems undermines this goal by fraying families' connections with these very systems. As those I interviewed explained, seeking help is no easy decision when those in a position to assist are also potential tattletales. Parents in need face a no-win situation: close off opportunities for support or open themselves up to the risk of state scrutiny and family separation.

This research also highlights the impact of CPS beyond its direct intervention with families. As a looming threat, it shapes what parents do and say, with ramifications for the resources they mobilize for their families and the relationships they develop with service providers. New mothers like Christina know to be wary about accepting social services that might misconstrue manifestations of poverty

as neglect. In communities highly exposed to CPS, the specter of CPS accompanies families to doctors' visits, to parent-teacher conferences, to homeless shelters, to therapy appointments.<sup>22</sup>

Walking back the U.S.'s reliance on CPS as a response to family adversity is thus an important means of advancing child well-being goals. Parents should be able to seek help, to access needed resources without hesitation and speak openly about the challenges they are facing, without fearing family separation. This means that service providers must work to earn parents' trust. One mother I interviewed described exercising caution around some service providers, but identified one non-profit organization on her side, "If I don't got food in the house, they not gonna go behind my back and letting know CPS, you know what I mean? If I need food in the house, they help me to get the food. Or if my child need clothes and I don't got the money, they help me to get the clothes. That's why I have trust to them."

Reporting systems must follow this organization's lead to find alternative ways to serve families rather than immediately turning to CPS. Brianna Harvey and colleagues note that schools, a primary reporter to CPS, "are well-positioned to create new pathways to the supports and services from which most families reported to [CPS] might actually benefit."<sup>23</sup> Harvey and colleagues sketch out an alternative vision of schools detached from the child welfare system, one involving a cultural shift away from coercion as well as legal shifts that narrow mandated reporting statutes. With these shifts, schools could re-envision their

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<sup>19</sup> American Academy of Pediatrics, "Family Pediatrics Report of the Task Force on the Family," *Pediatrics* 111, 6 (2003): 1541-71; Cynthia Franklin and Calvin L. Streeter, "School Reform: Linking Public Schools with Human Services," *Social Work* 40, 6 (1995): 773-82; Mario Luis Small, "Neighborhood Institutions as Resource Brokers: Childcare Centers, Interorganizational Ties, and Resource Access among the Poor," *Social Problems* 53, 2 (2006): 274-92.

<sup>20</sup> I thank anonymous reviewers for raising this point.

<sup>21</sup> Fong, "Getting Eyes in the Home."

<sup>22</sup> Rise, Someone To Turn To.

<sup>23</sup> Brianna Harvey, Josh Gupta-Kagan, and Christopher Church, "Reimagining Schools' Role Outside the Family Regulation System." *Columbia Journal of Race and Law* 11, 3 (2021): 576.



role—for instance, assisting families in accessing public benefits, legal services, and medical and mental health care; instituting peer support programs; and expanding in-school social work services.

Bolstering families' engagement with service providers also requires developing referrals and resources outside the child welfare system. Mandatory reporters seeking to help families need non-CPS outlets to which they can turn. Police in some jurisdictions are developing alternatives—for instance, deploying clinicians and healthcare workers rather than armed officers to mental health calls or rerouting calls from police dispatch to longer-term harm reduction services.<sup>24</sup> A similar approach in the child well-being field could make accessing services and disclosing stressors a pathway to assistance, rather than investigation. Any such alternative should be well-resourced as well as staffed and directed by people from impacted communities who have the skills to respond to families' needs without involving CPS.

As we see, reducing CPS does not imply abandoning families facing adversity. Instead, service providers must move towards more effective and affirming ways of serving them. Even by CPS's own estimation, the vast majority of reports do not involve children in imminent danger; at the outset, the professionals making these reports expect children will remain at home, and most investigations summarily close after the requisite assessment period.<sup>25</sup> CPS has become a catch-all for all manner of concerns about families.

But this doesn't have to be the case. In the initial months of the COVID-19 pandemic, CPS operations scaled back considerably due to social distancing guidelines and school closures. Reports and investigations plummeted. Yet this retreat did not compromise child safety. Nationally, child fatalities between October 2019 and September 2020 were no greater than in previous years, actually declining from the prior year.<sup>26</sup> Emergency room visits for child abuse and neglect dropped, and hospitalizations for abuse and neglect were similar to pre-pandemic rates.<sup>27</sup> After schools reopened, there was no "rebound effect" suggesting serious, unreported abuse or neglect. Legal

scholar Anna Arons, analyzing data from New York City, concluded that "with less surveillance and fewer separations, children stayed just as safe."<sup>28</sup> Meanwhile, as a subway train conductor and mother of three told The Marshall Project in the early months of the pandemic, "Poor people are usually constantly inspected by all these agencies. Now there is kind of a peacefulness."<sup>29</sup> With increased attention to family well-being during this time, families turned to mutual aid and other community networks; governmental policy supports such as expanded unemployment insurance, eviction moratoria, and stimulus checks helped families provide for their children's needs. As the pandemic experience showed us, we can reduce the scope of CPS while also keeping children safe—perhaps even keeping them safer.

Desiree described her encounters with bureaucrats and the alternative she envisioned, "Everything is official, official. I have to call that person. I have to call this person. You're humans. Just like me. Why can't you just help me?"

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<sup>24</sup> Jackson Beck, Melissa Reuland, and Leah Pope, "Case Study: CAHOOTS," Vera, November 2020, <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>; Forrest Stuart and Katherine Beckett, "Addressing Urban Disorder Without Police: How Seattle's LEAD Program Responds to Behavioral Health-Related Disruptions, Resolves Business Complaints, and Reconfigures the Field of Public Safety," *Law & Policy* 43, 4 (2021): 390–414.

<sup>25</sup> Fong, "Getting Eyes in the Home"; HHS, *Child Maltreatment* 2019.

<sup>26</sup> HHS, *Child Maltreatment* 2020 (2022).

<sup>27</sup> Robert Sege and Allison Stephens, "Child Physical Abuse Did Not Increase During the Pandemic," *JAMA Pediatrics* (2021): doi:10.1001/jamapediatrics.2021.5476.

<sup>28</sup> Anna Arons, "An Unintended Abolition: Family Regulation During the COVID-19 Crisis," *Columbia Journal of Race and Law* (forthcoming).

<sup>29</sup> Eli Hager, "Is Child Abuse Really Rising During the Pandemic?" The Marshall Project, June 15, 2020, <https://www.themarshallproject.org/2020/06/15/is-child-abuse-really-rising-during-the-pandemic>.

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*“Christina” and her son*

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