St. Louis Neighborhood Network
Evaluation Report

Analysis of Child Abuse and Neglect Statistics for the SLNN Area and St. Louis City

prepared for the
St. Louis Neighborhood Network
an Initiative of the Edna McConnell Clark Foundation

by the
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Summary Findings

This report describes analyses conducted for the St. Louis Neighborhood Network (SLNN) during April and May 2002 by the Institute of Applied Research (IAR). The SLNN Self-Evaluation Subcommittee selected three research areas of interest for 2002: trends in sexual abuse in St. Louis, families with repeated child neglect reports (chronic neglect cases), and characteristics of reporters of child abuse and neglect in St. Louis.

Total Families and Mother-Only Families in St. Louis

- The zip codes with the highest concentrations of families in the 2000 census are in the southern portion of the city along with the 63115 zip code area in the north.

- Mother-only families tend to be the most financially impoverished and include the largest proportion of child neglect cases. Three zip code areas have large relative proportions of families as well as mother-only families: 63118, 63116, and 63115. Three other zip code areas also have moderate to high concentrations of mother-only families: 63104, 63110, and 63112. These include the SLNN zip code areas.

- While the population declined in all parts of St. Louis between the 1990 and 2000 census, the largest declines in the number of families occurred in the northern zip code areas.

- The proportion of mother-only families declined in the north and increased in the southern areas of the city during the 1990's. The greatest increases were in areas 63118 and 63111.

Trends in Sexual Abuse in St. Louis

- All sexual abuse reports in Missouri are screened as investigations. Typically, therefore, sexual abuse reports are either substantiated or unsubstantiated after investigations are completed.

- Looking at trends over the six-year period from 7/95 through 10/01, investigations concluded with substantiated sexual abuse in the City of St. Louis increased during the period 7/99 through 10/01 in comparison to projections from the period 1/98 through 6/99. The changes were statistically significant.

- The 63118 area consistently had the highest incidence of reported and substantiated sexual abuse in the city throughout the six-year period, but did not shown a relative increase during the period in question. On the other hand, the 63116 and 63111 areas showed increases and are approaching 63118 in total numbers of sexual abuse substantiations. Other areas of increase are in the south and west portion of the city (with the exception of 63109, the most affluent area of the city) and in the northeast areas of 63106 and 63107. The increases in these geographic areas may be related to

changes in the population. However, they do not appear to be related in any simple way to the size of population declines nor to changes in the proportion of mother only families.

- In general, the areas with the highest numbers of substantiated sexual abuse cases are also those with the highest rates per 1,000 children.

- A general decline in mother-only families among sexual abuse cases occurred reflecting an increase in male-present families. Male-present families include married parents in which the man is the natural father or the stepfather of one or more of the children. This category also includes blended families where the man may be the natural father of some children and stepfather of others. Also included among male-present families are those in which the man is a paramour of the mother (that is, they are not legally married). In these cases as well, the man may be the father of certain children in the family or have no relationship to them. Changes from mother-only to male-present status (particularly step fathers and paramours) are strongly associated with shifts from child neglect to child abuse reports including sexual abuse.

- The proportion of sexual abuse cases in which one or both of the adult caretakers in the family were employed increased significantly during the six-year period. This is also associated with male-present families, in the sense that the presence of two adults eases the difficulties associated with holding a job and caring for children.

- The proportion of sexual abuse victims who were in their teens, mainly teenage girls, significantly increased as well.

- Descriptively, these changes show the changing complexion of sexual abuse cases coinciding with increased reports and substantiations. They are consistent with increased numbers of men entering into the households of women with children and increased employment of women, particularly women who are old enough to have teen girls in their households. This finding may be related to welfare reform as former welfare recipients move into low-paying jobs and increased dependency and live-in relationships with men who are not the fathers of their children. <u>If SLNN and DFS will assist in obtaining TANF and wage data IAR is willing to conduct an in-depth study to determine whether this supposition is correct.</u>

- About half the natural parents listed as perpetrators in any one year are female—mothers of the victims. Most of these involve failure to supervise and protect their children from sexual abuse rather than active participation in the sexual abuse. The large majority of active perpetrators of sexual abuse are male.

- Consistent with earlier comment, increases are evident during the last two full years of data among paramours of caretakers (statistically significant), stepparents (statistical trend), and natural parents.

- Of all known perpetrators during the period, 4.5 percent were found to have been previously involved in a past substantiated sexual abuse case.

Repeat Reports of Child Abuse and Neglect (CA/N)

- A CA/N report on a particular family is likely to have been preceded by earlier reports and likely to be followed by subsequent reports, that is, it is likely to be one of a sequence of reports on the same family. There were 2,909 families with at least one CA/N report during the period from 7/95 through 6/96, and 63.2 percent had one or more new reports during ensuing six years. This rate of repeat reports is very conservative because it considers only a six-year period and it considers only reports in which a home visit and/or investigation was to take place.

- Sequences of reports on the same family are more likely to be of different kinds of abuse or neglect than the same kind. Reports should be looked at as manifestations of underlying problems. In some instances, new CA/N stems from changes that occur in families. In other instances it arises from existing problems that, at the time of a particular CA/N report, may have been missed by DFS workers or may have been noticed but regarded as unrelated to present child safety problems.

- The level of repeat reports and the diversity of child abuse and neglect in sequences of reports on families suggests the need for more sustained and broad-ranging approaches to families that go beyond immediate safety problems. The dilemma of DFS is that the resources of the agency—funding for services and specialized staff with small caseloads available to work long-term with families—are severely limited. Under the press of such limited resources and a constant stream of new CA/N reports, DFS must ration the time that workers spend with families and the services made available. Yet, whatever the current report, the agency is likely to see families again, and the next time the child maltreatment may be much more serious. Educational neglect is presented as good example of reports that do not involve child safety threats but in which the families are likely to be seen again for more serious problems.

- One answer to the catch-22 dilemma of DFS is that initiated under the family assessment approach: a concerted involvement of the broader community in child welfare cases. This includes both informal arrangements with churches and neighborhood organizations as well as community-based service associations promoting broader involvement with families encountered by (or with the potential to be encountered by) DFS. Integration of DFS with the community at the neighborhood level and cooperation between DFS and community organizations at the neighborhood level are among the primary purposes of the St. Louis Neighborhood Network. These results support the continuation and expansion of SLNN activities.

- Although new reports appear to be scattered across all CA/N types, in fact, patterns can be found among them. Two types of subsequent reports appear frequently

regardless of the type of initial report on families: parent-child relationship problems and lack of supervision. Lack of supervision is more characteristic of families with younger children. Parent-child relationship problems occur significantly more often in families with teenage children. These show a dimension underlying all types of child maltreatment reports: failures in controlling, disciplining, persuading, and communicating with children. Some of the causes and correlates of this, such as child behavior problems, parental problems, and poverty and its consequences are discussed in greater detail. The greatest need in subsequent work with families is addressing the problems that impede stable and nurturing relationships between parents and children and instructing parents in healthy ways of communicating and interacting with their children.

- **Chronic Neglect.** A subset of families appear in the DFS system again and again for cases of child neglect and are designated here as chronic neglect families. Of the 2,909 families with incidents in 7/95-6/96, 728 (25.0 percent) were chronic-neglect cases.

- The average number of neglect reports among these families over six years was 4.8. However, reports of other kinds were received on these families, and the average number of new reports of all kinds was 6.6 per family. Thus, DFS encountered the average chronic-neglect family about one time ever 11 months. We have already seen that families initially reported for neglect have the highest rates of recidivism.

- Several other categories of reports also occurred frequently among chronic neglect families: parent-child relationship problems (16.0 percent), less severe physical abuse (10.8 percent), sexual abuse (6.2 percent). This finding shows that it is incorrect to stereotype these families as *only* neglect type cases. In fact, other kinds of child maltreatment are reported from time to time.

- The same kinds of problems underlie chronic-neglect cases as other families with repeat reports, although more acute. They are the most impoverished of families encountered by DFS, as is shown by the widespread recurrence of unmet basic needs reports: lack of food, lack of clothing or improper clothing, poor child hygiene, unsafe or unclean living conditions, and homelessness are all indicators of poverty. Parent-child relationship problems also recurred frequently. The most frequent problem was lack of supervision, the most common type of CA/N report received by DFS generally.

- Counting all reports on chronic-neglect families over six years, 21.9 percent were substantiated investigations, 4.6 percent were unsubstantiated with preventive services indicated, 17.9 percent were family assessments with services needed, and 2.4 percent were high-risk infant reports. These are defined as “action” responses. DFS responded in one of these four ways to 46.8 percent of reports on chronic neglect families.

- Chronic-neglect families are significantly more likely to have new reports with action response while an active case is in progress on the family than other types of families. A new case was opened or an existing case was already open in 62.9 percent of the 4,800 reports that were tracked regardless of the outcome of the CA/N report.

- FCS cases for chronic-neglect families on average are kept open for longer periods. Looking at all days in open cases through the analysis period chronic-neglect families were in open cases for an average of 754 days versus 621 days for other families.

- Chronic-neglect families are much more likely to have children removed. At least one child was placed outside the home during the six-year period in 337 of 728 families or 46.3 percent. The figure for the remaining families in this analysis was around 26 percent during the same period.

- Chronic-neglect families occupy significant time and resources, as measured by the activity of investigators and family assessment workers. In this analysis 728 families from 95/96 year elicited 4,800 DFS responses to CA/N incident reports, nearly always in the form of travel and at least one home visit over a six-year period. Add in the time spent in open FCS cases (a little over two years per family over a six-year period) and the time spent in paperwork, court visits, and managing foster care when children are removed (in nearly half the families). Finally, multiply this by the new chronic-neglect families encountered each year and it becomes clear that a relatively small number of families in the city occupy significant DFS resources.

- The analysis has identified a subset of families in which the kinds of needs spoken of earlier are acute. The responses discussed above—broader service approaches, community involvement, neighborhood approaches—are no different for these families. This analysis supports the value of the current focus of SLNN on chronic neglect cases.

Types of Reporters

- Non-professionals (non-mandated reporters) and law enforcement are more often sources of reports on unmet basic needs, lack of supervision, and parent-child conflicts. The proportions of educator reporters were highest for educational neglect and medical reporters for unmet medical needs. High-risk infant reports (made by hospitals of drug/alcohol-exposed newborns) are made by hospital social workers.

- Comparing substantiated and unsubstantiated investigations, reports made by mandated reporters of all kinds are more likely to be substantiated than those made by non-mandated reporters. This arises from greater expertise and better reports in some cases, but more often because mandated reporters, such as school and hospital personnel, have better documentation of the abuse or neglect. A similar relationship can be seen between family assessments with service needed and those in which no service needs were identified.

Introduction

This report describes analyses conducted for the St. Louis Neighborhood Network (SLNN) during April and May 2002 by the Institute of Applied Research (IAR). The SLNN Self-Evaluation Subcommittee selected three research areas of interest for 2002: trends in sexual abuse in St. Louis, families with repeated child neglect reports (chronic neglect cases), and characteristics of reporters of child abuse and neglect in St. Louis.

The Child Abuse and Neglect Data System. Data were extracted from the Missouri Division of Family Services (DFS) state child abuse and neglect (CA/N) data system for the period from July 1995 through February 2002. This system maintains records of child abuse and neglect reports along with the results of home visits and family contacts of local workers. The CA/N Hotline Unit in Jefferson City receives CA/N reports in Missouri. After reviewing and accepting telephone reports, workers in this unit electronically transmit written descriptions and other information assembled on families to appropriate local (county) DFS offices.

Supervisors in the local offices screen reports and assign them to workers. There are two types of screening outcomes. Reports involving acts that are more clearly criminal in nature (for example, reports of sexual abuse or very serious physical abuse) are assigned to investigators who conduct traditional CA/N investigations. The proportion of these kinds of reports usually varies between 20 to 30 percent depending on the county. CA/N investigations are generally concluded in one of three ways: a) unsubstantiated, b) probable cause to suspect child abuse and neglect (substantiated CA/N), or c) unsubstantiated-preventive services needed. Most investigations end simply as unsubstantiated and nothing further happens in regard to the family investigated. Formal cases may be opened for families on a voluntary basis when preventive services are thought to be needed, but this outcome occurs in only a small minority of investigated reports. Most of the remaining investigations are substantiated, and for most of these DFS takes action by opening formal cases. When necessary children are removed from their homes and placed in foster care.

The remaining 70 to 80 percent of reports are not investigated. Rather, they are assigned to a family assessment worker. Like CA/N investigators, these workers visit families but the approach they take differs from the traditional investigation. Family assessment workers conduct a safety assessment to determine the level of danger to children but they do not try to substantiate child abuse and neglect, an essentially adversarial activity. If the worker determines that there are child safety problems he or she works with the family to develop a safety plan to address those problems. At the same time, the worker and family members focus on the broader needs of the family to ensure child safety as well as promote the general welfare of the entire family. Family assessments, therefore, are generally concluded with a finding of a) services needed or b) services not needed. A minority are coded as c) family not cooperative. When an assessment is concluded as "services needed," the assessment worker may work with the family to obtain services. When this occurs, it usually involves referral to other agencies,

although assessment workers may also deliver certain services directly. Family assessment-services needed cases are generally short-term (30 to 60 days) and only a minority are subsequently formally opened (as Family-Centered Services cases, FCS) in the DFS system. Caseworkers are able to work longer with families and to purchase various treatment services when FCS cases are opened.

Under this system, therefore, we can define three outcomes as ***action responses***. These are: 1) substantiated investigations, 2) unsubstantiated investigations in which preventive services are needed, 3) family assessment with a determination of services needed. The level of response varies greatly; the term action here means "potential for action" with the family.

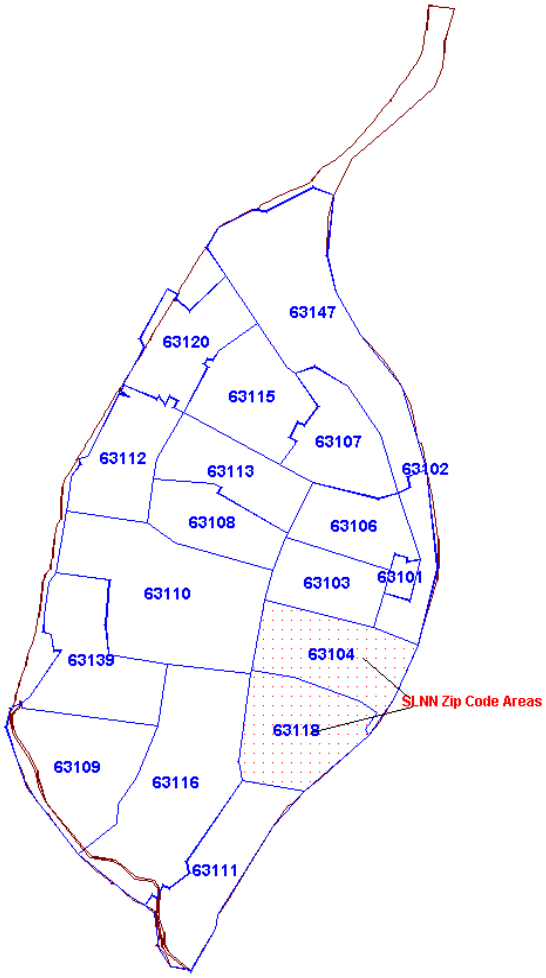

Figure 1. City of St. Louis, Zip Code Areas and St. Louis Neighborhood Network Areas

St. Louis and the SLNN.

The Mississippi river forms the eastern boundary of the City of St. Louis (Figure 1), which is otherwise surrounded by St. Louis County. St. Louis City is itself a separate Missouri county. The population of the city has consistently declined in recent decades. For example, there were 453,085 persons in the city in 1980. This number declined to 396,685 in 1990 and then to 348,189 persons in the 2000 census. This represents a decline of 23 percent in 20 years, as families migrated to St. Louis County and the more rapidly growing counties of Jefferson and St. Charles on the southern and western edges of the metro area. Nearly 26 percent (89,657) of the city's population in the year 2000 was composed of children less than 18 years of age.

The city is divided into 18 zip code areas. Three of these (63101, 63102, and 63103) are mainly business and industrial areas and are relatively sparsely populated. The SLNN operates primarily in two zip code areas: 63104 and 63118 through a network of neighborhood centers or "hubs."

Total Families and Mother-Only Families in St. Louis

The zip codes with the highest concentrations of families are in the southern portion of the city along with the 63115 zip code area in the north (Figure 2, left map). The distribution of female-headed families with children (mother-only families) varies somewhat (right map). Mother-only families tend to be the most financially impoverished. Child neglect cases (failure to provide basic needs, medical care, lack of supervision, and educational neglect), including chronic neglect, are more strongly associated with such families than other kinds of CA/N cases. In addition, the large proportion of child neglect reports concern these kinds of families. The 63109, 63139 and 63111 zip code areas contain higher concentrations of two-parent families. The darkest areas in both maps are those with large relative proportions of families as well as mother-only families: 63118, 63116, and 63115. Three other zip code areas also have moderate to high concentrations of mother-only families: 63104, 63110, and 63112. These include the SLNN zip code areas.

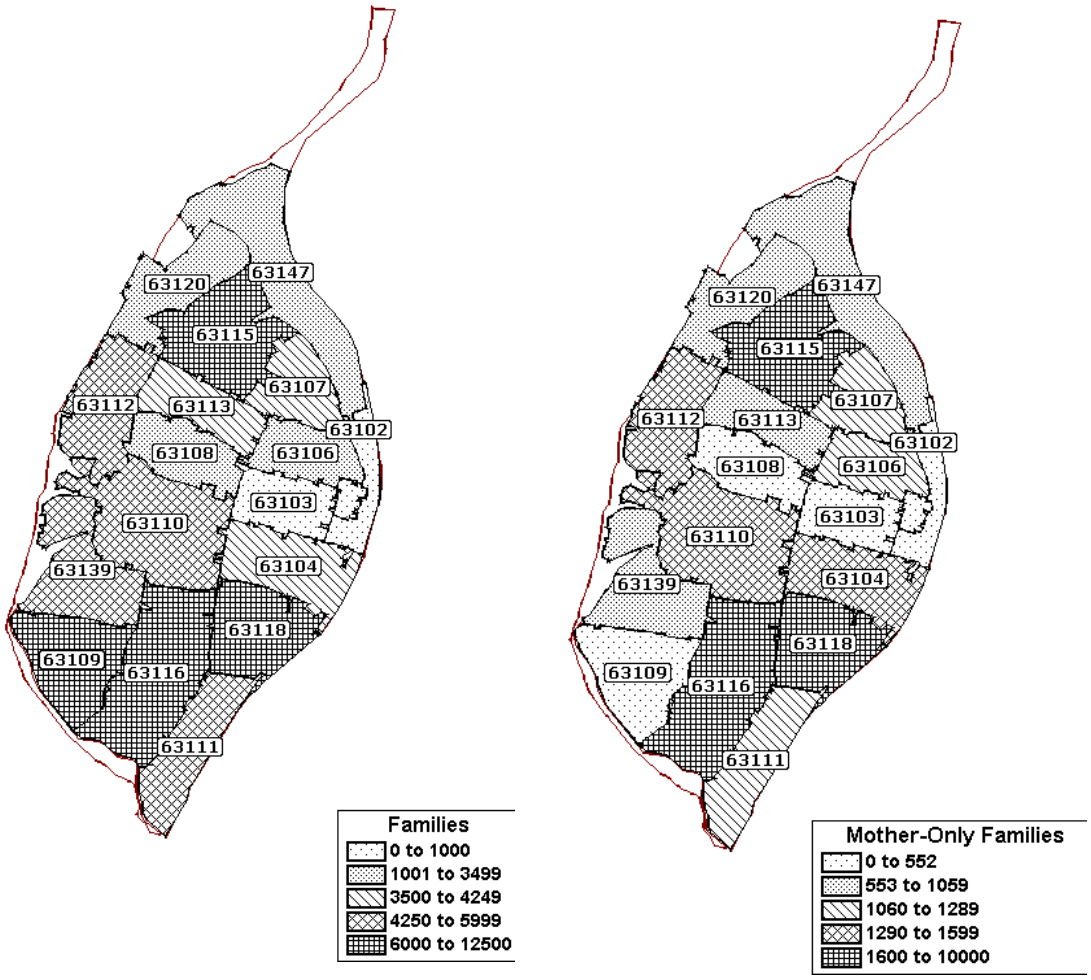

Figure 2. Families and Mother-Only Families, City of St. Louis, 2000 Census

Table 1 shows the changes in families within zip code areas in St. Louis City from 1990 to 2000. Zip codes areas are arranged in the table from northeast to southwest in the table to aid in comparison to the maps in Figure 1. Notice that, while there were population declined in all parts of St. Louis, the largest declines in the number of families occurred in the northern zip code areas.

Changes in the percentage of mother-only families are also shown. This statistic shows the change regardless of the size of the base population. For example, in the 63147 area, 24.4 percent of 3,091 families were mother-only in 1990 while 22.4 percent of 2,918 families were mother-only in 2000—a change in percents of -2.0. This analysis shows that the proportion of mother-only families declined in the north and increased in the southern areas of the city during the 1990's. The greatest increases were in areas 63118 and 63111.

Table 1. Percent Change in Families and Change in the Percent of Mother-Only Families by Zip Code, 1990 and 2000 Census, City of St. Louis

*ZIP CODE**	*1990 to 2000 Change in Number of Families*	*1990-2000 Change in the Percent Mother-Only Families*
63147	-5.6%	-2.0%
63120	-24.8%	-3.4%
63115	-17.4%	-6.5%
63107	-29.5%	-12.1%
63112	-21.9%	-7.3%
63113	-32.9%	-7.9%
63106	-30.4%	-4.9%
63102§	-51.9%	8.3%
63108	-6.0%	-6.2%
63103	-45.9%	-21.9%
63101§	-2.7%	-2.2%
63110	-17.2%	-2.5%
63104	-12.1%	0.4%
63139	-11.0%	3.2%
63116	-12.1%	5.8%
63118	-14.2%	8.6%
63109	-9.9%	2.6%
63111	-9.7%	8.4%

* Zip Codes are arranged in order from northwest to southeast with the city.
§ Less than 300 families in these zip code areas

Trends in Sexual Abuse in St. Louis

All sexual abuse reports in Missouri are screened as investigations. Typically, therefore, sexual abuse reports are either substantiated or unsubstantiated after investigations are completed. There are instances in which a report was received for another type of abuse or neglect yet the investigator discovered sexual abuse after visiting the home. However, this occurs in less than one in ten substantiated sexual abuse cases and the large majority of sexual abuse substantiations (over 92 percent) occur when the initial reports also concerned sexual abuse. The most frequently listed category of sexual abuse is fondling or touching (known in 50 percent of substantiated cases). However, oral sex and intercourse are found in about 43 percent of substantiated cases in St. Louis.

Monthly sexual abuse incidents and substantiated findings in the City of St. Louis are shown in Figure 3 for the period 7/1995 through 10/2001. Figures include incident reports in which the home address was in the city. A small proportion (7.3 percent) of sexual abuse findings were for reports in which the home address was outside the city.

Increasing Sexual Abuse. In analysis of sexual abuse conducted for the 2001 SLNN report, it appeared that after an increase during 1999 monthly incidence had begun to decline.[1] Additional data available for the present analysis shows this supposition to have been incorrect. Focusing on the two trend lines in the graph, the top line (red) represents 8-month moving averages of incident reports while the bottom line (blue) represents a similar trend for substantiated reports. The dotted lines in both cases represent true monthly fluctuations. Sexual abuse had begun to show a decline in St. Louis in late 1997 after which rates remained relatively low for the 18-month period through June 1999. The trend for this period was less than 10 per month and declining. This is shown by the lower regression line (the straight line) in the graph, which is projected through the end of the period being considered (October 2001). Had the trend of this period (1/98 through 6/99) continued, sexual abuse substantiations would have declined to less the 9 per month. Instead during the period from July 1999 through October 2001 sexual abuse substantiations (and total incidents, as well) increased. The trend line for this period (upper straight regression line) begins around 14 per month and remains above 12 per month during the remaining months. The difference between the values represented by these two linear regression lines are statistically significant ($p < .0001$) and shows that **investigations concluded with substantiated sexual abuse in the City of St. Louis increased during the period 7/99 through 10/01 in comparison to projections from the period 1/98 through 6/99.**

The increase appears to be consistent and begs an explanation. Why would substantiated sexual abuse incidents as well as substantiated investigations be on the rise in St. Louis during the past two years? Why in particular as population in the city continues to decline? Although a complete analysis is not possible in this report, some indications may be found in hotline data itself. First, we will examine the geography of sexual abuse in St. Louis.

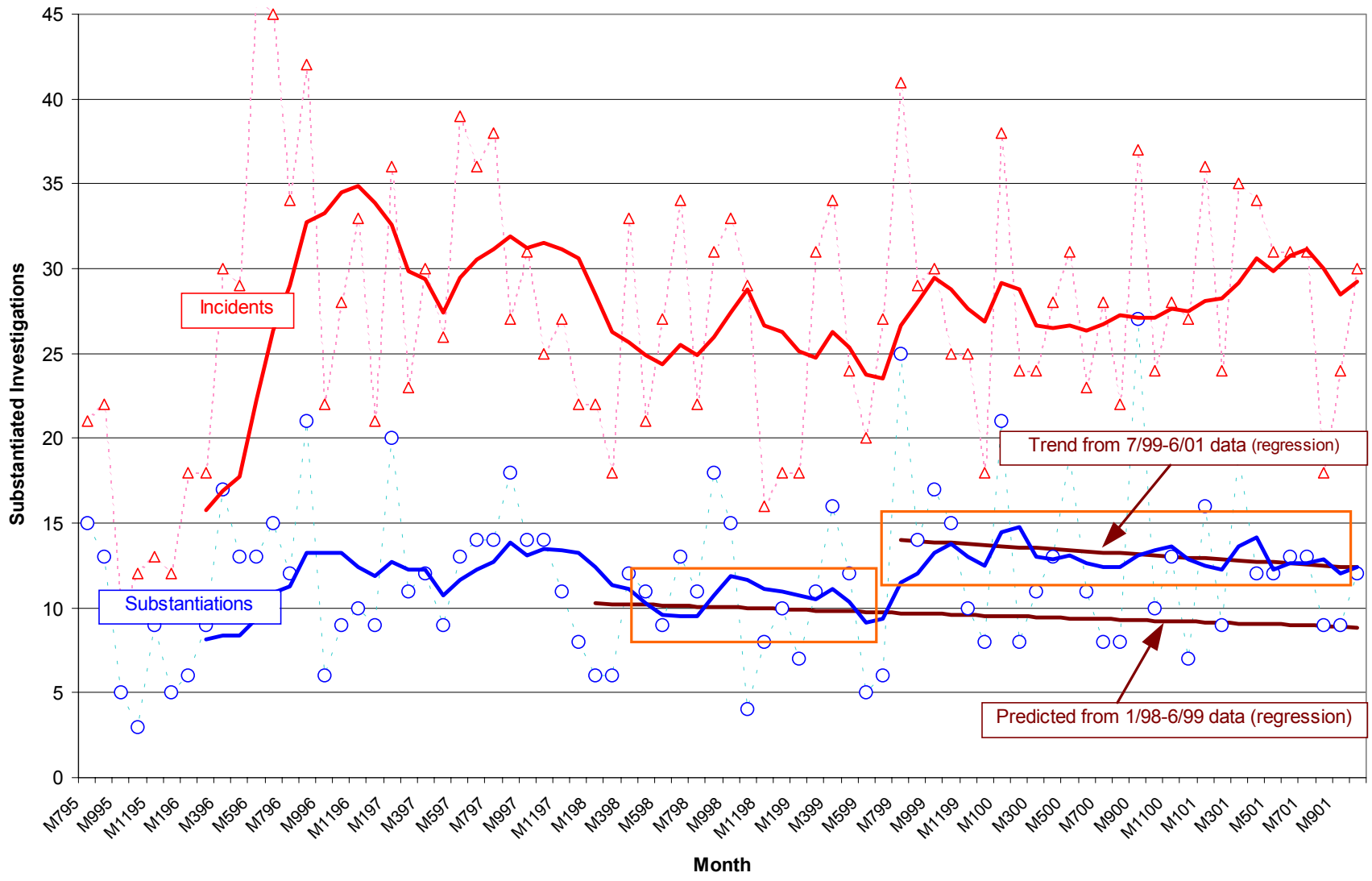

**Figure 3. Monthly Sexual Abuse in the City of St. Louis (7/95 through 10/01)
Incident Reports and Investigations ending in Substantiation and Trends (8-Month Moving Average)
and Linear Regression**

The map in Figure 4 shows sexual abuse substantiations for each zip code area in the city. The small bar graphs within each zip code area represent the number of reports over a six-year period. The years represented are state fiscal years (July to June) from 7/95-6/96 through 7/00-6/01.

The areas of increase in sexual abuse cases during the last two fiscal years (7/99 to 6/01) are highlighted with a special symbol. The 63118 area has consistently been the highest area in the city throughout the six-year period, but did not show a relative increase during the period in question. On the other hand, the 63116 and 63111 areas did show increases and are approaching 63118 in total numbers of substantiations. Other areas of increase are in the south and west portion of the city (with the exception of 63109, the most affluent area of the city) and in the northeast areas of 63106 and 63107.

The increases in these geographic areas may be related to changes in the population. However, they do not appear to be related in any simple way to the size of population declines nor to changes in the proportion of mother only families.

A question asked and answered in the past, was whether these numbers might simply reflect the number of children in each zip code area. The numbers represented in the map are shown in Table 2, in which the areas are ordered from highest to lowest during the final year (7/00-6/01). Retaining the same order, Table 3 illustrates the proportion of cases per 1,000 children. The values confirm that, in general, the areas with the highest numbers of substantiated sexual abuse cases are also those with the highest rates.

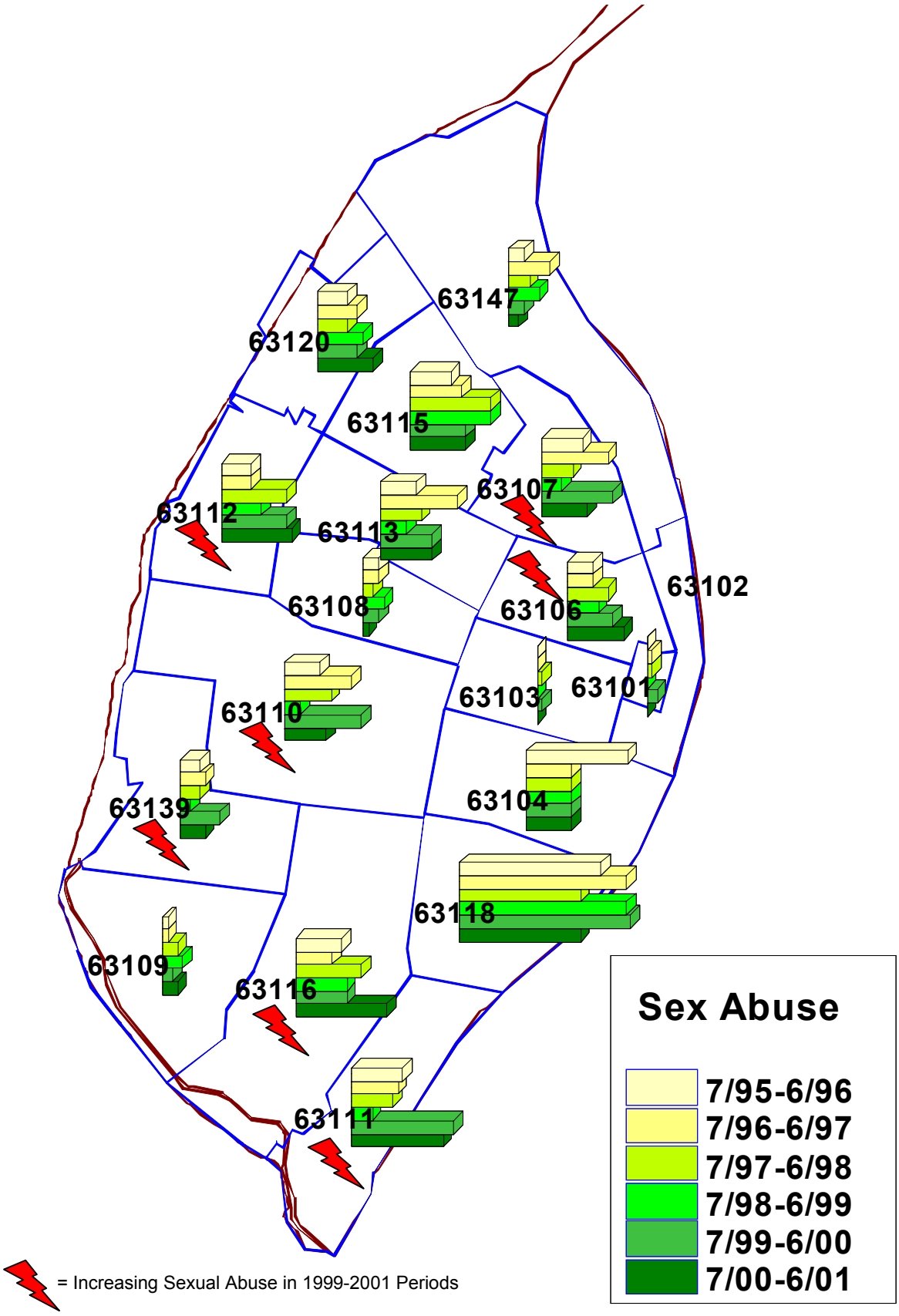

Figure 4. Number of Sexual Abuse Findings in St. Louis by Zip Code Areas for a Six-Year Period from July 1995 through June 2001 (Values in Table 1)

Table 2. Number of Sexual Abuse Findings in St. Louis by Zip Code (Ranked by number in FY2001)

Zip Code Area	*7/95 – 6/96*	*7/96 – 6/97*	*7/97 – 6/98*	*7/98 – 6/99*	*7/99 – 6/00*	*7/00 – 6/01*
63118	28	33	24	33	34	24
63111	10	9	8	4	20	18
63116	9	7	13	10	10	18
63112	6	6	13	8	13	14
63106	5	5	8	6	9	11
63115	8	10	16	16	11	11
63120	6	8	6	9	8	11
63113	7	15	9	5	10	10
63104	18	9	9	9	9	9
63107	8	13	6	4	14	9
63110	7	13	9	3	15	8
63139	4	5	4	2	8	5
63109	1	1	3	4	2	3
63147	3	8	4	6	3	2
63108	3	3	2	4	3	1
63101	0	1	1	0	2	0
63102	0	0	0	0	0	0
63103	0	0	1	0	1	0

Table 3. Rate of Sexual Abuse Findings in St. Louis per 1,000 Children by Zip Code (Children = Number of persons 17 years of age or younger in 1997 Census Est.)

Zip Code Area	*7/95 – 6/96*	*7/96 – 6/97*	*7/97 – 6/98*	*7/98 – 6/99*	*7/99 – 6/00*	*7/00 – 6/01*
63118	3.1	3.6	2.6	3.6	3.8	2.6
63111	2.0	1.8	1.6	0.8	4.0	3.6
63116	0.8	0.7	1.2	0.9	0.9	1.7
63112	0.8	0.8	1.7	1.0	1.7	1.8
63106	0.9	0.9	1.4	1.1	1.6	2.0
63115	1.0	1.2	1.9	1.9	1.3	1.3
63120	1.0	1.3	1.0	1.5	1.3	1.8
63113	1.0	2.1	1.3	0.7	1.4	1.4
63104	3.1	1.5	1.5	1.5	1.5	1.5
63107	1.0	1.6	0.7	0.5	1.7	1.1
63110	1.1	2.0	1.4	0.5	2.3	1.3
63139	0.9	1.1	0.9	0.4	1.7	1.1
63109	0.2	0.2	0.6	0.8	0.4	0.6
63147	0.9	2.3	1.2	1.7	0.9	0.6
63108	1.1	1.1	0.7	1.5	1.1	0.4
63101	0.0	5.2	5.2	0.0	10.4	0.0
63102	0.0	0.0	0.0	0.0	0.0	0.0
63103	0.0	0.0	0.9	0.0	0.9	0.0

Another approach to the question of why reported and substantiated sexual abuse has increased during the period being considered involves looking at the characteristics of families at the time of the report. Three such characteristics are shown in Figure 5.

The first compares the proportions of mother-only families in sexual abuse cases during the six-year period. The general decline (a statistical trend, p = .09) in mother-only families reflects an increase in male-present families in sexual abuse cases. Male-present families include married parents in which the man is the natural father or the stepfather of one or more of the children. In some cases they are blended families where the man may be the natural father of some children and stepfather of others. Also included among male-present families are those in which the man is a paramour of the mother (that is, they are not legally married). In these cases as well, the man may be the father of certain children in the family or have no relationship to them. In other analyses not included here, we have shown that in families with two or more CA/N reports, changes from mother-only to male-present status (particularly step fathers and paramours) are strongly associated with shifts from child neglect to child abuse reports and that significant increases are seen in sexual abuse reports.[2]

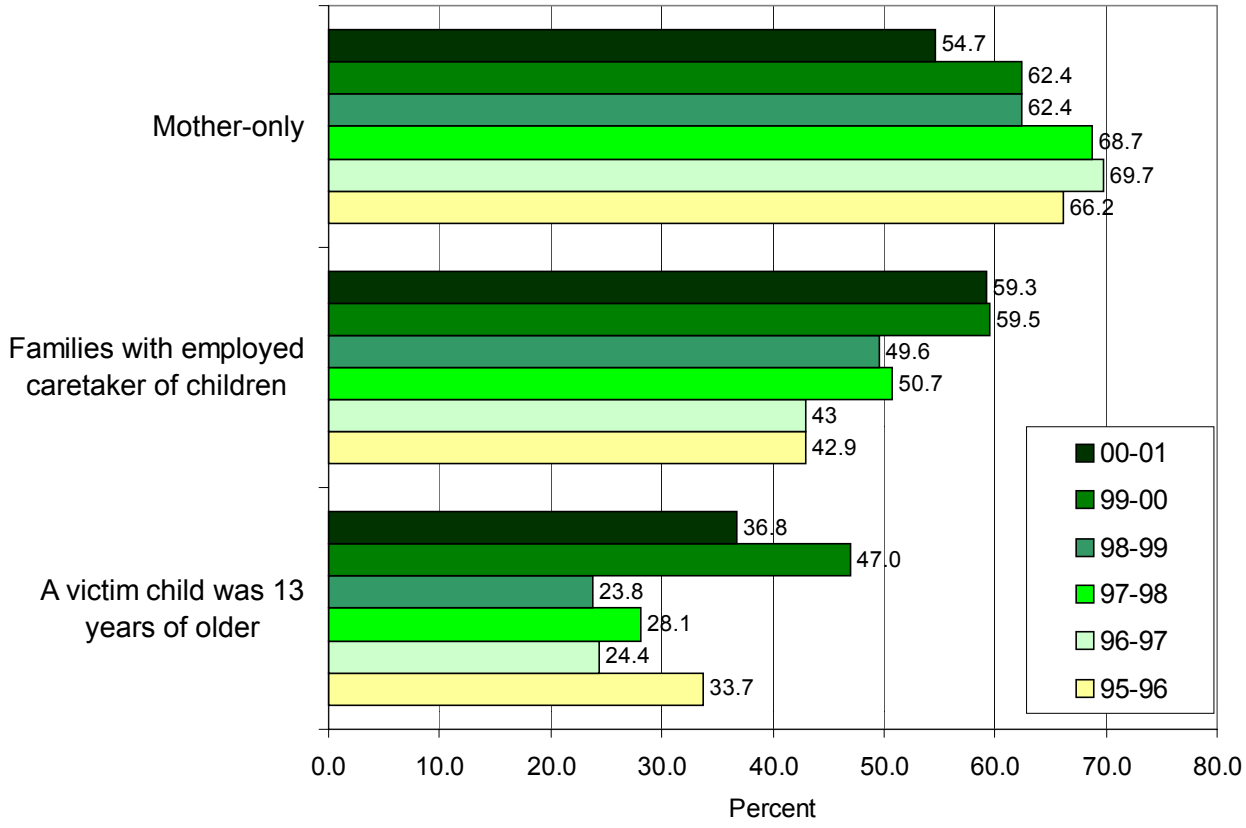

Figure 5. Characteristics of Families in Substantiated Sexual Abuse Cases, Six-Year Period from July 1995 through June 2001

The second comparison in Figure 5 is the proportion of cases in which one or both of the adult caretakers in the family were employed. In this case the proportions have increased significantly (p<.0001) during the six-year period. This is also associated with

male-present families, in the sense that the presence of two adults eases the difficulties associated with holding a job and caring for children.[3]

The third comparison shows the proportion of sexual abuse victims who were in their teens. This value has significantly increased as well, particularly in the past two years during which the proportion of teens rose to its highest values during the six-year period ($p<.0001$). The comparison reveals a startling increase of sexual abuse among teens, virtually all of whom are female, in the city.

Descriptively, these changes show the changing complexion of sexual abuse cases coinciding with increased reports and substantiations. The changes include increasing numbers and proportions of abuse in male-present families, where at least one of the adults (either the man, the women or both) are working, and in cases of relatively older mothers, with teenage girls in their households. Without further data the reasons for these changes cannot be established with certainty. We can speculate, however.

The changes are consistent with increased numbers of men entering into the households of women with children and increased employment of women, particularly older women, with teenage girls in their households. Sexual abuse in male-present families is, as we have indicated, more likely to occur when the female victim is not his biological child, that is, when he is the stepfather or paramour.

The welfare reform that began in 1996 saw a massive exodus of women from cash welfare programs to employment. Because a five-year limit was put in place on lifetime reception of TANF, there was increasing pressure on recipients to exit welfare rolls for employment. Rates of training have been very low among the women who have exited and the jobs they have taken have typically been those that do not pay a living wage, that is, wages too low to support a family and pay for daycare. Empirical studies have shown that women among the working poor who have left welfare for low paying employment are dependent on cash gifts from others, such as relatives and friends for financial survival. On this basis, the question can be asked: Is the recent increase in sexual abuse of teenage girls in the City of St. Louis associated with an increase of dependency on men of formerly single mothers who have left welfare rolls and of increased live-in relationships that may have resulted?

These questions can be answered. One approach would be to collect the following information on the set of families in substantiated sexual abuse cases: 1) TANF participation, 2) food stamp participation, and 3) quarterly wage data from unemployment insurance files. DFS data files contain information on the family situation at the time of the incident of interest and other relevant information. By building a history on families from all these data sources, it may be possible to show not only the changing complexion of the sexual abuse population but also relevant changes in the families that are involved. The Institute of Applied Research will conduct such a study if SLNN and DFS will assist in obtaining these data.

Sexual Abuse Perpetrators. The number of perpetrators of sexual abuse during each year from July 1995 through the end of data are shown in Table 4. These counts duplicate perpetrators across cases where more than one was involved. The total numbers reflect the change in total sexual abuse cases, increasing during the final two full years of data. The final year (01-02) represents partial data of approximately one-half year. The "other" category among types of perpetrators can only be determined in the DFS system through review of the case files. It has been suggested that some of these were men who had a relationship to the family but who could not be defined as paramours (e.g., unrelated men temporarily caring for children).

Table 4. Number of Types of Sexual Abuse Perpetrators, 95-96 through 01-02, City of St. Louis

	95-96	*96-97*	*97-98*	*98-99*	*99-00*	*00-01*	*01-02**	*Total*
Paramour of Caretaker	31	19	9	19	28	28	17	151
Natural Parent	54	49	37	41	42	60	21	304
Step-Parent	14	4	12	6	13	17	7	73
Grandparent	5	8	6	4	4	7	3	37
Sibling	8	10	11	7	6	14	5	61
Other Relative	30	57	21	25	36	29	8	206
Other**	35	47	49	43	58	35	13	280
Unknown	16	16	23	13	19	7	3	97
Not Indicated	9	14	6	8	10	13	2	62
Total	202	224	174	166	216	210	79	1271

* Partial year data ** Identity indicated in case file

Sex of Perpetrators. About half the natural parents listed as perpetrators in any one year are female—mothers of the victims. As indicated in past analyses, most of these involve failure to supervise and protect their children from sexual abuse rather than active participation in the sexual abuse. The large majority of active perpetrators of sexual abuse are male.

Types of Perpetrators by Year. The numbers shown in Table 4 are converted to percents and graphed in Figure 6. In line with earlier comments about the nature of the changes, increases can be seen during the last two full years of data among paramours of caretakers, stepparents, and natural parents. The change among paramours is statistically significant (p=.003) while that among step parents is a trend (p=.06).

Figure 7 shows all perpetrators for which data were available (5/95 through 2/02) in all categories (including minor categories not included in Table 4). Figure 8 shows the breakdown of perpetrators by age. If the unknown age category (23.4 percent) is set aside the large majority (73.5 percent) of perpetrators were in the 20 to 49 year age range.

Multiple Perpetration. Of all known perpetrators during the period, 4.5 percent were found to have been previously involved in a past substantiated sexual abuse case.

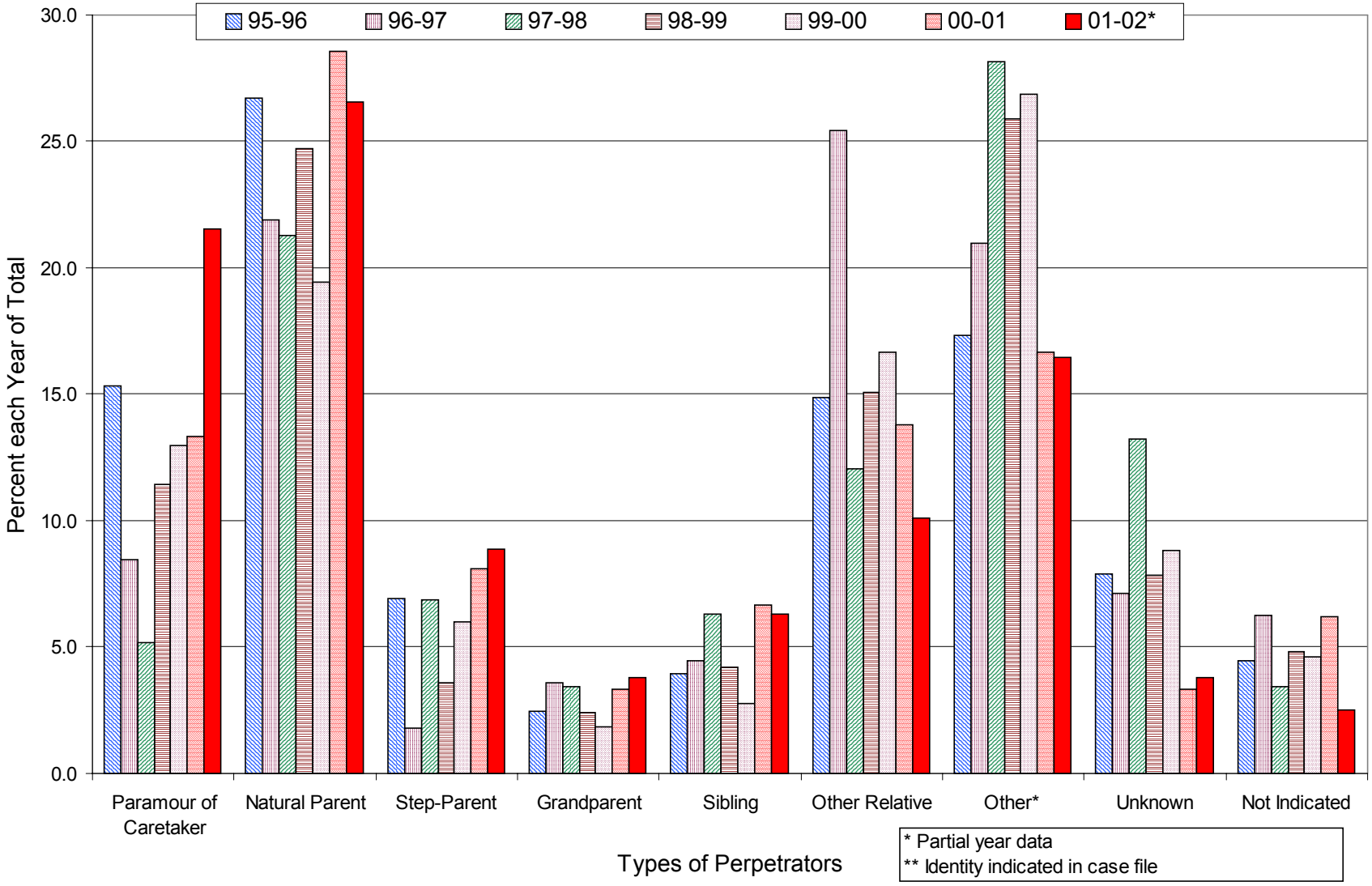

Figure 6. Percent of Types of Sexual Abuse Perpetrators each Year in Substantiated Sexual Abuse Cases City of St. Louis, Years 95-96 through 00-01 and patial year 01-02

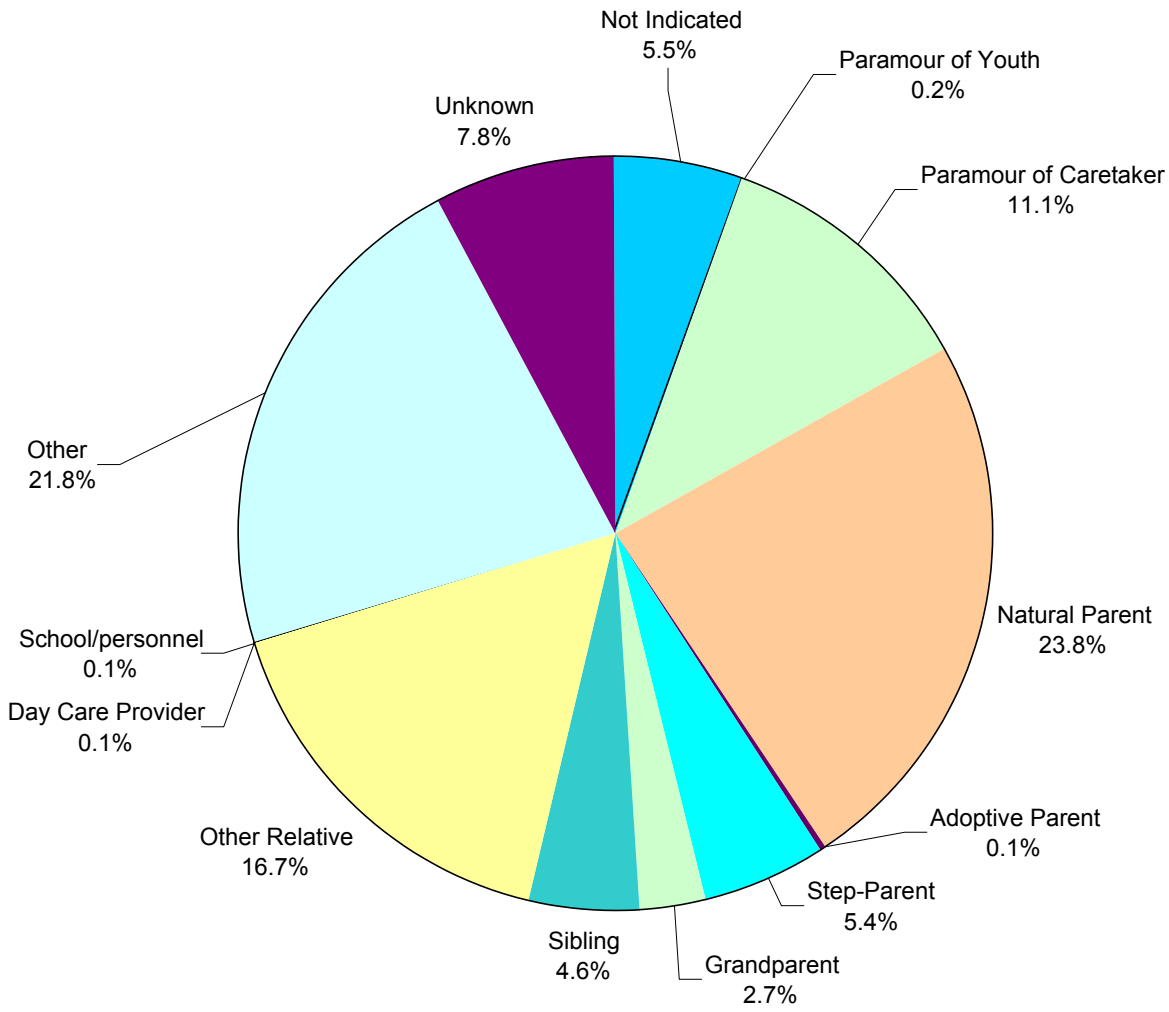

Figure 7. Sexual Abuse Perpetrators - Relationship to Victim
Substantiated case only and Home addresses in City of St. Louis

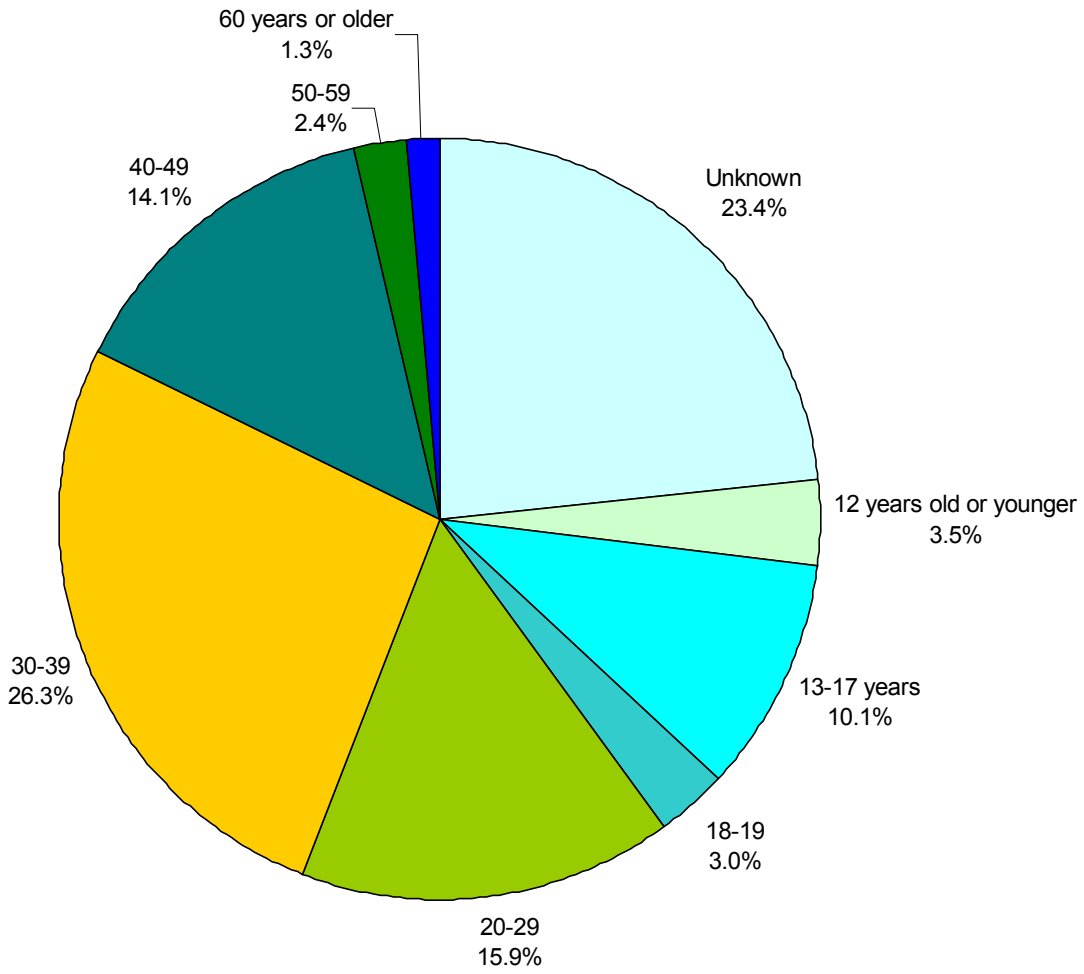

Figure 8. Sexual Abuse Perpetrators - Age at time of Incident
Substantiated case only and Home addresses in City of St. Louis, 7/95 through 12/01, N = 1410

Repeated CA/N and Chronic Neglect

It is a mistake to look at child abuse and neglect as a point-in-time occurrence. Maltreatment or neglect of children are rarely momentary, never-to-be-repeated occurrences, particularly when they occur in contexts that lead to formal child abuse and neglect reports. A CA/N report on a particular family is likely to have been preceded by earlier reports and likely to be followed by subsequent reports, that is, it is likely to be one of a sequence of reports on the same family. Furthermore, the sequential reports on the same family are more likely to be about different kinds of abuse or neglect. One report is about lack of supervision; the next is about educational neglect; and, the next recounts some sort of physical abuse.

Frequency and Types of Repeated CA/N. This phenomenon of changing types of reports is illustrated in Table 5. The rows and columns of the table represent different general categories of child abuse and neglect (descriptions in the rows and acronyms at the tops of the columns).[4] The table was created by examining the hotline reports over a six-year period of all families in the City of St. Louis that received an initial report in the period 7/95-6/96.

There were 2,909 such families. Each was categorized and counted (column a) in the rows of the table. For example, there were 231 families with an initial report of sexual abuse and there were 527 families with an initial report of lack of supervision or proper care. Looking across the table to the bottom of column (c), we can see that 36.8 percent of these families had only one report during the entire six-year period, which indicates that 63.2 percent had one or more new reports during the period. Something less than two-thirds of the families, therefore, were encountered two or more times by the agency during this period. This rate of repeat reports is very conservative because it considers only a six-year period and it considers only reports in which a home visit and/or investigation was to take place.[5]

The table tracks families rather than individual children, parents and perpetrators. Subsequent reports on families may be on different children and by different alleged perpetrators. Different individuals may be present in families at different points in time as family structures change.

Looking across the table, columns (e) through (q) contain counts of new reports on families. For example, tracking the 231 families with an initial sexual abuse report, we found that there were 62 new reports of sexual abuse (column e), and 24 new reports of unmet basic needs of children (column k). If every new report were of the same type as the initial report we would expect all new reports to fall down the diagonal of these columns (from upper left to lower right) in the cells that are highlighted in bold (and red). However, this is not what occurred. In fact, only a minority of new reports were identical to the initial report. Continuing the example of sexual abuse, only 62 new reports were of sex abuse, only 10.2 percent all new reports on those families (see column s).

Table 5. Families with Initial CA/N Incident Report during Year 1 (7/1995 – 6/1996)
Tracked for Subsequent CA/N Incident Reports through 2001.
(N = 2,909 Families / Recidivism = 63.2 percent / Total New CA/N Incident Reports = 9,158)

	Families				***Types of Subsequent Incidents***														
Types of Initial Incidents	*(a) Fam-ilies*	*(b) % Types initial report*	*(c) % with no new reports*	*(d) % with new reports*	*(e) sa*	*(f) spa*	*(g) lpa*	*(h) lpa pcrp*	*(i) pcrp*	*(j) pcrp ls*	*(k) umn*	*(l) ubn*	*(m) ubn ls*	*(n) ls*	*(o) en*	*(p) hri*	*(q) oth*	*(r) 6-year Total*	*(s) % hits*
Sexual abuse (sa)	231	7.9	46.3	53.7	**62**	2	50	25	62	10	18	24	9	54	37	13	8	605	**10.2**
Severe physical abuse (spa)	42	1.4	47.6	52.4	3	**1**	6	2	16	1	3	5	2	10	4	6	1	102	**1.0**
Less severe physical abuse (lpa)	327	11.2	35.5	64.5	61	9	**158**	61	150	24	26	61	24	98	43	17	6	1065	**14.8**
Combined lpa and pcrp (lpapcrp)	111	3.8	34.2	65.8	14	3	**30**	**21**	**51**	5	5	20	4	20	19	6	2	311	**32.8**
Parent-child relationship probs (pcrp)	542	18.6	40.8	59.2	72	6	124	71	**301**	39	47	114	34	164	85	40	14	1653	**18.2**
Combined pcrp and ls (pcrpls)	93	3.2	33.3	66.7	20	4	21	9	48	**11**	6	31	5	33	14	5	2	302	**26.8**
Unmet medical needs (umn)	182	6.3	27.5	72.5	16	1	44	17	79	16	**59**	51	20	57	38	14	6	600	**9.8**
Unmet basic needs (ubn)	298	10.2	30.2	69.8	72	6	65	21	120	15	38	**181**	39	112	93	17	8	1085	**16.7**
Combined ubn and ls (ubnls)	111	3.8	34.2	65.8	15	1	21	10	45	12	18	**63**	**19**	**56**	38	10	1	420	**32.9**
Lack of supervision or proper care (ls)	527	18.1	40.4	59.6	52	7	110	49	177	41	68	115	46	**220**	89	61	21	1583	**13.9**
Educational neglect (en)	326	11.2	29.8	70.2	39	2	75	22	102	17	39	88	21	91	**250**	24	12	1108	**22.6**
High risk infant (hri)	89	3.1	43.8	56.2	2	3	7	2	18	5	13	19	4	33	7	**25**	0	227	**11.0**
Other combination (oth)	30	1.0	36.7	63.3	5	0	10	2	13	0	2	7	6	16	2	1	3	97	
Total	**2909**	100.0	36.8	**63.2**	433	45	721	312	1182	196	342	779	233	964	719	239	84	**9158**	
Percent New Types of Incidents					4.7	0.5	7.9	3.4	12.9	2.1	3.7	8.5	2.5	10.5	7.9	2.6	0.9	100.0	

This table examines reports only. Other analyses, not included here, that focused on reports in substantiated investigations have shown little change in patterns evident in the table. In any event, the distinction between substantiated and unsubstantiated reports has been largely blurred in Missouri after the adoption of the differential response system in which the response to most reports is a non-adversarial family assessment rather than a traditional investigation. The distinction was never precise, since failure to substantiate often did not mean that no CA/N occurred but that the investigator could not determine whether CA/N has occurred or not. Unsubstantiated did not and does not now mean that no maltreatment occurred. A better way of looking at the distinction is that a report is a first assertion of maltreatment, often by a professional that is in contact with the family. Substantiation is a second assertion by an investigator that maltreatment occurred.[6]

In following entire families over six year, our initial statements are confirmed: 1) families formally reported to DFS are very likely to be reported again, 2) sequences of reports on the same family are more likely to be of different kinds of abuse or neglect than the same kind.

It is indeed a mistake to look at child abuse and neglect as a one-time occurrence. Rather reports should be looked at as manifestations of underlying problems. In some instances, new CA/N stems from changes that occur in families. For example, we have already alluded to the entrance and exit of men from families with children and that we have found corresponding increases of sexual abuse, physical abuse and parent child relationship problems associated with these changes. Other significant changes may occur in families, such as serious illness of adults or children, mental illness and emotional disturbances of adults or children, deaths, loss of employment and important sources of income, addiction to drugs or alcohol, behavior problems of children and delinquency—to name only a few. In other instances new CA/N arises from existing problems that, at the time of a particular CA/N report, may have been missed by DFS workers or may have been noticed but regarded as unrelated to present child safety problems.

The implications are clear. A broader approach to families is needed. DFS as Missouri's child protection services (CPS) agency must, of course, look to child safety in all cases. When safety threats are found, the agency must respond either with monitoring of the family situations and with services or other actions necessary to rectify the immediate threats. When threats are serious, responses may range from intensive service approaches, such as family preservation services, to child removal and placement. However, this analysis suggests the need for more sustained and broad-ranging approaches to families that go beyond immediate safety problems. And in this lies the dilemma. The resources of the agency—funding for services and specialized staff with small caseloads available to work long-term with families—are severely limited. Under the press of such limited resources and a constant stream of new CA/N reports, DFS must ration the time that workers spend with families and the services made available. Yet, whatever the current report, the agency is likely to see families again, and the next time the child maltreatment may be much more serious. Problems that could be addressed

now but are not—for the legitimate reasons stated here—spring up later and DFS is the usually the lead agency that will again be expected to fix them.

A good indicator of this are the educational neglect cases in Table 5. There were 326 families during 95-96 that were reported for educational neglect. Educational neglect usually arises when children have missed school many days with no excuse. Child safety is not an issue in most cases of educational neglect and, therefore, it is hard for workers to regard it as seriously as other kinds of reports in which children may have suffered serious injuries or are endangered in various ways. Cases, when they are opened, are usually short-term in nature with minimal services. Yet, subsequent reports on these families in Table 5 are seen to have fallen across the full spectrum of child abuse and neglect. For example, there were 102 reports of parent-child relationship problems (rejection, fights, locking in or out, abandonment) 88 reports of unmet basic needs (food, clothing, hygiene, shelter), 91 reports of lack of supervision, 24 reports of high-risk infants (usually babies born drug-exposed). Could the factors leading up to these problems have been identified and addressed in 95-96? The answer is yes, at least in some cases.

Figure 9 shows that along with educational neglect, families in the other neglect categories of Table 5 are the most likely to have subsequent reports.

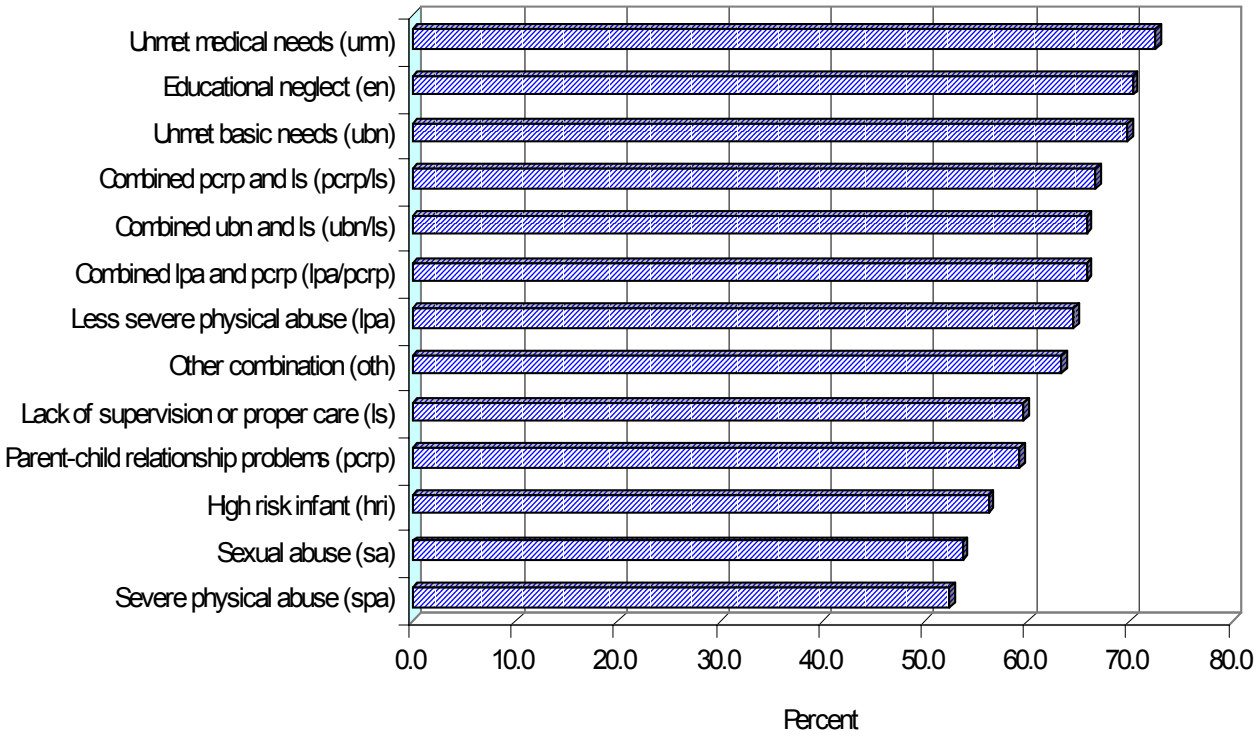

Figure 9. Rates of Recidivism by Type of Initial CA/N Report

One answer to the catch-22 dilemma of DFS is that initiated under the family assessment (differential response) approach that was piloted and adopted statewide at the end of the 1990's. That is a concerted involvement of the broader community in child welfare cases. This includes both informal arrangements with churches and neighborhood organizations as well as community-based service associations promoting broader involvement with families encountered by (or with the potential to be encountered by) DFS. Integration of DFS with the community at the neighborhood level and cooperation between DFS and community organizations at the neighborhood level are among the primary purposes of the St. Louis Neighborhood Network. These results support the continuation and expansion of SLNN activities.

Most Frequently Occurring Types of New Reports. Although new reports appear to be scattered across all CA/N types, in fact, patterns can be found among them. Table 6 contains percents of new report types for each initial type of report (percents in each row add to 100). The first, second, and third most frequent types are highlighted. Notice that the initial reports (in the leftmost column) are ordered from types of abuse at the top to types of neglect at the bottom. Thus, it is not surprising that less severe physical abuse (lpa) occurs frequently for the first five categories (sexual abuse through parent-child relationship problems). Subsequent events in these families appear to often include over-severe discipline, slapping, hitting, and the like. Similarly, it is not a surprise that unmet basic needs (ubn) occurs more frequently in families in most of the lower nine categories (combined lpa and pcrp through high risk infants). General types of neglect apparently often involve subsequent episodes of lack of food, clothing, hygiene, and safe and clean shelter.

Not so obvious are the two fully shaded columns in Table 6: subsequent reports of parent-child relationship problems and lack of supervision. Beginning with the second category, lack of supervision is more characteristic of families with younger children. This category includes a variety of report types other than pure lack of supervision reports, all of which have in common failures in parenting. The other category (parent-child relationship problems) occurs significantly more often in families with teenage children. As years passed during the six years that families were being tracked, more and more children in families became teens. As already noted, conflict and arguments (and some physical abuse) underlie this category and in extreme cases rejection or abandonment. These incidents show the final stages and outcomes of poor parenting. It is noteworthy that both these kinds of later reports occurred very frequently *regardless of the type of initial report*. This shows a dimension underlying all types of child maltreatment reports: failures in controlling, disciplining, persuading, and communicating with children. There are many reasons why these occurs in families encountered by DFS. Very often, the children have various behavior problems (violent, uncontrolled, hyperactive, sexual, emotional, psychiatric) that parents have great difficulty dealing with.[7] These problems in some instances have resulted from previous abuse and neglect. Regardless of their origins, they are frequently one of the causes of subsequent CA/N. In these and other cases parents may never have known how to develop positive relationships with their children, and subsequent reports are simply manifestations of poor ongoing relationships. Parents may have been impeded by

problems of their own, including drug and alcohol abuse, mental health problems, emotional problems stemming from their own childhood, conflict and violence between adults in families, lack of emotional support from their extended families, and most fundamental, financial deprivation. The latter is in turn the source of a set of barriers and consequences of poverty encountered by the working poor: lack of adequate health care, inadequate daycare/childcare (a source of some lack of supervision reports), loss of housing and frequent change of residence, inability (rather than neglect) to purchase basic necessities needed by children, disruption of adult relationships, and so on. Looking inside families accused of child abuse and neglect, all these problems can be found in various combinations and in various relationship to particular incident reports.

Table 6. Percent of Types of Subsequent Reports by First , Second and Third Most Frequent

Types of Initial Incidents	***Types of Subsequent Incidents***													
	sa	*spa*	*Lpa*	*lpa pcrp*	*pcrp*	*pcrp ls*	*umn*	*ubn*	*ubn ls*	*ls*	*en*	*hri*	*oth*	
Sexual abuse (sa)	16.6	0.5	13.4	6.7	16.6	2.7	4.8	6.4	2.4	14.4	9.9	3.5	2.1	374
Severe physical abuse (spa)	5.0	1.7	10.0	3.3	26.7	1.7	5.0	8.3	3.3	16.7	6.7	10.0	1.7	60
Less severe physical abuse (lpa)	8.3	1.2	21.4	8.3	20.3	3.3	3.5	8.3	3.3	13.3	5.8	2.3	0.8	738
Combined lpa and pcrp (lpapcrp)	7.0	1.5	15.0	10.5	25.5	2.5	2.5	10.0	2.0	10.0	9.5	3.0	1.0	200
Parent-child relationship probs (pcrp)	6.5	0.5	11.2	6.4	27.1	3.5	4.2	10.3	3.1	14.8	7.7	3.6	1.3	1111
Combined pcrp and ls (pcrpls)	9.6	1.9	10.0	4.3	23.0	5.3	2.9	14.8	2.4	15.8	6.7	2.4	1.0	209
Unmet medical needs (umn)	3.8	0.2	10.5	4.1	18.9	3.8	14.1	12.2	4.8	13.6	9.1	3.3	1.4	418
Unmet basic needs (ubn)	9.1	0.8	8.3	2.7	15.2	1.9	4.8	23.0	5.0	14.2	11.8	2.2	1.0	787
Combined ubn and ls (ubnls)	4.9	0.3	6.8	3.2	14.6	3.9	5.8	20.4	6.1	18.1	12.3	3.2	0.3	309
Lack of supervision or proper care (ls)	4.9	0.7	10.4	4.6	16.8	3.9	6.4	10.9	4.4	20.8	8.4	5.8	2.0	1056
Educational neglect (en)	5.0	0.3	9.6	2.8	13.0	2.2	5.0	11.3	2.7	11.6	32.0	3.1	1.5	782
High risk infant (hri)	1.4	2.2	5.1	1.4	13.0	3.6	9.4	13.8	2.9	23.9	5.1	18.1	0.0	138
Other combination (oth)	7.5	0.0	14.9	3.0	19.4	0.0	3.0	10.4	9.0	23.9	3.0	1.5	4.5	67

Table 6 illustrates the area of greatest need in subsequent work with families: addressing the problems that impede stable and nurturing relationships between parents and children and instructing parents in healthy ways of communicating and interacting with their children. (The best kinds of instruction in parenting is modeling, that is, observation of parent-mentors interacting with children.)

Chronic Neglect. A subset of families can be found in which the kinds of issues just discussed are more acute. These families appear in the DFS system again and again for cases of child neglect and are designated here as chronic neglect families. Chronic neglect is arbitrarily defined here as three or more reports of 1) unmet basic needs (ubn), 2) lack of supervision or proper care (ls), 3) unmet medical needs (umn), or 4) educational neglect (en) over the entire six-year period of the present analysis. Defined

this way, 728 (25.0 percent) of the 2,909 families were chronic-neglect cases. The average number of neglect reports of these kinds among these 728 families during this period was 4.8. However, reports of other kinds were received on these families, and the average number of new reports of all kinds was 6.6 per family. Thus, DFS encountered the average chronic-neglect family about one time ever 11 months. We have already seen that families initially reported for neglect have the highest rates of recidivism.

The variation in types of reports among chronic-neglect families is illustrated in Figure 10, which reproduces the chart in Figure 9, limited to the 728 chronic neglect families. Neglect reports occurred most frequently. However, several other categories of reports also occur frequently: parent-child relationship problems (16.0 percent), less severe physical abuse (10.8 percent), sexual abuse (6.2 percent). The latter may be directly related in some cases to poor supervision of the children. This finding shows that it is incorrect to stereotype these families as *only* neglect type cases. In fact, other kinds of child maltreatment are reported from time to time.

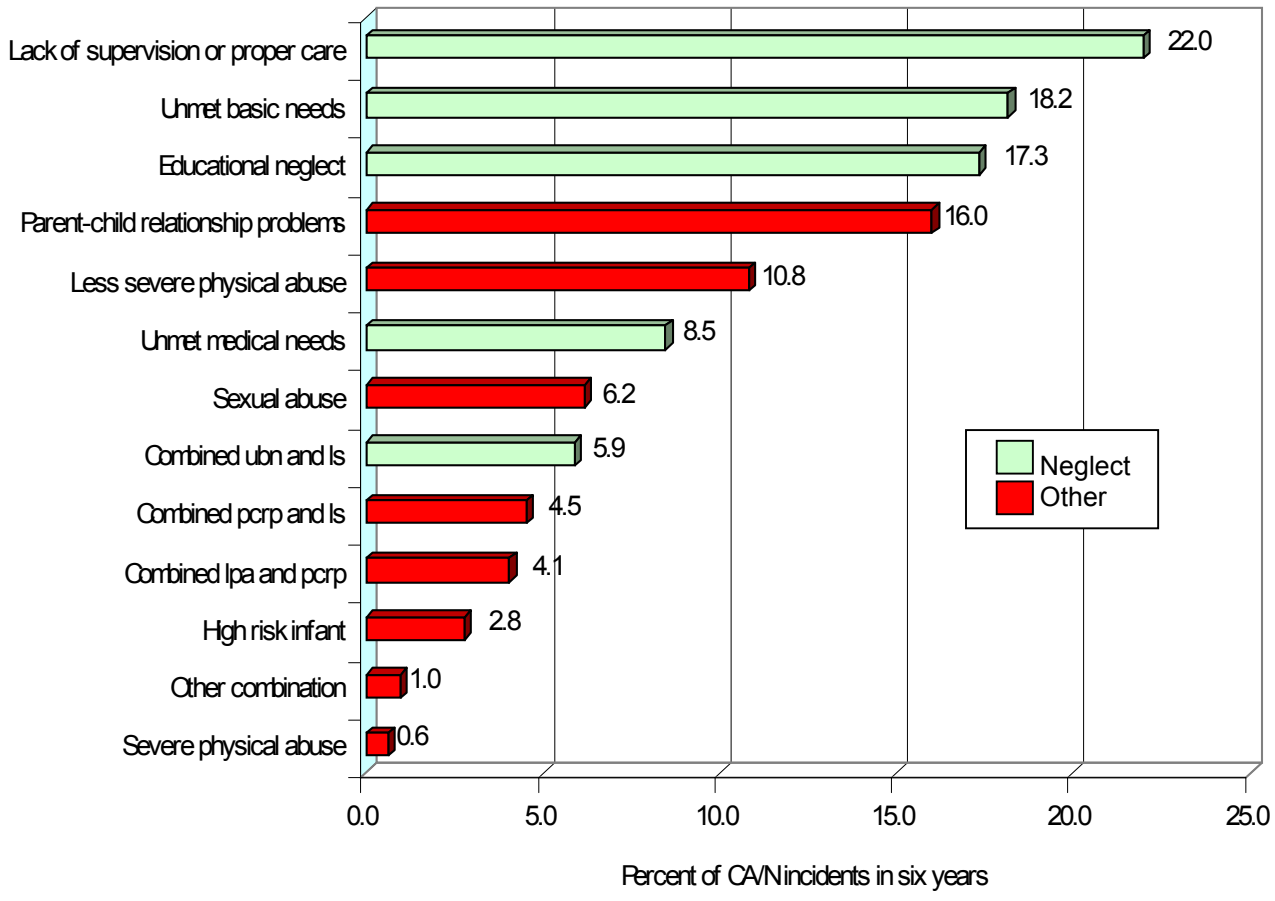

Figure 10. Percent Types of CA/N Reports Among Total Reports on Chronic Neglect Families during a Six-Year Period

The following description of a sequence of DFS reports on a family in St. Louis City illustrates this point:

> In the first report, the mother was accused of not making an effort to get her children to school. The next year a new report was substantiated that she did not supervise her children generally and that she had not seen to the medical needs of one of them. Two years passed, and then two reports were received and substantiated that the oldest child was not attending school. Later that year another call reported that the children were coming to school dirty and smelling of urine. The next year a hotline was substantiated that the children did not have proper clothing or food and that the house lacked heat in January. Later that year a report was substantiated that the mother has left the younger children at daycare and had not picked them up. Two years later a report on another of the children was received from the school saying that he had bad odors and did not have glasses that were prescribed for him. Later that year, the mother appeared at juvenile court saying that she was homeless and could not care for the children, prompting the juvenile officer to call the CA/N hotline. The next year a physical abuse hotline was received that the mother had hit the oldest child in the back and face and that he had welts under his eye and on his arm. The investigator found welts on the other children as well...

Several aspects of this example illustrate characteristics of chronic-neglect families. First, the pattern of variation in neglect reports shows an underlying pattern of inability to care for the children. Probing such cases, other problems are often found that underlie the pattern, such as substance abuse, intellectual limitations of the parent, depression and other emotional problems, and chronic illnesses, as we have indicated. One or more of the children often have behavior problems, developmental delays or disabilities, or illnesses. These problems of children are sometimes the result of neglect, but regardless of the causes, they add to the difficulties that parents experience in supervision and care. The family in the example was homeless at one time, which points to the most common underlying characteristic of these cases: intense poverty. In some instances, it is difficult to distinguish child neglect from poverty—homelessness is a case in point. The poverty arises from many sources. The majority of chronic neglect cases occur in mother-only families, generally the most impoverished families in our society. Consistent unemployment is one of the reasons for this. However, lack of financial (and emotional) support from relatives is also common. Drug abuse, when present, contributes to poverty in that money for feeding and clothing the children and paying rent may be spent on drugs, and drug abuse makes holding onto a job difficult or impossible. Finally, as children grow older in these situations they become more difficult to control. This may lead to physical abuse and other kinds of parent-child conflicts, as the example illustrates.

Some of these characteristics are illustrated in Table 7, which reproduces Table 6 for our 728 chronic neglect families.

Table 7. Percent of Types of Subsequent Reports in Chronic Neglect Families Identified in First Year (07/1995 – 06/1996) by First, Second and Third Most Frequent

(N =728 Chronic Neglect Families from Among 2,909 Families during First Year)

Types of Initial Incidents	*Number of Families*	***Percent Types of Subsequent Incidents***													
		sa	*spa*	*lpa*	*lpa pcrp*	*pcrp*	*pcrp ls*	*umn*	*ubn*	*ubn ls*	*ls*	*en*	*hri*	*oth*	*No. New*
Sexual abuse (sa)	26	7.8	0.0	10.5	4.6	14.4	4.6	9.2	11.1	3.9	13.7	15.0	3.9	1.3	153
Severe physical abuse (spa)	5	0.0	4.2	8.3	4.2	20.8	4.2	0.0	8.3	8.3	20.8	12.5	4.2	4.2	24
Less severe physical abuse (lpa)	51	8.5	1.0	19.9	6.7	15.8	4.4	4.4	9.8	4.4	15.5	7.5	1.6	0.5	387
Combined lpa and pcrp (lpapcrp)	14	2.4	1.2	9.5	7.1	20.2	2.4	3.6	15.5	1.2	15.5	16.7	3.6	1.2	84
Parent-child relationship probs (pcrp)	88	4.3	0.2	10.0	4.2	18.5	5.4	6.2	13.0	4.5	19.0	11.2	2.8	0.7	578
Combined pcrp and ls (pcrpls)	29	11.3	2.1	7.7	3.5	15.5	7.7	3.5	18.3	2.1	18.3	8.5	1.4	0.0	142
Unmet medical needs (umn)	66	3.2	0.3	7.4	4.5	16.1	3.9	16.1	14.8	5.5	16.1	10.3	1.3	0.6	311
Unmet basic needs (ubn)	110	8.1	0.8	7.7	2.6	12.3	2.1	5.6	25.0	5.6	15.6	12.8	1.6	0.3	627
Combined ubn and ls (ubnls)	48	4.9	0.0	4.9	2.7	11.0	4.2	6.8	22.0	7.2	19.7	14.0	2.7	0.0	264
Lack of supervision or proper care (ls)	163	4.3	0.1	8.8	4.0	14.3	4.0	7.6	12.6	5.1	24.3	10.3	3.3	1.4	799
Educational neglect (en)	109	4.1	0.2	8.7	1.9	8.7	2.6	5.1	13.1	3.2	13.0	36.2	2.0	1.2	586
High risk infant (hri)	14	1.3	2.6	7.7	1.3	7.7	5.1	11.5	17.9	5.1	24.4	7.7	7.7	0.0	78
Other combination (oth)	5	10.3	0.0	17.9	2.6	7.7	0.0	2.6	15.4	7.7	23.1	5.1	2.6	5.1	39
	728														4072

Table 7 shows in the shaded cells the most frequent kinds of new CA/N reports among these families. (Notice that the initial reports on these families were sometimes of other types, reflecting the point in time when we picked up the family for tracking. The point has already been made that many of the families tracked during the six-year period had already been involved with DFS.) Comparing Table 7 with Table 6, several differences are apparent. The categories used to identify chronic-neglect families, of course, occurred more frequently. However, unmet basic needs are more widespread in this table. Lack of food, lack of clothing or improper clothing, poor child hygiene, unsafe or unclean living conditions, and homelessness are all indicators of poverty. The most frequent problem is lack of supervision, the most common type of CA/N report received by DFS generally. For many of these families as well parent-child conflicts were frequent occurrences. Over one in every seven new reports was of this type.

How does DFS respond to reports on chronic neglect families? Figure 11 shows this for all 728 families throughout the six-year period of the analysis. Counting all reports during the period (4,800), 1,051 (21.9 percent) were substantiated investigations, 219 (4.6 percent) were unsubstantiated with preventive services indicated, 861 (17.9 percent) were family assessments with services needed, and 114 (2.4 percent) were high-risk infant reports. The remaining reports were mainly unsubstantiated investigations and family assessment with no service needs found.[8] These four fall under DFS "action" responses, as defined at the beginning of this report. DFS responded in one of these four ways to 46.8 percent of reports on chronic neglect families.

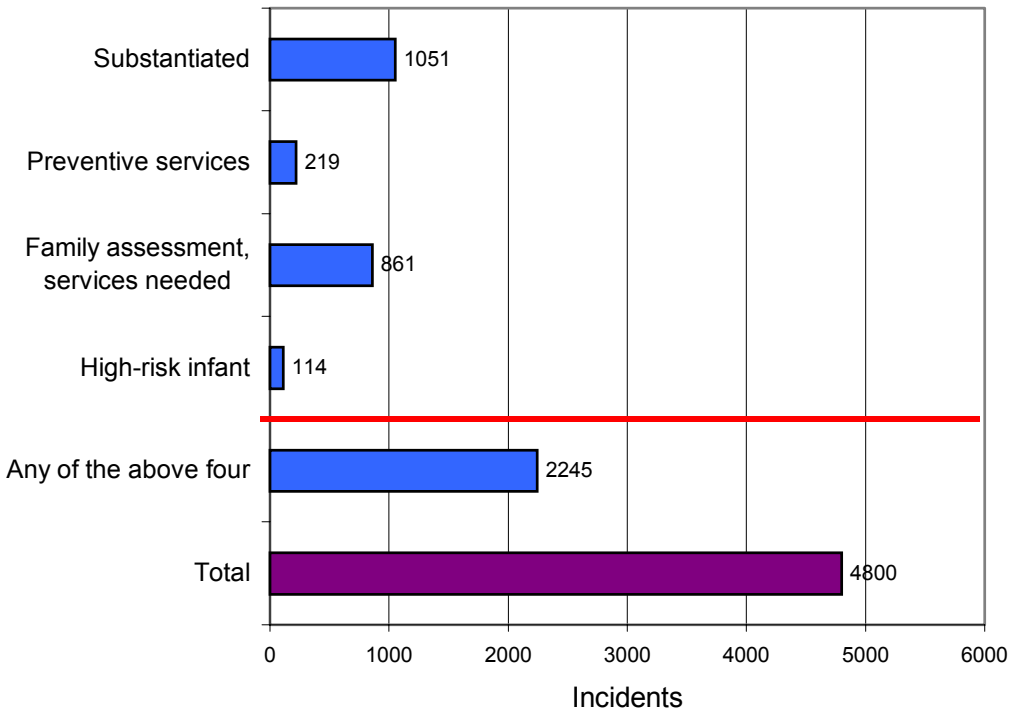

Figure 11. Outcomes of Investigations and Family Assessments in Chronic Neglect Families during a Six-Year Period

Figure 12 illustrates the subsequent case-opening response of DFS for the three most frequent types of action responses (substantiated, preventive services, and family assessment-services needed). The figure shows responses to chronic-neglect families compared to other types of families. Chronic-neglect families are significantly more likely to have new reports with action findings while an active case is in progress on the family than other types of families. Across each of the three action categories no new case opening was necessary because a case was already open. (Cases refer to formal family-centered services or FCS cases in which DFS can provide treatment services.) For the two largest categories, a case was already open about 40 percent of the time. In general cases were opened (or reopened) more frequently when the outcome was substantiation of an investigation or preventive services. Under the family assessment approach, as indicated, the family assessment worker can work directly with the family without opening a FCS case. However, this kind of informal work with families tends to be short-term in nature and services beyond those delivered directly by workers must be obtained by referring to other agencies (not reimbursed by DFS) or other informal sources in the community. This is the response, therefore, for many families approached through family assessments rather than investigations.

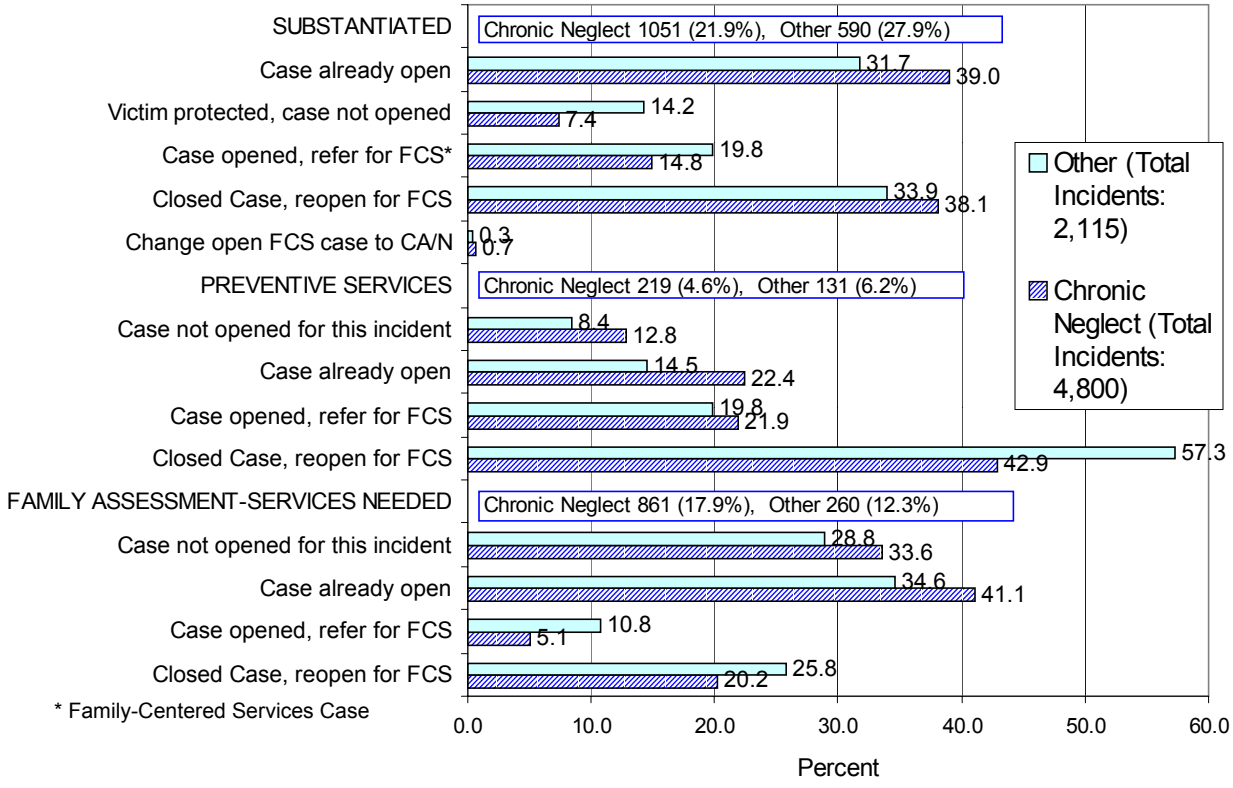

Figure 12. Family-Centered Services Case Openings by Outcomes of Investigations and Family Assessments for Chronic Neglect and Other Cases

These statistics also point toward an explanation of what happened in reports for which no action was initiated. In the previous chart (Figure 11), one of the four action responses occurred in 2,245 of the 4,800 reports on chronic-neglect families. This left

2,555 reports (53.2 percent), most of which were either unsubstantiated investigations or family assessment with no services needed. By looking directly at FCS records for families we also saw that in 45.1 percent of these 2,555 non-action reports an FCS case was opened at the time of the report. Looking across the three action type responses and the two inaction type responses to CA/N incident reports on chronic-neglect families, cases were open at the time of the report for 39.8 percent.

Finally, putting all this together, a new case was opened or an existing case was already open in 62.9 percent of the 4,800 reports that were tracked regardless of the outcome of the CA/N report.[9] Thus for the majority of reports (more than 6 of every 10) on chronic-neglect families, the DFS worker who visits the home either encounters a family in an open FCS cases or opens a new FCS case on the family as a result of that visit.

FCS cases for chronic-neglect families on average are kept open for longer periods. Looking at all days in open cases through the analysis period chronic-neglect families were in open cases for an average of 754 days versus 621 days for other families.

Chronic-neglect families are much more likely to have children removed. At least one child was placed outside the home during the six-year period in 337 of 728 families or 46.3 percent. The figure for the remaining families in this analysis was around 26 percent during the same period.

Possibly because of the greater number of incident reports and because of more incident reports while DFS is working with families, these families remain on DFS rolls for longer periods. They certainly occupy significant time and resources, as measured by the activity of investigators and family assessment workers. In this analysis 728 families from 95/96 year elicited 4,800 DFS responses to CA/N incident reports, nearly always in the form of travel and at least one home visit over a six-year period. Add in the time spent in open FCS cases (a little over two years per family over a six-year period) and the time spent in paperwork, court visits, and managing foster care when children are removed (in nearly half the families). Finally, multiply this by the new chronic-neglect families encountered each year and it becomes clear that a relatively small number of families in the city occupy significant DFS resources.

The analysis has identified a subset of families in which the kinds of needs spoken of earlier are acute. The responses discussed above—broader service approaches, community involvement, neighborhood approaches—are no different for these families. This analysis supports the value of the current focus of SLNN on chronic neglect cases.

Types of Reporters

The following graphs show types of reporter by type of incident. Unknown profession refers to family, friends, and neighbors who report child abuse and neglect. Medical refers to a category of mandated reporters in the medical profession (doctors, nurses, and other professionals). Legal refers to law-enforcement (police, sheriff, juvenile officer, and others). The category of psychological/social worker to some extent overlaps medical and legal because it includes school and hospital social workers and school psychologists and counselors. These could not be separated out in DFS data.

The bars in Figure 13 show how each category of reporters is distributed across various types of child abuse and neglect reports. Non-professionals (non-mandated reporters) and law enforcement are more often sources of reports on unmet basic needs, lack of supervision, and parent-child conflicts. The proportions of educator reporters for educational neglect and medical reporters for unmet medical needs are not surprising. High-risk infant reports (made by hospitals of drug/alcohol-exposed newborns) are made by hospital social workers.

Figure 14 illustrates a well-known phenomenon. Comparing substantiated and unsubstantiated investigations, reports made by mandated reporters of all kinds are more likely to be substantiated than those made by non-mandated reporters. This arises from greater expertise and better reports in some cases, but more often because mandated reporters, such as school and hospital personnel, have better documentation of the abuse or neglect. A similar relationship can be seen between family assessments with service needed and those in which no service needs were identified.

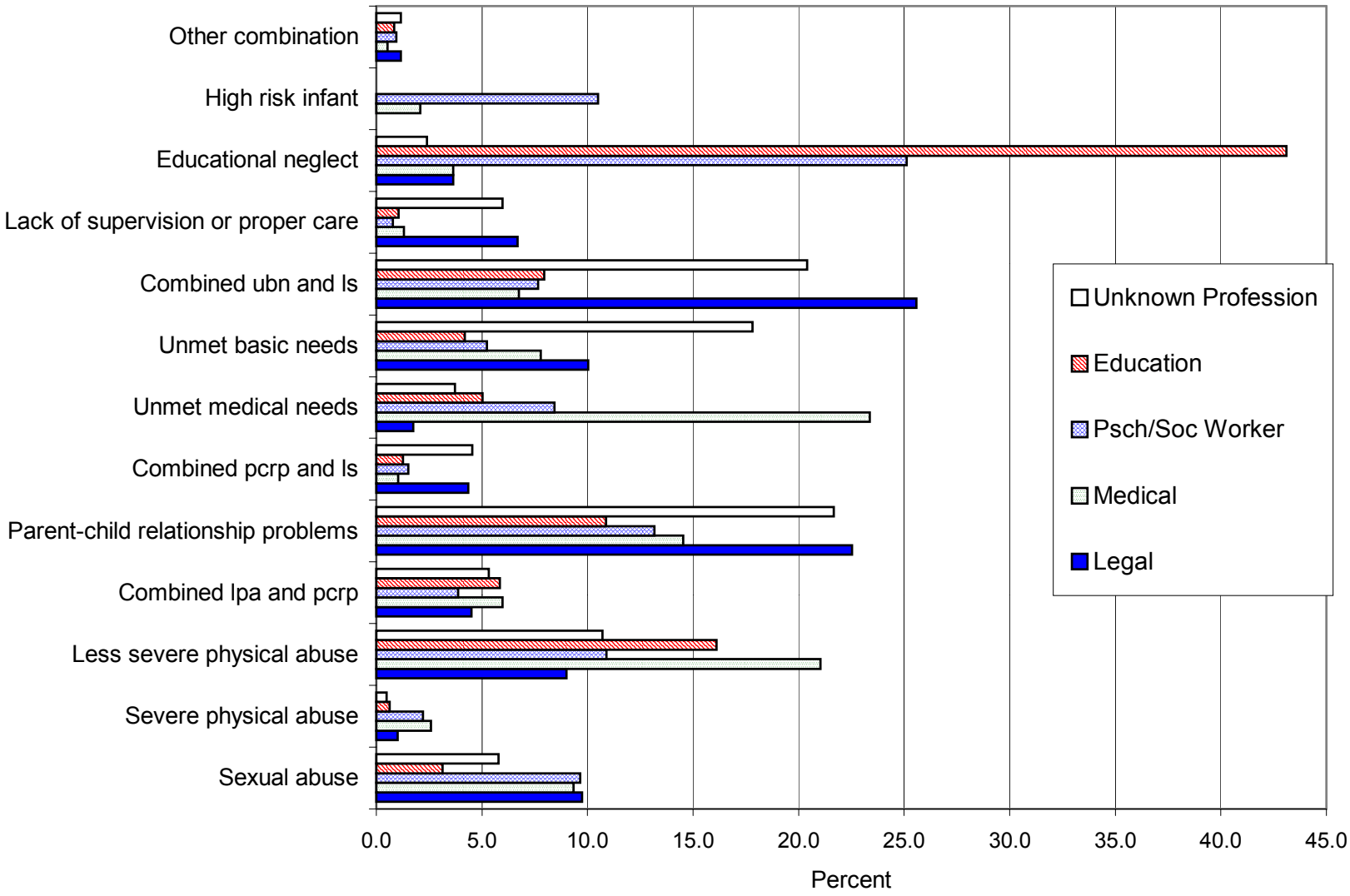

Figure 13. Reporter Types by Types of CA/N Reports
City of St. Louis 7/1995 through 12/2001

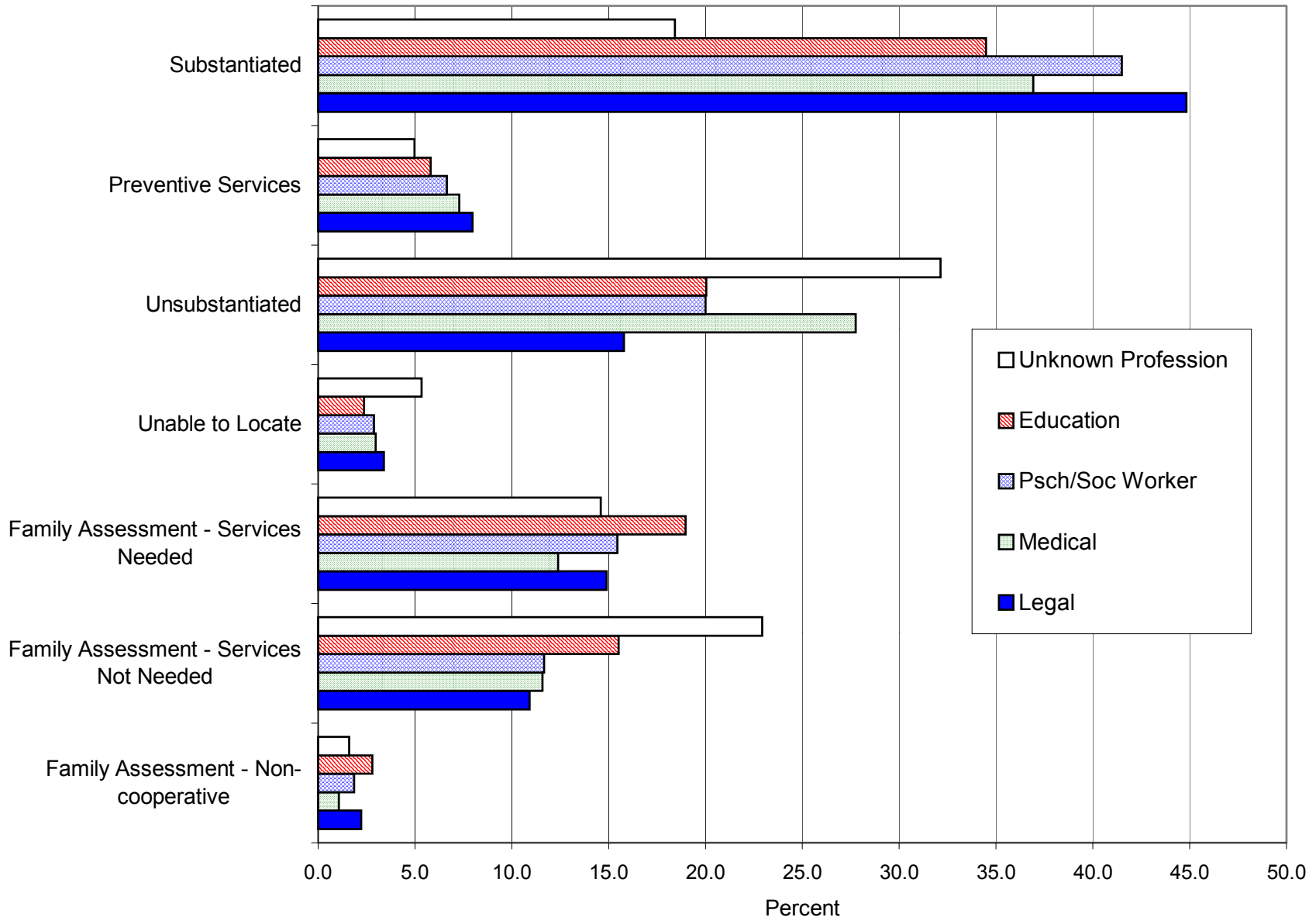

Figure 14. Reporter Types by Outcomes of Investigations and Family Assessments City of St. Louis 7/1995 through 12/2001

Appendix A.
Race of Children by St. Louis Zip Code Areas

Table A.1. Total Children under 18 Years by Race in St. Louis City Zip Code Areas 2000 Census

Zip Codes	*Black*		*White*		*Other*		
	Number	*Percent*	*Number*	*Percent*	*Number*	*Percent*	*Total*
63101	187	95.4	6	3.1	3	1.5	196
63102	16	45.7	17	48.6	2	5.7	35
63103	317	86.6	34	9.3	15	4.1	366
63104	4021	77.0	927	17.8	273	5.2	5221
63106	3887	96.4	69	1.7	77	1.9	4033
63107	5210	94.1	222	4.0	106	1.9	5538
63108	1890	77.6	418	17.2	127	5.2	2435
63109	246	4.4	5134	90.9	268	4.7	5648
63110	4347	73.7	1258	21.3	292	5.0	5897
63111	2116	37.7	2868	51.1	633	11.3	5617
63112	5429	91.6	332	5.6	165	2.8	5926
63113	4588	98.2	15	0.3	68	1.5	4671
63115	6998	98.4	27	0.4	86	1.2	7111
63116	3190	27.3	6992	59.9	1490	12.8	11672
63118	7171	70.8	1998	19.7	959	9.5	10128
63120	4441	94.1	211	4.5	67	1.4	4719
63139	388	8.7	3775	84.3	316	7.1	4479
63147	3296	94.0	144	4.1	67	1.9	3507
Total	57738	66.2	24447	28.0	5014	5.8	87199

Table A.2. Age Distribution by Zip Code Area
St. Louis City, 2000 Census

	63101	63102	63103	63104	63106	63107	63108	63109	63110	63111	63112	63113	63115	63116	63118	63120	63139	63147	Total
Under 5 years	69	19	129	1565	1129	1272	614	1750	1485	1612	1447	995	1671	3418	2641	1001	1331	753	22901
5 to 9 years	51	10	110	1624	1304	1709	755	1566	1846	1684	1793	1373	2140	3316	3219	1397	1170	978	26045
10 to 14 years	46	3	83	1341	1052	1664	644	1459	1625	1475	1703	1517	2085	3122	2735	1379	1244	1085	24262
15 to 17 years	30	3	44	691	548	893	422	873	941	846	983	786	1215	1816	1533	942	734	691	13991
18 and 19 years	24	15	125	428	312	533	1276	514	864	570	571	507	674	1131	936	490	540	497	10007
20 years	12	14	294	240	134	243	653	251	356	340	426	212	329	560	496	225	275	244	5304
21 years	8	15	362	271	154	209	639	281	308	311	421	183	309	554	479	181	293	216	5194
22 to 24 years	52	90	404	952	437	559	1765	1107	937	938	1329	481	757	2061	1310	503	1105	567	15354
25 to 29 years	84	193	376	1882	690	999	2214	2737	1729	1702	1875	833	1407	4096	2527	810	2535	815	27504
30 to 34 years	89	154	270	1761	583	930	1503	2688	1551	1602	1481	877	1376	4100	2383	722	2214	902	25186
35 to 39 years	81	180	296	1593	592	1088	1362	2649	1553	1714	1551	1023	1713	4096	2372	828	2106	985	25782
40 to 44 years	77	159	267	1484	585	1182	1402	2486	1587	1708	1657	1202	1892	3909	2275	819	2014	1018	25723
45 to 49 years	77	128	297	1359	572	1053	1382	2034	1293	1392	1384	1074	1599	3197	1821	704	1884	934	22184
50 to 54 years	79	106	233	1143	447	754	1331	1590	1039	1063	1112	854	1351	2383	1324	581	1299	838	17527
55 to 59 years	76	67	164	657	325	630	976	1140	600	821	865	703	1093	1811	933	532	942	577	12912
60 and 61 years	28	15	51	211	126	227	321	377	223	283	339	216	385	587	337	207	338	195	4466
62 to 64 years	45	17	113	317	191	315	452	575	295	389	517	397	728	846	400	378	425	315	6715
65 and 66 years	40	15	95	174	160	217	282	396	206	273	345	281	447	547	304	242	302	204	4530
67 to 69 years	44	16	110	257	195	314	436	640	246	394	553	362	730	799	382	321	460	266	6525
70 to 74 years	87	42	201	354	355	605	724	1208	467	633	880	697	1229	1357	628	399	840	397	11103
75 to 79 years	92	24	197	302	274	411	720	1192	434	589	665	580	989	1353	501	280	1025	306	9934
80 to 84 years	62	17	176	235	202	225	480	870	259	500	397	437	653	961	356	193	676	194	6893
85 years and over	74	9	206	247	186	281	537	881	319	744	384	511	466	997	330	134	612	213	7131
Total	1327	1311	4603	19088	10553	16313	20890	29264	20163	21583	22678	16101	25238	47017	30222	13268	24364	13190	337173

Chronic Neglect in the SLNN Area

The SLNN area is composed of two zip codes (63118 and 63104). The analysis in the report concerned 728 families identified during the 7/95-6/96 year. Analysis of this data by zip code area is more difficult to understand, because as we have noted elsewhere, the families in this population are highly mobile.

Of the 728 families, 284 lived in the SLNN area at some point during the period from 7/95 through 10/01. This means that 39.0 percent of the total chronic-neglect families identified for the city during this year and tracked for six years lived at some time during this period in 63118 or 63104. This determination was made by identifying the home zip codes of the families at the time of CA/N incident reports. The characteristics of the SLNN families, including the kinds of recidivism were not significantly different from that of the total analyzed.

However, a finding that might be surprising to anyone who thinks that chronic neglect families are stable is that 266 (93.7 percent) of the 284 chronic neglect families lived at some time during the six years *outside SLNN*. These families all lived within the two zip codes are areas at some time during 7/95 to 10/01 and at other times during this period virtually all (93.7 percent) lived elsewhere in the city.

The findings are confirmed because home zip codes in subsequent incident reports changed. There were 2,025 total incident reports on the families during the entire period. Of these, only 41.5 percent (841) occurred while they were living in 63104 or 63118. The majority (58.5 percent) of incidents occurred outside the area.

The total (284 families) is based on a tracking that began during a single year. The total number of chronic neglect families, therefore, residing in the SLNN area during any one six year period is considerable greater than this. However, because all home address data is based on CA/N incident reports, we cannot estimate with any accuracy the total number at a point in time.

Unstable addresses are part of the problem of chronic neglect and reflect a variety of family needs, specially the endemic problems of low income and unemployment.

[1] See Institute of Applied Research, "St. Louis Neighborhood Network Evaluation Report: Analysis of Child Abuse and Neglect Statistics for the SLNN Area, Comparison Zip Codes and St. Louis City." April, 2001.

[2] This research is contained in two chapters of a book that is being written and is available upon request from Tony Loman, Institute of Applied Research (tloman@iarstl.org). The chapters are only available in Adobe Acrobat (.pdf) format and only via email at this time.

[3] Ibid. in book chapters. Changes from male-present to mother-only status are associated with declines in employment whereas changes in the opposite direction are associated with increases. The lowest employment figures are found in families that remain in mother-only status over two points in time. The highest employment figures are found in families that remain in male-present status at two points in time.

[4] Ibid. in book chapters. This categorization is based on a detailed analysis.

[5] Not included were "mandated-reporter" reports, which do not involve contact with family until the reporter is contacted. Reports on DFS employees and relatives were not available to this researcher and were not included. Furthermore, tracking of families was conducted on Missouri data in the St. Louis metro area and certain rural counties only. Reports on families that moved to other areas of the state or outside the state (for example, to Illinois) were not tracked. In addition, a relative large number of these families had had previous reports prior to 7/95. Some were in open DFS cases at the time of the initial report; others already had children in out-of-home placement at that time. More importantly, by selecting families in the final year of the six-year period and then looking over the previous five years we find that the majority have had previous reports. This is a strong indication that the initial report found in 95-96 was itself one of series for many families that began before this period. All this indicates that, once a family is reported to DFS, the rate of repeat reports over the entire span of childhood of all the children is likely to be much higher—we suspect in the range of 75 to 85 percent.

[6] Again, in other research we have shown that unsubstantiated reports are nearly as strong predictors as substantiated reports of future substantiations. This means that the longer the sequence of reports the more likely that future evidence will be found that indicates serious maltreatment of children. This analysis also is contained in the writings referenced in notes 2,3, and 4.

[7] The frequency of such problems has been documented in our previous studies of children on the DFS caseload. An analysis of these problems is also contained in the writings referenced in previous notes.

[8] These statistics may be somewhat misleading since the period in question spans the time when St. Louis City moved under the new differential response or family assessment system during 1998 and 1999. As indicated, under the new approach the large majority of hotline reports were not investigated in the traditional way but were approached through non-adversarial family assessments.

[9] The percentage is an estimate based on pre-2001 records in this data. Because of a mistake in the request of IAR for data from DFS, FCS closing dates were not complete for part of 2001 and 2002 data. The analysis was limited to earlier complete records and the resulting percentages were applied to all reports in the analysis.