

**OVERVIEWS OF RESEARCH
ON FAMILY VIOLENCE INTERVENTIONS**

**How Evaluation Research
Can Help Reform and Improve
the Child Welfare System**

by Richard J. Gelles

SUMMARY. The child welfare system in the United States is in crisis. Despite funding and staffing increasing, and despite legislative changes and reforms, the system still cannot meet the mandate to protect children from harm and assist caregivers and families. This paper argues that one of the key factors limiting the effectiveness of the child welfare system is that the system does not carefully and properly evaluate the interventions and programs that are used to protect children and assist families. The paper reviews the available data from evaluation research on child welfare interventions, speculates on why there is so little evaluation of child welfare interventions, and proposes a tentative solution to the paucity of research and the child welfare system crisis.

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The child welfare system in the United States is in crisis. The media are quick to report the repeated failures of the child welfare system to protect children; and, they have many opportunities to report on such failures. As many as half of the children who are killed by parents or caretakers are killed after the children and their families have come to the attention of the child welfare system (Gelles, 1996). Children are also killed in foster care, again while supposedly under the protection and supervision of the child welfare system. As many as 600,000 children, one percent of the population of children under the age of 18 years old, are in foster care on any given day (Tatara, 1993); and of the children in foster care, the majority are placed there because of allegations of abuse and neglect. The average age of children entering the foster care system is younger than a decade ago, and younger children remain in the system longer than do older children (Barth, Courtney, Berrick, & Albert, 1994). Critics of the child welfare system also claim that too many children are removed from their caretakers and placed into out-of-home care (Guggenheim, 1999; Wexler, 1990). Not only are many children removed inappropriately, but these children are also disproportionately African-American or minority children. Thus many critics of the child welfare system view the system as oppressive and destructive to minority families (Roberts, 1999).

A sign of the crisis of child welfare in the United States is that at least 25 state child welfare agencies are presently operating under a court order as a result of lawsuits arising out the various failings of the agencies (Schwartz & Fishman, 1999).

Perhaps the most stinging criticism of the child welfare system was contained in the initial report prepared by the U.S. Advisory Board on Child Abuse and Neglect. The Board declared that child abuse and neglect represented a national emergency. In the Board's words:

The system the nation has developed to respond to child abuse and neglect is failing. It is not a question of acute failure of a single element of the system; there is a chronic and critical multiple organ failure. (U.S. Advisory Board on Child Abuse and Neglect, 1990, p. x)

If this medical metaphor was insufficient to make the case, the Board concluded that the child protective system in the United States is so inadequate that the safety of the nation's children cannot be assured (U.S. Advisory Board on Child Abuse and Neglect, 1990, p. x).

If newspaper reports, legal action, and official board reports are not enough evidence, there is one important statistical fact. In the last five years, virtually all forms of violence, homicide, and abuse have declined in the United States. The Uniform Crime Reports indicate that the national rates of homicide and violent crime have decreased (U.S. Department of Justice, 1998). Even the rate of youth violence and youth homicide has decreased. Self-report data collected as part of the National Crime Victims Survey (U.S. Department of Justice, 1998) also show a decrease in rates of violent crime victimization. Domestic violence rates and intimate homicide rates have also decreased nationally since 1994 (Greenfield et al., 1998). Part of the explanation for these decreases may be more effective crime control and interventions. Part of the

reason may be that the five years between 1993 and 1998 have been a period of economic advantage, with rising stock market values, low unemployment rates, and low inflation.

The booming economy and apparent effective strategies to control crime and domestic violence have had less of an effect on child maltreatment. Child abuse and neglect reports, approximately 3,000,000 per year, have leveled off (U.S. Department of Health and Human Services, 1996). Reports of sexual abuse have declined; however, there has been no overall decline in the rates of maltreatment comparable to decreases of rates of violent crime. Child fatality numbers have remained steady at around 1,200 per year (National Committee to Prevent Child Abuse, 1998).

By any indicator, as the century closes, the United States child welfare system continues to be unable to assure the safety of children.

WHY THE CRISIS? THE USUAL SUSPECTS

The crisis of child welfare is not new. Child welfare agencies have been under siege for the last three decades. The implementation of mandatory child abuse reporting in the mid to late 1960s resulted in an increase of reports submitted to agencies that were not staffed to handle the increased number of allegations of child maltreatment. In the years after the institution of mandatory reporting, definitions of child abuse and neglect were broadened, resulting in even more reports. Public awareness campaigns generated more reports, and technology, such as toll free telephone lines, made it easier to file reports. Agencies were expected to respond to maltreatment reports quickly. Here again technology, such as pagers and cell phones, created the possibility that reports could be responded to rapidly.

Of course, child welfare agency staffing never kept pace with either the number of reports or the expectation that reports would be investigated quickly. Not only were there too few child welfare workers, in absolute numbers, but the training of the staff was far below the level needed to respond to the complex and difficult nature of child maltreatment reports.

When a tragedy or crisis hits a local, county, or state child welfare agency, the response typically falls under one or more of the “round up the usual suspects” explanations and proposed solutions:

- *More Money.* We have too little money; we need more. Funding for child welfare never kept pace with the rising number of reports and the complexity of child abuse and neglect cases. Thus, child welfare agency administrators are constantly trying to secure sufficient budget allocations to hire and train staff and develop and implement appropriate policies and interventions. To a certain extent, broadened definitions, technology, and public awareness campaigns bolstered the case for more funds by generating more reports, but there has always been a significant gap between resources and caseloads.

- *More Staff.* As funds were always short, so, too, agency administrators argued that they had too few workers to meet the demands of child welfare. When a crisis or tragedy became public, the nearly automatic response was to request an increase in child protective staff. While agencies rarely received what they believed to be adequate staffing, staffing tended to increase following a tragedy or crisis.
- *More Training.* More staff would allow caseloads to be decreased, so that child welfare staff did not have to carry 40 to 60 cases each. In the unusual event that caseloads would meet the desired level of about 15 to 20 cases per worker (Child Welfare League of America, 1993), the child welfare problem was not resolved. New and old child welfare workers often receive only the most minimal pre-service training before they are assigned a caseload. It is not unusual for a child welfare worker to get 20 hours of training before being assigned a full caseload. In-service training is also minimal. Thus, agency workers and directors would often respond to a crisis with a call for new and more training for workers.
- *Blame the Judges and/or the Laws.* The final “usual suspect” is the legal system, or “the judges.” Child welfare workers and administrators frequently identify their core constraint as the legal system and action or inaction of the judges. Workers claim the law requires them to make “every possible effort” to keep families together. They also claim that judges ignore caseworkers’ recommendations. Legal reform and judicial training is the solution, many child welfare critics claim.

A case can be made for each and all of the above arguments. The child welfare system is understaffed, under-funded, under-trained, and limited by legal constraints and judicial decisions. Yet, each of the above problems has been addressed over the past three decades with little measurable impact. As important as the “usual suspects” are, they do not constitute the real “offender” that causes the child welfare crisis.

THE REAL FAILURES

Clearly, rounding up the usual suspects—funding, staffing, training, the legal system—has not eased the crisis of child welfare. The national emergency and the “multiple organ failure” described nearly a decade ago still exists.

I would propose that the child welfare system’s problems arise less from money, staff, and management and more from lack of rigorously evaluated services and interventions. This section examines the “standard” interventions and programs that make up the child welfare system. The following section summarizes what evidence exists for the effectiveness of the standard interventions.

PROGRAM EVALUATION AND FAMILY VIOLENCE RESEARCH

The Standard Interventions

Mandatory Reporting. When Kempe, Silverman, Steele, Droegmueller and Silver (1962) wrote about what they called the “battered child syndrome,” a key problem with protecting children was the fact that severe child abuse was either unrecognized or not responded to by the key sentinels—physicians, nurses, and hospital personnel. Kempe himself championed the development of mandatory reporting laws that would require key medical, school, criminal justice, and social service personnel to report suspected cases of child maltreatment to a central authority. In order to encourage reporting, the central authority was to be child welfare agencies. While the police could have been the agency to receive reports, Kempe and others felt that making child abuse a crime would deter mandatory reporters from filing reports, especially reports.

The United States Children’s Bureau played a pivotal role in developing model child abuse reporting laws (Nelson, 1984). The federal Child Abuse Prevention and Treatment Act of 1974 required states to conform to federal standards, including standards for reporting, in order to receive funds from the newly created National Center for Child Abuse and Neglect. In the space of ten years, mandatory reporting became the cornerstone of the nation’s child welfare system.

Investigation. Once a report was received by a state, county, or local child welfare agency, the report would be screened and if the allegation met the screening standards (i.e., the suspected abuse met the state’s legal criteria for maltreatment and there was sufficient evidence to initiate an investigation—names, address, etc.), the report would be assigned for investigation.

According to the National Child Abuse and Neglect Data System (U.S. Department of Health and Human Services, 1997), states received 2,025,956 reports of child maltreatment, representing just over 3 million individual child victims. Of the 970,000 child victims for whom maltreatment was indicated or substantiated and for whom there were data on type of maltreatment, 229,332 experienced physical abuse, 500,032 experienced neglect, and 119,397 experienced sexual abuse. From the reports, about 1,625,000 investigations were conducted. A main focus of the investigations was to determine whether the reports were substantiated and required an intervention. Thirty-four percent of the more than one and one-half million investigations resulted in the report being substantiated or indicated (U.S. Department of Health and Human Services, 1998).

Responses. In theory, at least, the child welfare system has a varied toolbox with which to respond to confirmed or substantiated cases of child maltreatment. In terms of child protection, child welfare agencies have the ability to obtain *ex parte* orders allowing the child welfare department to take the custody and control of endangered children. Child welfare agencies can also petition to have a child’s control and custody for a longer period of time. Title IV-E of the Social Security Act of 1935 created an open-

ended entitlement that provides federal matching funds to states to pay for out-of-home care for dependent children. States are required to match the federal share. In 1996 the federal share of Title IVE was \$3 billion (Green Book, 1996).

For nearly the last twenty years, The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) required states, as a condition of receiving Title IVE funding, to make “reasonable efforts” to keep children with their families, or return them if they have been removed. This law enforces a long tradition of the child -welfare system focusing its resources and responses at supporting and preserving families. The resources include hard and soft services. Hard services include housekeeping assistance, parenting classes, medical help, day care, and even housing. Soft services include case management, advocacy, therapy, and counseling.

Sensitive about the number of children in out-of-home care and the cost, many states implemented Intensive Family Preservation Services in the late 1970s and through the 1980s and 1990s.

Intensive Family Preservation Services were designed to be an alternative to the “business as usual” attempts at providing families resources and services. In the Intensive Family Preservation Services model, the essential service is short-term crisis intervention designed to prevent the placement of a child outside of the home. The core goal is to maintain the child safely in the home or facilitate a safe and lasting reunification. Services are meant to be provided in the client’s home. The number of sessions is variable, but unlike traditional services, intensive services are available seven days a week, 24 hours a day. The length of the service is brief, typically fixed at a certain number of weeks. Caseworkers are able to deliver intensive services because they carry small caseloads, often as few as two or three cases. The actual services delivered may be the same as the traditional child welfare services, but their delivery and intensity is different.

Of note is how few families who come to the attention of the child welfare system actually receive any services. One study of 169 investigations found that 59.7 percent of substantiated cases were offered no services other than placement (Meddin & Hansen, 1985).’ For those cases that were offered some kind of services, 13 percent received placement and 11 percent counseling (Meddin & Hansen, 1985). A second study found that 56 percent of all indicated cases were closed on the same day they were officially substantiated (Salovitz & Keys, 1988). While closing a case on the same day it is substantiated does not necessarily mean no services were offered or delivered, it does mean that no follow-up or monitoring took place after the case was substantiated and services were offered and/or provided.

Summary. In summary, the standard interventions or the typical “tool box” of the child welfare system consist of: (1) An investigation; (2) Some form of counseling or tangible services; and, (3) Placement of a child with monitoring and services.

This seems like a relatively limited toolbox, but the range and depth of the

standard intervention is of less concern than how well the existing tools work to protect children and assist families.

THE EVALUATION DATA

It is not a surprise that efforts to respond to, prevent, and treat child maltreatment advanced at a much faster pace than efforts to evaluate the positive and negative effects of both the standard and innovative responses to the problems of child maltreatment. Once it was clear that the abuse and neglect of children were far more extensive than commonly believed, activities to treat and prevent the problem expanded rapidly. In addition, newly implemented, innovative interventions are not good candidates for scientific evaluations (National Research Council, 1998). Innovative programs often begin with a common sense or discipline-based notion of how to respond, and the response changes and is modified based on the experience and feedback of those involved in delivering and managing the intervention. Sometimes a single approach is changed, modified, and altered; other times a multi-pronged effort may add or delete components. Programs and interventions require an opportunity to evolve and mature before they can be properly evaluated. Maturity is important for three reasons. First, the often-amorphous nature of an innovative treatment may result in a “black box” evaluation, whereby the so-called “treatment” cannot be defined or categorized. Thus, even if the evaluation demonstrates that the “treatment works,” it may not be clear what exactly the “treatment” was. Second, the time needed to “ramp up” the program may mean that in the early stages, the program offers a smaller “dose” of the ideal intervention and/or the program may not be delivering the actual intervention as planned to all clients. An evaluation in an early stage may fail to find effectiveness of the new program, not because the program is ineffective, but because the program is not yet being delivered as designed. Finally, innovative programs often begin with small staffs and small caseloads. The initial dose of the treatment may be quite minimal. Small sample sizes and low dosages may result in falsely accepting the null hypothesis (that the program has no significant effects).

Evaluation Studies

Notwithstanding all of the above caveats, it is surprising that almost forty years after the modern discovery of the problem of child maltreatment there are so few sound studies of the effectiveness of efforts to prevent and treat child maltreatment.

In 1994, the National Academy of Sciences established the Committee on the Assessment of Family Violence Interventions. One of the five charges to the Committee was to:

Characterize what is known about both prevention efforts and specific interventions dealing with family violence, including an assessment of what has been learned about the strengths and limitations of each approach . . . (National Research Council, 1998, p. 17)

After many debates, the Committee chose the following criteria to use when selecting

evaluation studies for detailed analysis to meet the above charge:

1. The evaluation involved a program intervention that was designed to treat or prevent some aspect of child maltreatment, domestic violence, or elder abuse.
2. The evaluation was conducted between 1980 and 1996.
3. The evaluation used an experimental design or quasi-experimental design and included measurement tools and outcomes related to family violence; and
4. The evaluation included a comparison group as part of the study design (National Research Council, 1998, p. 21).

While appropriate standards of evidence for evaluation research, these criteria, especially criteria 2 and 4, were far below the “Gold Standard” for evaluation research, in that the criteria did not require that groups be randomly assigned.

For the period 1980 to 1996, the Committee’s staff was able to identify a total of 114 evaluation studies that met the above four criteria. The search included published and unpublished studies, although the majority of the 114 studies had been published.

Of the 114 studies, 78 evaluated some aspect of the prevention and treatment of child maltreatment. Fifty studies evaluated social service interventions, four studies evaluated legal interventions, and 24 studies evaluated health care interventions.

While obvious, it is worth noting that the forty-year effort to prevent and treat the maltreatment of children yields only 78 studies that met rather minimum design standards for evaluation research.

The explanation for the paucity of evaluation research can no longer be blamed on the newness of the enterprise, as efforts to prevent and treat child abuse are at least 40, if not 200, years old. The justification is not lack of funds, given that in 1996 the federal and state governments spent nearly \$10 billion on efforts to treat child maltreatment (Child Welfare League of America, 1999).

The Interventions Evaluated

In the “social service category” the programs evaluated included child-parent enrichment programs, parent training, network support services, home helpers, school-based sexual abuse prevention, intensive family preservation services, child placement services, and home health visitors. “Legal interventions” evaluated included: court-mandated treatment for child abuse offenders, court mandated treatment emphasizing child management skills, and in-patient treatment for sex offenders. Evaluations of “health care interventions” included: an identification protocol for high-risk mothers, mental

health services for child victims, and home health visitor/family support programs. The largest number of evaluations was of school-based sexual abuse prevention programs and intensive family preservation programs.

Noteworthy in this summary is that almost all of the interventions or programs that were evaluated were innovative programs that were alternatives to the standard package of interventions and programs offered by child welfare systems. Interventions that were not evaluated using scientifically appropriate designs included mandatory reporting, investigations, and foster care, kinship care and other out-of-home placements. In short, not a single one of the main components of the child welfare system had been subjected to a scientific evaluation between 1980 and 1996; this, despite the fact that billions of dollars are spent each year on these interventions and despite the continued and mounting criticisms of the failings of the system.

The Findings

The one commonality of the 78 evaluations of child abuse and neglect prevention and treatment programs was, in scientific terms, a failure to reject the null hypothesis. While it may be too harsh a judgment to say these programs have not and do not work as intended, the National Research Council report did come to the following conclusion regarding social service interventions:

Social service interventions designed to improve parenting practices and provide family support have not yet demonstrated that they have the capacity to reduce or prevent abusive or neglectful behaviors significantly over time for the majority of families who have been reported for child maltreatment. (National Research Council, 1998, p. 118)

With regard to intensive family preservation services, here, too, there was little evidence that such services resolve the underlying dysfunction that precipitated the crisis. Nor was there evidence that such services improve child well-being or family functioning.

What little research there was on out-of-home placement found that children who reside in foster care fare neither better nor worse than those who remain in homes in which maltreatment occurred.

While some programs and interventions show promise, the promise is not yet evident in empirical data that confirm that the programs actually attain their goals and objectives.

In the legal area, the main child maltreatment legal intervention, mandatory reporting, has yet to be evaluated.

Finally, there was positive and promising data from evaluations of health care interventions. Home visitation represents one of the most carefully evaluated and promising opportunities for the prevention of child maltreatment. Research reported subsequent to the National Research Council report confirmed the Committee's assessment—home visitation has demonstrated long-term effectiveness (Kitzman et al.,

1997; Olds et al., 1997). Subsequent to the National Research Council's review, a review of more recent evaluations of home visitation programs concluded with a more modest and less sanguine finding. The evaluations conducted by Olds and his colleagues of their original intervention in Elmira, New York, found clear and consistent evidence of fewer substantiated child maltreatment reports among those receiving the full complement of home health visits. However, evaluations of the Hawaii Healthy Start Program and Healthy Families America found no differences in the rates of reported child abuse and neglect (Gomby, Culross, & Behrman, 1999).

WHY SO LITTLE EVIDENCE OF PROGRAM EFFECTIVENESS?

There are a number of reasons why research on child maltreatment prevention and treatment programs is generally unable to find evidence for program effectiveness. First and most pessimistically, it is possible that the programs and services, while well-intended, are, in and of themselves, not effective. It is possible that the theories (mostly informal and untested) behind the programs and services may be inaccurate or inadequate and the programs themselves, therefore, may not be addressing the key causal mechanisms that cause child maltreatment. Second, the programs or services may be effective, but they may not be implemented properly by the agencies and workers that are using the programs. For example, when the evaluation data for the Illinois Family First program were made public (Schuerman, Rzepnicki, & Littell, 1994), the data failed to support the hypotheses that the program reduced out-of-home placement, costs, and/or improved family functioning. An initial reaction was that there was considerable variation in how intensive family preservation was being implemented at the different sites in Illinois. The overall implementation was also not true to the "Homebuilders" model of intensive family preservation. Thus, the lack of support for the effectiveness of the services was blamed on the programs not being properly implemented. A third plausible explanation may be that the theory behind the program may be accurate and the program itself may be appropriate, but the "dose" may be too small. This applies to many interventions designed to prevent and treat all forms of family and intimate violence and is not unique to child maltreatment services. The National Academy of Sciences (National Research Council, 1998) concluded that the duration and intensity of the mental health and social support services needed to influence behaviors that result from or contribute to family violence, may be greater than initially estimated. With regard to social service interventions, the Committee opined that:

The intensity of the parenting, mental health, and social support services required may be greater than initially estimated in order to address the fundamental sources of instability, conflict, stress, and violence that occur repeatedly over time in the family environment, especially in disadvantaged communities. (National Research Council, 1998, p. 118)

Thus, it is likely that more services are necessary or the length of the interventions should be increased.

With regard to theory, there are other plausible explanations for the apparent

ineffectiveness of child maltreatment interventions. Many current child welfare programs assume that abuse and maltreatment are at one end of a continuum of parenting behavior. However, it is possible that this model of abusive behavior is inaccurate. It may be that there are distinct types of abusers (Gelles, 1991; 1996). Abuse may not arise out of a surplus of risk factors and a deficit of resources, but rather, there may be distinct psychological and social attributes of those caretakers who inflict serious and/or fatal injuries compared to caretakers who commit less severe acts of maltreatment. If there are different types of offenders and different underlying causes for different types of abuse, it is reasonable to assume that a “one size fits all” intervention or policy will not be effective across the board. Irrespective of the model of abuse, to date evaluations of interventions demonstrate little impact. Thus, the problem is not trying to make “one size fit all” but finding any size that fits.

Another problem with the child welfare system is the crude way behavior change is conceptualized and measured. Behavior change is thought to be a one-step process; one simply changes from one form of behavior to another. For example, if one is an alcohol or substance abuser, then change involves stopping the use of alcohol or drugs. If one stops, but then begins again, then the change has not successfully occurred. A second assumption is that maltreating parents or caretakers all want to change—either to avoid legal and social sanctions or because they have an intrinsic motivation to be caring parents. As a result, those who design and implement child abuse and neglect interventions assume that all, or at least most, parents, caretakers and families are ready and able to change their maltreating behavior. Of course, the reverse may also be true—that abusive and neglectful parents do not want to change and/or cannot change, and this explains the negative results of evaluation research.

However, research on behavior change clearly, demonstrates that change is not a one-step process (Prochaska & DiClemente, 1982; 1983; 1984; Prochaska, Norcross, & DiClemente, 1994). Rather, changing behavior is a dynamic process and one progresses through a number of stages, including relapse, in trying to modify behavior. There are also cognitive aspects to behavior change that can be measured.

One of the reasons why child welfare interventions may have such modest success rates is that most interventions are “action” programs. These programs are often provided to individuals and families in what Prochaska and his colleagues call the precontemplator or contemplation stage of change (Prochaska & DiClemente, 1982; 1983; 1984). This is what others may refer to as denial or ambivalence about the need for change. For interventions to be more successful, there is the need to balance readiness for change with the immediate risk in a particular family (Gelles, 1996).

WHY SO FEW INTERVENTIONS?

Before turning to the issue of how to move ahead and use evaluation research to help improve the child welfare system, it is important to consider why there has been so little evaluation research on child welfare interventions and, equally important, why there has been so little emphasis on carrying out evaluation research. Obviously, the first

answer to this question is, money. Although public and private expenditures for child welfare in the United States is in the \$10 billion to \$15 billion dollar range, comparatively speaking, this is not much money. Michael Petit, Deputy Director of the Child Welfare League of America, points out that \$15 billion dollars per year for child welfare is half of what the nation spends on pizza (Petit, 1999). Given the chronic gap between the demands on the child welfare system and the system's resources, it is not surprising that funds for research are minimal. Federal and foundation funds for child maltreatment are also relatively small, and those funds that are available are allocated for programs rather than research. With 3 million reports, 1 1/2 million investigations, 600,000 children in out-of-home care, and 1,200 child abuse and neglect fatalities annually, it seems obvious that scarce resources would be allocated toward "doing something," rather than "studying something."

But, when nearly forty years of "doing something" has not yielded much in the way of evidence that the "something" does any good, the answer to the question of "why so little research?" must be more than just limited funds.

An alternative answer to "lack of funds," is that those who work and administer the child welfare system are reluctant to evaluate what they do and equally reluctant to take heed of what evaluations have been carried out. In the latter case, Senator Daniel Moynihan proves the point of reluctance to take heed of results. Moynihan (1996) describes his experience chairing the Senate Finance Committee when the committee was, in 1993, considering an administration proposal to spend \$930 million on family preservation. This program was proposed during a time when the Finance Committee was charged with reducing federal spending by \$500 billion. Moynihan recounts that he wrote to Dr. Laura D'Andrea Tyson, then chair of the President's Council of Economic Advisors, saying that after hearings on family preservation, he had followed up on administration claims that data existed that showed that family preservation was effective. Moynihan checked out two citations offered by the administration that supposedly demonstrated the effectiveness of family preservation. The citations Moynihan obtained stated that "solid proof that family preservation services can effect a state's overall placement rate is still lacking" (Moynihan, 1996, p. 48). Despite finding no data to support the claim for the effectiveness of family preservation services, the bill passed, with Moynihan's support. Nearly \$1 billion was spent on family preservation services in the next four years, and the program was re-authorized with more funding in 1997. Interestingly, between 1993 and 1997 when the legislation was re-authorized, the published results of evaluations of intensive family preservations programs also failed to find evidence of the effectiveness of this service (Heneghan, Horwitz, & Leventhal, 1996).

Part of the reason for the rejection or ignoring of data or findings that fail to support the hypothesis that a program or service is effective, is that caseworkers and administrators work in an ideographic world. By this I mean that the worldview of the child welfare system is through the lens of individual cases. Based on 30 years of personal experience, both in the field and classroom, it is my impression that caseworkers and administrators do not use a nomothetic paradigm (paradigm that looks

for patterns across cases) and seek patterns. Their world is made up of individual cases and the failures and successes of those cases. Thus, effectiveness of a program is not to be found in aggregate evaluation data, but in individual case records and experiences. Thus, in many ways, the child welfare system operates on the basis of "intervention by anecdote," both good and bad anecdotes. In response to research that fails to support a claim for program or service effectiveness, workers and administrators can and do summon up a case or many cases where the service was effective. In response to media accounts of failures, caseworkers and administrators know that there are many unreported cases of program or service effectiveness.

Intervention by anecdote is bound to fail. To put much too fine a point on this issue, a blind squirrel will eventually find an acorn. That a single case or a number of cases are helped by a service proves nothing and is not justification for continued support for and funding of a service.

The larger problem is that evaluation research on child welfare interventions fails to find effects for most programs and interventions that have been evaluated. As Moynihan pointed out in his discussion of data on family preservation, the consistent pattern since the mid-1960s is that evaluation studies find no effects, few effects, or negative effects (Moynihan, 1996, p. 49). This he called "Rossi's Iron Law." The law is: "If there is any empirical law that is emerging from the past decade of widespread evaluation research activities, it is that the expected value for any measured effect of a social program is zero" (Moynihan, 1996, p. 49).

Whether they know about Rossi's Iron Law or not, agency directors and administrators must be concerned that an evaluation will conform to Rossi's law and their program will be found wanting in terms of scientific data. Rather than take a chance that a program that helps some people (policy by anecdote) will lose its funding, administrators resist having programs evaluated. If a program is evaluated, the evaluation is typically poorly funded and inadequately designed and implemented. Poor funding and an inadequate design actually enhance the likelihood of proving Rossi's Iron Law, thus creating a vicious circle that leads to no evaluations or even more poorly funded and poorly designed evaluations.

Another reason why some interventions are not evaluated is that many components of the "standard intervention," such as mandatory reporting and appointing a guardian ad litem, are mandated by law. It would be somewhat pointless to evaluate a program or intervention component that could not be changed or even modified.

Another explanation for the lack of evaluation research is that what is considered the "gold standard" for evaluation research, a randomized experiment, is often considered impractical, impossible, or unethical by agency and program directors. The notion that one group will be randomly deprived of a service, even a service with no proven value, is considered completely unethical and inappropriate. Even when an agency agrees to random assignment, they may fail to understand exactly what random assignment means. In such cases, workers may violate the random assignment

protocol in order to assure that certain clients get what the workers think are effective services (see Schuerman et al., 1994, for an example of this in the Illinois Family First evaluation).

Sometimes the “gold standard” simply cannot be used. For example, in an attempt to evaluate a Children’s Advocacy Center in Rhode Island we found that the program had achieved statewide status and a comparison or control group simply did not exist (Youngblood & Gelles, 1997). Moreover, the essential aspect of the intervention, keeping interviews with children to a minimum, constrained our ability to collect pre- and post-test measures from the children. Any interviews that we would conduct with the children would have contaminated the actual intervention. To resolve this problem, we relied on administrative data from the agencies involved in the cases as well as reports from parents and guardians of the children.

Finally, the innovations in the prevention and treatment of child maltreatment move much faster than evaluation research. Thus, for example, by the time a sufficient body of evaluation research on intensive family preservation services had been accumulated, intensive family preservation services were no longer the new innovative intervention. Researchers presenting their data on intensive family preservation services were told this was no longer important, as child welfare had discovered and was implementing “family conferencing.”

To a certain extent, foundations are partially culpable for the pattern of limited evaluations because their priorities are typically to fund promising new programs. While foundations do often require evaluation research of their funded programs, they often promote promising results prior to the completion of the evaluation research. Some foundations rapidly move from one “cure du jour” to the next, without properly evaluating any new program.

CONCLUSION: THE SOLUTION

To a certain extent, the solution is rather simple—do more evaluation research and do it better. The crisis of the child welfare system will not and cannot be resolved until such time as we have some idea of what interventions work for what children and families, and under what conditions. Forty years of intervention by anecdote and the resistance to research and evaluation research, have yielded an expensive and complex system that fails to provide basic protection to America’s vulnerable and dependent children.

There are three basic steps that need to be accomplished in order to allow for better evaluation research: (1) The first step was articulated by the National Research Council’s Committee on Assessing Family Violence Interventions. The Committee pleaded for *more collaborations between researchers and programs* (National Research Council, 1998). Collaboration does not mean that program administrators throw open their doors and allow researchers to implement “gold standard” randomized field experiments. It means a genuine collaboration where both researchers and program

operators understand the benefits and risks of evaluation research and both endeavor to design appropriate scientific evaluations. Such collaborations are not forged by having both groups work as partners for only 14 days in responding to requests for proposals. Sound collaborations require both groups learning about one another's language, assumptions, and paradigms. Such interactions are needed to establish the basic trust that must exist before a sound evaluation project can be put into place. (2) A second recommendation is that *funding-government, corporate and foundation-should eventually be based on accountability of a program*. In order to accomplish this, government agencies and foundations must set aside funds for evaluation research. Funding should be available at the outset of a program so that appropriate baseline data can be obtained. Funding needs to be adequate to allow for a proper design and sample. It is a relatively easy task for government agencies to include set-asides equal to 10 percent of program costs for evaluation research and it is also relatively easy to include prescriptions for acceptable designs to be used to evaluate programs and interventions. (3) Finally, *evaluation researchers must be flexible in their designs to accommodate and accept the realities of implementing and operating prevention and treatment programs for child maltreatment*. There will be many instances where practical and ethical issues constrain the ability to field a "gold standard" evaluation. These situations call for creative and innovative evaluation designs. For example, we could not use a "gold standard" design to evaluate Child Advocacy Centers. Yet, such centers need to be evaluated, as they have become a well-established and well-funded component of the child welfare system. It is not yet known whether Child Advocacy Centers actually produce the desired results of reducing trauma for children and increasing successful prosecutions. Our approach in this one case was to use a "dose response" design, whereby we assessed outcome in terms of the "dose" of the intervention and the goodness of fit of the actual intervention to the theoretical model (Youngblood & Gelles, 1997).

The crisis of the child welfare system will have to be addressed. We cannot continue to have 1 percent of America's children in foster care, 3 million reports of maltreatment each year, 1,000 homicides, and countless law suits, tragedies, and controversies plaguing the system. Rounding up the "usual suspects" as an attempt to fix the system has not worked. No amount of funding can rescue a system that cannot answer the basic question of whether anything it does is effective. It is time to find out what works, for whom, and under what conditions.

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