Young Families in the Community: An Exploratory Analysis of Child Welfare Contact Among Young Mothers and Their Children

by

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DEDICATION

To my wonderful, awe-inspiring, loving, and resilient children: Thank you for arriving to remind me of what I had forgotten, and for leading me lovingly into the future you will inhabit. I'm so grateful to be able to join you for the beginning of your visit here. I am forever in your debt. To all of our children: might we understand our responsibility to all of them, be open to learning from them, and properly care for them and their world. To mothers: the front line of the revolution.

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ABSTRACT

The dominant frame in the literature regarding pregnancy and parenting among women with a history of child welfare contact is that of teen pregnancy as social crisis. This project reconsiders the issue of pregnancy and parenting among young women in the community and their contact with child welfare, relying instead on the concept of Reproductive Justice as an analytic frame. Rather than situating these young mothers as a cause of social inequality and of poor outcomes for their children, Reproductive Justice draws attention to social conditions and aligns our inquiries and solutions with the alleviation of stigma and identification and provision of needed supports. Using vital statistics matched administrative data from the Department of Child and Family Services in Cuyahoga County, I ask the following questions: Of young women in the community who give birth in their teen years, what is the extent of their contact with the child welfare system, throughout the mothers' history, and then for their children after birth? Are there differences in allegations of maltreatment, results of investigations, and/or reasons for removal from home for young women who come into contact with child protective services around the time of their pregnancies and births versus those who have prior contact? Is pregnancy in the teen years a risk factor for coming into contact with the child welfare system? For these young women and children who have contact with the child welfare system, what are the points of contact? What is the "foster care birth rate" when accounting only for young women actually in care at the time of birth, and how does this compare to the rate of birth in the community? How does mothers' contact with the child welfare system relate to contact for their children? Are there differences along any of these domains according to the assigned race of the mother?

In addition to specific rates of contact and details of involvement for mothers and their children in the times before, during and after pregnancy, I find that: DCFS

involvement among these young women and their children was a common occurrence. However, the majority of mothers in this sample (85.8%) had no substantiated record of childhood abuse, despite high levels of surveillance (reports of maltreatment and involvement with DCFS). Pregnancy and childbirth were times of heightened sensitivity for reports and previous contact with DCFS seemed to amplify this sensitivity, though it seems that DCFS is doing some work to filter out spurious claims. Of young mothers in the community, only a small fraction of mothers (14.3%) had a record of one or more out-of-home placements, and births to young women in foster care were an extremely small percentage (1%) of births to young women in the community. When accounting only for births to young women in foster care at the time of conception and birth, and accounting for minority overrepresentation, the rate of birth was less than (.78 times) the rate of birth to young women in the community. What contact children had was, to some extent, a function of mothers' contact and there were observable differences for mothers by identified "race" in nearly every domain. The problem of framing "teen pregnancy" as social and personal crisis, and implications for social work scholarship and practice, are discussed.

CHAPTER I: Introduction

While all mothers find themselves subject to social sanction concerning their reproductive and sexual behavior, young women who give birth in their teen years – particularly if they are also women of color, and even more so if they struggle with poverty – are almost universally denigrated. Social Workers (both practitioners and scholars) are tasked with two objectives that may sometimes seem to come into tension: supporting their clients/populations in achieving personal and social well-being, while raising awareness of structural inequities and acting to bring about change in the systems that hinder the realization of their clients'/populations' interests and rights. The issue of "teen pregnancy" and parenting brings these goals into presumed conflict, as socially prevalent anxieties about young mothers and their children can dominate the interpretive frame and resulting narrative, even for social workers. When pregnancies among young women are framed as a public health crisis – a devastating event for the long term well-being of mother and child alike – little needs to be explored beyond how many such pregnancies occur, among whom, and how they might be prevented. When, alternately, we consider structural factors that relate both to the likelihood and outcomes of early pregnancies among young women – noting that young women may find themselves in a social context where such factors are unlikely to vary significantly over the course of their reproductive lives – our inquiries and solutions must address these factors. This latter frame aligns the objectives of social workers around the central goal of promoting the interests and rights of young women as they navigate their reproductive lives. Moreover, such framing helps us avoid stigmatizing young women already in a space of marginalization and vulnerability.

There is a literature in Child Welfare that concerns itself with purported high rates of pregnancy and parenting among young women in foster care and high rates of child welfare contact for young mothers. While the concerns of parenting youth are occasionally noted, and at times there is consideration of the more positive aspects of

parenting for these youth, the operating frame is one of teen pregnancy as social and personal crisis. Meanwhile, there a number of issues with these studies: (1) An inconsistent and loose definition of the population: including births to young women that occurred before or after foster care placement as a part of the “foster care birth rate”, births to women as old as 24 years of age being referred to as “teen pregnancies”, and “general population” comparisons that don’t account for demographic differences; (2) A lack of clarity and specificity about origins, timing, types, and outcomes of contact with child protective services; and (3) Little attention to differences by race. The reason for these issues may be somewhat practical in nature, somewhat ideological, or perhaps a combination of both. It is difficult to follow up with these young women, and administrative data is difficult to acquire, manage, and utilize. And yet, some issues with definitions and framing the “problem” of teen pregnancy have nothing to do with access to participants or data and are instead within the authors’ control.

I came to this project with concerns that had been triggered by a variety of personal and professional interactions with agencies, workers, and community members involved with young mothers. I had seen repeated disregard for the perspective of young mothers about their own pregnancies and role as parents – disregard cloaked in moral indignation or paternalistic concern about the age and social conditions of these young women who would dare to become mothers. I found otherwise well-meaning people denigrating these young mothers to me and around me, assuming universal agreement: “She had to take the baby, the mother was only 15!”; “You know you’re [she’s] too young to be a mother”; “It [the physical and emotional pain of miscarriage] serves her right for getting pregnant”; “It is vital that we help these girls who find themselves pregnant, becoming a mother at this age will be devastating to any future they might have had”; “I would recommend they give their children up for adoption, their lives don’t have to be over just because they got pregnant”; “You’re thinking of them as though they’re like you, but they aren’t like you, they don’t love their children the way that you do”.

When I then encountered to the literature regarding pregnancy among young women in contact with the child welfare system, I saw a similar emphasis on the devastating consequences of pregnancies among young women and a relative lack of emphasis on the impact of social conditions and on the more positive aspects of parenting

among young mothers. I felt that while there were protective intentions involved in what I was reading and hearing, reliance on the operating frame of “teen pregnancy” as a crisis was an inherent limitation and constituted a damaging influence. I was concerned not only for practice implications, but for the rhetorical impact of this discourse. I believed there must be some better way to take into account and communicate the concerns of – and about – young mothers. Something was missing in the discussion and I deduced that it must be called reproductive justice and that certainly I was not the first to have such concerns. Searching for this concept, I found that, indeed, my concerns were not unique and that a group of wise women had long been promoting a different view of even young women’s reproductive lives. In fact, at the time I first began conceptualizing this work (in 2013 after the birth of my first child), I learned that the mothers of the reproductive justice movement, and subsequently their sisters and daughters, had been working for more than 20 years to advance such a paradigm.

This project reconsiders the issue of pregnancy and parenting among young women in the community and their contact with child welfare. I take a different perspective from the frame favored within the existing literature, relying instead on the concept of Reproductive Justice (RJ) as an analytic frame. In its essential form, Reproductive Justice has been defined as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (SisterSong, n.d.). Viewing this topic through the lens of Reproductive Justice offers a different interpretation of the “problem” of “teen pregnancy”. Rather than situating these young mothers as a cause of social inequality and of poor outcomes for their children, Reproductive Justice draws attention to the social conditions in which young mothers and their children find themselves and thus aligns our inquiries and solutions with the alleviation of stigma and identification and provision of needed supports. Prevention of unintended pregnancy – rather than a central goal of efforts in which young women are targeted for intervention – becomes one of myriad possible supports which might be offered to young women with a variety of needs arising from conditions in their social environments. Moreover, as scholars and practitioners, we are encouraged to act to promote change in the social systems that shape the landscape of disadvantage, rather than targeting young mothers as a cause.

Rather than attempting to measure and analyze factors related to “teen pregnancy” in child welfare populations, with the aim of promoting efforts at prevention, I undertake this project motivated to understand more fully the interactions between young mothers and the child welfare system, particularly around the time of their pregnancies and the birth of their children. In addition to addressing the representation of these young mothers in the literature in child welfare, I set out to answer some specific questions, given the availability of data to do so: (1) Of young women in the community who give birth in their teen years, what is the extent of their contact with the child welfare system, throughout the mothers’ history, and then for their children after birth? (2) Are there differences in allegations of maltreatment and the results of investigations for young women who come into contact with child protective services around the time of their pregnancies and births versus those who have prior contact? Are there differences in reasons for removal from home for young mothers who gave birth before or during a foster care spell versus those who gave birth after discharge from care? Is pregnancy in the teen years a risk factor for coming into contact with the child welfare system? (3) For these young women who have contact with the child welfare system *on behalf of themselves and/or their children*, what are the points of contact? Who are the reporters responsible for referring allegations to child protective services for these young women and/or their children? Are there differences in sources of reports for young women who have contact around the time of their pregnancies and births? (4) What is the “foster care birth rate” when accounting only for young women actually in care at the time of birth, and how does this compare to the rate of birth in the community? (5) For these mothers, how does contact with the child welfare system relate to contact for their children? (6) Are there differences along any of these domains according to the assigned race of the mother? I ask these questions with the goal of providing a more nuanced and holistic understanding of these young mothers’ interactions with the child welfare system in order to identify spaces of alternate needs and concerns beyond the prevention of pregnancy and to problematize pregnancy prevention as a primary goal of interventions for young women.

I begin this paper by introducing the concept of Reproductive Justice; the women who first defined RJ and began a movement to promote this conception of reproductive rights, and the utility of RJ as an analytic frame. Next, I give a short overview of the

emergence of “teen pregnancy” as a social anxiety. Then, I introduce some concerns I have about how “teen pregnancy” has been represented in child welfare scholarship, particularly the concept of the “foster care birth rate”. Following the presentation of my analysis and findings – in an effort to clarify the importance of framing for the issue of “teen pregnancy” and to highlight implications for social work scholarship and practice – I refer to the literature on framing in psychology and offer interpretations giving examples from the discussion of teen pregnancy in the child welfare literature.

Literature Review

Reproductive Justice: A Movement for Human Rights by Women of Color

The term Reproductive Justice is used by activists “to recognize that the control, regulation, and stigmatization of female fertility, bodies, and sexuality are connected to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality” (Silliman et al., 2004). The term originates from a gathering, in June of 1994, in which “twelve black women working in the reproductive health and rights movement gave birth to the concept of reproductive justice, creating a paradigm shift in what women of color termed their work to end reproductive oppression” (p. 39; for a first person herstory, see Bond Leonard in Ross, 2017). These activists were unsatisfied by the mainstream women’s health movement, which did not fully address the concerns of women marginalized by poverty and racism; in response, they worked to center the voices and perspectives of black women and women of color, recognizing them as experts in their own lives (Bond Leonard, 2017). Early organizing activities centered around the goal of promoting the voices of black women in their advocacy work on healthcare reform; producing collective statements, brochures, and publications in support of their reproductive health agenda (Bond Leonard, 2017). In 1997, sixteen organizations merged to form the SisterSong Women of Color Reproductive Health Collective, later renamed the SisterSong Women of Color Reproductive Justice Collective in 2010 (pg. 50, for a brief herstory see Strickler and Simpson in Ross, 2017). With a vision for political engagement, and utilizing a human-rights-based framework that links women’s reproductive lives to other movements for social justice, SisterSong remains the only

national membership organization exclusively focused on Reproductive Justice (Strickler and Simpson, 2017).

Reproductive Justice (RJ) is not merely concerned with reproductive choice; RJ addresses the various inequalities and injustices that impact the reproductive lives of women. The rights to have—or not to have—children, to make decisions about when to have children, and to raise one's children in a safe and healthy environment, are all concerns within the domain of Reproductive Justice (Ross, 2007). While terms such as "freedom" and "choice" have gained popularity among mainstream activists as they fight for women's access to contraception and abortion, these terms belie the complicated nature of "choice" in the lives of marginalized women, and the interplay between "choice and choicelessness" (Solinger, 2001). Early in the history of the birth control movement, collaboration with the eugenicist movement and population control ideology was adopted as a political strategy; later attempts by women of color to end sterilization abuse were rejected by the mainstream movement in fear that it would limit white women's access to sterilization services, and little was done by the pro-choice movement in response to the limitations placed on poor women looking to gain access to medical abortion (Roberts, 1999). Immediately following the decision of *Roe v. Wade*, public policy quickly turned to limiting and eliminating public funding for abortion for poor women, while maintaining public funding for sterilization for the same women; such political maneuvers hinged on casting poor women and women of color as illegitimate choice makers (Solinger, 2001).

Such strategies and oversights are not a thing of the past. The pro-choice movement in the present day continues to represent a "coalition of contradictory forces", and "feminist rhetoric about women's empowerment can obscure the neoeugenics philosophy in [family planning as a population reduction strategy]" (Ross, 2017, pg. 77). Insistence upon the language and ideals of privacy and choice do well within our neoliberal ethos, but they have been subtle tools in the oppression of groups of women who have seen repeated violations of even their basic human rights. Whereas the mainstream "pro-choice" movement has focused almost exclusively on access to abortion, it has regularly failed to address the variety of issues that constrain the choices of poor women and women of color – such as policies which promote abortion (e.g. the criminalization of pregnant women, family caps, denial of benefits to mothers on welfare); the promotion of

sterilization and long acting contraceptives; discriminatory treatment of women of color and poor women by doctors, judges, and caseworkers; the function of the child welfare system in the violation of women's parental rights – and pervasive social and economic inequality, which does not prioritize healthy pregnancies and families for poor women and women of color (Roberts, 1997; Silliman et al., 2004; Solinger, 2001).

Motherhood and reproductive choice are distinctly class-based privileges in the United States. When failing at preventing motherhood for "undesirable" women, there have always been social mechanisms for the disruption of parenting, most of which consist of transferring the children of poor women to women of better financial means. Foster care payments, in excess of what would be provided to a child's family of origin to care for the same child, are given to wealthier families in order to remove children from poverty. Work requirements are placed on mothers of young children, demonstrating a societal insistence that poor women are better off in the work force, even in the absence of living wages. Child care subsidies provide a higher hourly wage than many women utilizing the subsidies are able to acquire, so their children are cared for by other women while they work at low wage jobs. Government has repeatedly manifested a class-based support for motherhood through financial policy; such as the issuance of tax credits for adoption and child care, and provision of public funds for fertility treatments for middle class families, paralleled with reductions in public funding for poor women through welfare reform, reductions in public funding for child care, and reductions to other programs that support poor families, such as WIC (Solinger, 2001). Thus, although the rhetoric of choice has driven the mainstream reproductive freedom movement for decades, it is wealthy women who are granted the right to choose – and when wealthy women do choose to expand their families, there is government support for that choice. In contrast, the choice for poor women is quite clear: it is their responsibility to curb their fertility and relinquish their existing children to "better" families.

Reproductive Justice (RJ) as an Analytic Framework

> "An RJ analysis takes into consideration that the right to have a child and the right to parent are as important as the right to not have children. As such, issues of importance regarding the right to have children include population control, criminalization of reproduction, correlation of environmental degradation with infertility, *cultural shunning of teen mothers (emphasis added)*, and access to assisted reproductive technology (ART)." (Luna & Luker, 2013, p. 328)

The prioritization of access to contraception and abortion by mainstream movements for women's rights has in some cases been well intentioned, but has the impact (whether inadvertent or not) of sidelining other domains of struggle for marginalized groups of women. Where pregnancies among young mothers are concerned, this is particularly relevant because this emphasis on prevention ignores the impact of pervasive and unrelenting racism and poverty across the reproductive lives of women, regardless of their age at time of conception. In this project, I consider the situation of young women involved with the child welfare system, specifically those who become pregnant and give birth in their teen years. The dominant conversation concerning such mothers is one of sanction and alarm, and the consequent solutions are prevention of pregnancy and protection of their children. Reproductive justice reminds us of the basic human right to have children, to parent the children one has, and to do so in an environment which includes access to sufficient resources for health and safety. It reminds us that access to such resources and expression of such rights are not equally realized across the population. It also directs our attention to the systems which serve to support and interfere with the expression and achievement of such rights.

The "child welfare system" in its historical and modern form has played a variety of roles in the disruption of women's family formation. It has been criticized by black feminist scholars, such as Dorothy Roberts (1997, 2002) as being an institution responsible for the disruption and policing of black families, as well as one which violates the rights of women to parent their children, and an important target of the struggle for Reproductive Justice. And yet, this is a system staffed predominantly by social workers and routinely the subject of study for social work academics. Despite the fact that the tenets of

reproductive justice and the codified goals of social work have many points of synergy, in the field of child welfare there remains conflict where conditions in the social environments of the mothers are conceptualized as risk for abuse and neglect of their children. This frame not only impacts young mothers, but poor families more generally. In contrast we might reframe our concerns in a way that encourages us to focus on the environments and deprivations which are inherently deleterious for human development – particularly during childhood – environments which cultivate stress and disorder in the family. Given such a frame we consider services which will address these concerns and we are directed to research demonstrating the success of anti-poverty measures (including financial transfers) in improving child welfare (Featherstone, 2016). Indeed, we might find that "the most effective way to reduce child abuse and neglect is to reduce poverty and its attendant material hardships" (Pelton, 2014).

In addition to promoting the functioning of individuals within their social context, social workers are also expected to raise awareness about social injustice and violations of human rights, and to work toward the change of systems that perpetuate social, racial, and economic inequality. And yet, within the social work literature, the topic of 'teen pregnancy' among young women involved in the child welfare system seems to focus predominantly on prevention and consequences. Rarely does the literature address the pervasive impact of social inequality and oppression on the reality of women's reproductive lives and choices, and the lives and well-being of their children. How, then, is social work supposed to understand the "problem" of teenage pregnancy?

Young women involved with the child welfare system reside at the intersection of multiple oppressions based on their gender, race, class, age, and legal status. It is obvious that these young women may have difficulty making the transition to parenting, but these difficulties may not decrease substantially as they age. While delaying pregnancy for some women may result in greater chances for economic stability and other salutary outcomes, postponing reproduction will not restructure the society in which these young women live, and many will never reach a point where their right to parent will be accepted. The "problem" young mothers face is not only a misalignment between their reproductive timing and "adaptive" timelines for reproduction, but that the dominant cultural standards for who should and should not become a parent may exclude them

entirely. Applying reproductive justice as an analytic framework shifts the focus (scholarly and clinical), turning attention toward the cultural standards and systems that foment these exclusions, prioritizing the vantage point of the women affected.

Reframing the conversation about the "crisis" of "teen pregnancy" to attend to social conditions and situating "the foster care birth rate" within the larger context of young women who become pregnant and are parenting in the community – some of whom have had previous or ongoing contact with the child welfare system – is essential. Doing so helps us better understand the true extent and scale of the "problem" and work to demystify the origins and types of contact that young women have with the system, as well as the processing and placement practices that affect these women. This is the primary aim of this work, and there are several overarching questions that guide it: How do we understand the framing of the "problem" of "teen pregnancy"? How does the way we understand this "problem" impact the questions we ask, the interventions we promote, and the way in which young parents are identified, processed by, and treated within the child welfare system? Shifting the focus away from the "problem" of "teen pregnancy" allows us to be sober minded and attend to variations within the population and differences in their needs. It also serves to direct concern to wider issues of poverty and inequality, and the racial, social, and economic disparities in women's reproductive health, needs and rights over their life course.

Teen Pregnancy: A Brief History of the "Problem"

First labeled as an 'epidemic' in the mid-1970s, births to women under 20 years old were at a rate of 56 per 1000, the lowest in decades (Testa in Rosenheim and Testa, 1992. The rates then continued a general downward trend; though they rose to a rate of 63 per 1000 in 1990 (the same as in 1920), they declined to 49 per 1000 in 2000, and in 2013 were at the lowest rate on record at 26.6 per 1000 (Ventura et al., 2014). The crisis of teen pregnancy was not of statistical but political salience.

The 'teen mother' came to be the target, and representative, of a myriad of social concerns: the regulation of women's sexuality and fertility, government support of poor families, single motherhood, and so on. Whereas, in previous generations, young mothers had traditionally married or relinquished their children for adoption, women were

increasingly choosing to remain single and to raise their children outside of the context of marriage. Although “teen pregnancy” was no more frequent in the 1970s than it had been for decades prior, non-marital childbearing was indeed on the rise, for “teens” (15 per 1000 in 1960 to 41 per 1000 in 1989) as well as for older women, but suggesting the “problem” as one of “teen pregnancy” was a politically viable strategy, seemingly distanced from concerns about race and extramarital childrearing (Testa, 1992).

Similar to the alignment between eugenicists and early birth control advocates, the political concern about “teen pregnancy” allowed for a marriage between the interests of liberals and conservatives. Luker (1996) reminds us that teen mothers were once considered to be victims of men and society, in need of protection and provision, and that ‘teen pregnancy’ underwent the subtle transition from effect to cause when it became politically useful to develop the idea of the teen mother as agentic in her sexuality and her pregnancy as dangerous to society. This move suited the liberal goal of allowing teenaged women to gain access to contraception and reproductive services, as well as providing a specter (typically black and welfare dependent) useful to conservatives in the attack against the welfare state and the destruction of funding for poor women and children (McLaughlin & Luker, 2006).

Having appeared in the political sphere as a topic of concern, along with the availability of funding to analyze the “problem”, social scientists were quick to respond. There were soon two very different characterizations of teen pregnancy within the literature. One situated teen pregnancy as a cause of adverse outcomes for both the mother and the child and referred to it as a crisis at the societal level (Furstenberg et al., 1987; Hayes, 1987). The other suggested that for the group most stigmatized by the rhetoric around teen pregnancy - poor black youth in urban environments - early fertility might constitute an alternative life course, rather than a rejection of middle class norms (Testa, 1992; Lancaster and Hamburg, 1986; Geronimus, 1987; Burton, 1990), and that adoption of this altered fertility timing did not have the same detrimental impact for this subpopulation as it did for wealthier white women (Geronimus, 1987; Lundberg & Plotnik, 1989). Later research in this vein identified poverty and social inequality as drivers of teen pregnancy, as well as the causes of subsequent difficulties for the mother and child, even going so far as to eliminate differences based on age of parent at time of conception,

allowing early pregnancy as an adaptive strategy for some groups (Barcelos & Gubrium, 2014; Edin & Kefelas, 2005; Geronimus, 2003; SmithBattle, 2013).

Early studies finding the most significant effects of teen pregnancy on maternal and child outcomes suffered from a variety of methodological shortcomings. Studies were typically cross-sectional studies, which failed to make comparisons to groups matched on relevant variables or to account for unmeasured background factors (SmithBattle, 2009; Kearney & Levine, 2012). Overwhelmingly, studies that account for these issues demonstrate that socio-economic factors (e.g. poverty, inequality, lack of social mobility, neighborhood disorganization) underlie and contribute to early childbearing and associated outcomes for mothers and their children (Harding, 2003; Furstenberg, 2007; Kearney & Levine, 2012; Penman-Aguilar et al., 2013; SmithBattle, 2012). Recent research in public health, economics, and nursing suggests addressing determinants of teenage pregnancy at a social level (e.g. providing access to greater opportunity, reducing inequality, and encouraging education, rather than focusing exclusively on sex education, access to contraception, and other individual level deterrent strategies (Kearney & Levine, 2012; Penman-Aguilar et al., 2013; SmithBattle, 2012; Brännström et al., 2015).

Teen Pregnancy in Child Welfare Scholarship

Within the social work literature, the literature on the transition to adulthood is cited in the context of discussions about difficulties associated with youth aging out of the child welfare system (Berzin, 2005; Osgood et al., 2010). This literature focuses on the increasing duration of the adolescent period and suggests the adaptive nature of delayed fertility timing as a way to accommodate modern demands for higher education and work force participation by women (Arnett, 1998). However, the transition to adulthood literature presents “normative” pathways to adulthood – as determined by white middle class youth – and doesn’t adequately take into account social inequality throughout the life course (Mahaffey, 2004).

A more nuanced consideration of fertility timing acknowledges the presence of inequality throughout the life course and how this inequality impacts fertility timing and maternal and child outcomes. This focus is not entirely absent in the social work literature.

In the early 1990s, Rosenheim and Testa (1992) edited a volume that considers the "problem" of teenage pregnancy historically, cross-nationally, and by race, class, and age in the United States. In the introduction, Testa, citing the early work of Geronimus and others, notes the concept that early parenthood may constitute an alternate life course for poor black youth and may not be as detrimental as presumed (though not conclusively, as research on the topic was still new). Later in this same volume, Testa uses this perspective to consider variation in the life course of adolescent mothers on welfare, finding that young black mothers were more likely than young white mothers to remain in their parental homes and continue in school, resulting in higher educational attainment (Testa, 1992). Despite these beginnings, the contemporary literature is marked by alarm, over rates of pregnancy among young women in contact with the child welfare system.

Teen Pregnancy, Parenting and Foster Care

There is evidence within the child welfare literature that young women in foster care have a higher rate of pregnancy and childbirth than youth in the general population. Although there is a paucity of data regarding the fertility patterns of young women in the child welfare system nationally, a number of statewide and regional studies have documented this difference. In an analysis of birth rates for 15-to-17-year-olds in foster care in the state of California, the authors find a slightly elevated rate of childbirth, 3.2 per 100 young women in foster care versus 2.0 per 100 young women in the general population (King et al., 2014). In a study of young adults aged 18-21 years who had aged out of CPS custody in Arizona, 53.3% had been pregnant, including 17.4% of 18 year olds (versus 10.5% in Arizona overall) and 22.2% of the 19 year olds (versus 13.9% in Arizona overall) (Stott, 2012). A study of young women, 15-19 years of age in foster care in 2008 in Maryland had a birth rate about 3 times that of young women not in foster care (9.27 per 100 versus 3.27 per 100) (Shaw et al., 2010). A comparison of data from the Midwest Evaluation of the Adult Functioning of Former Foster Care Youth to the National Longitudinal Study of Adolescent Health found that 32.9% of women in the Midwest Study had been pregnant by age 18 versus 13.5% of those in the Add Health study, and by age 19, this ratio rose to 50.6% versus 20% (Dworsky & Courtney, 2010). In a study of youth sampled from the National Survey of Child and Adolescent Well-Being (a national

probability sample of children and adolescents undergoing investigation for abuse and neglect), 4.3% of the 12 to14-year-olds and 18.7% of the 15-year-olds had either been pregnant or gotten someone pregnant (Leslie et al., 2010). Another study of youth 19 to 24 years old who exited from the care of a “large urban child welfare system” at 18 to 21 years of age found that 59% of the female respondents had parented a child, 71.2% had given birth to at least one child, and 35.3% of males reported having fathered a child (Daining and DePanfilis, 2007). In a study of young women with a history of CPS contact in New York City aged 13-21, of the 57% of youth they were able to collect information for, 1 in 6 were pregnant or parenting; that is 1 in 8 were parents, and 1 in 26 were pregnant (Gotbaum, 2005). The Casey National Alumni Study (a survey of youth who had been in the care of Casey Family Programs between 1968 and 1998) found that 17.2% of the female alumni gave birth at least one time while in care (compared to a 8.2% national rate in 1998), and 6.1% had case records that reported a pregnancy, but had no mention of a live birth (Pecora et al., 2003). An analysis of rates of sexual activity and pregnancy for youth in child welfare in “a large Midwestern state” finds that the child welfare clients were more than 50% more likely to have had sexual intercourse and more than twice as likely to have been pregnant than those in a national comparison group (Polit et al., 1989).

Possible Confounding Variables in Foster Youth Pregnancy Rates

There seem to be several possible explanations for the higher rates of pregnancy and childbirth among “foster care” youth, possibly implicating both the characteristics of the youth in foster care and the placement practices of the child welfare system. It is helpful to begin with an acknowledgement of demographic differences between young women in the child welfare system versus those in the “general population”. Youth in the child welfare system are much more likely to have families of origin who are ethnic minorities. For example, in 2012, of the 396,430 youth who were in foster care 22% were Black or African American, 21% were Hispanic or Latino, and 9% identified as other races or multiracial (CWIG, 2013). For children under 18 in 2013, children of color only composed 26.8% of the total population in the United States (U.S. Census Bureau, 2014).

Dworsky and Courtney (2010) addressed race as a possible confounding variable. They note that African American teens are more likely to become pregnant at younger ages, and that in their sample (as in most samples of foster care youth) African Americans were disproportionately represented. After applying weights to compensate for the racial disparities in their sample versus the “general population” in Add Health, the difference between the rates of pregnancy for 17- and 18-year-olds in the two samples narrowed to 32.9% versus 18.4% by 17 or 18 years, and to 50.6% versus 27.3% by age 19.

Poverty being a significant factor in decisions to place children in out-of-home care (Eamon & Kopels, 2004; Enosh & Bayer-Topilsky, 2014); children from poor families are also over-represented in the child welfare system (approximately 50% in child welfare versus around 22% in the general population) (Courtney, 1995; Lindsey, 2001). However, very few studies compare youth in the foster care system to groups matched on SES. Polit et al. (1989) also adjusted their analysis to make a consideration for both the racial composition of their sample and their socio-economic status, and the corresponding results are even more dramatically altered. In fact, for black females in foster care, there were no statistically significant differences in rate of intercourse, voluntary intercourse, or pregnancy versus those who were in the control group. For black females being monitored by the child welfare system, but residing at home or with relatives, there was a difference in rate of pregnancy compared to the control group (24.4% versus 13.8%) and a difference in the number reporting having had intercourse (55.7% versus 39.7%), but no difference in the rate of report of having voluntary intercourse. On the other hand, for white females, the differences between the child welfare population and the control group were more dramatic. White youth in foster care had a rate of intercourse 4.2 times higher, a rate of voluntary intercourse 3.6 times higher, and a rate of pregnancy 7.9 times higher than the control group. White youth monitored by child welfare, but living at home or with relatives, had rates of intercourse 2.24 times higher, voluntary intercourse 2 times higher, and pregnancy rate 9.1 times higher than those in the control group.

One major difference between the analyses of Dworsky and Courtney and Polit et al. is that while both compensated for differences in the racial composition of their comparison group, Polit et al. also accounted for social class (using parental education as a proxy) and having done so, drastically altered the rates and patterns observed. Still,

the comparison group in Polit et al. differed from the child welfare sample in that they had completed more schooling, had higher educational goals, and lived in smaller households, all factors that are negatively associated with teenage pregnancy (Manlove, 1998; Driscoll et al., 2005). A more similar comparison group may have yielded even more dramatic alterations to their original observations.

This concern with an appropriate comparison group is well understood and noted within the literatures. Daining and Depanfilis (2007) citing Cook (1991, 1994) noted that "with regard to education, welfare utilization, and early childbearing status, transitioning youth are more similar to 18-24 year-olds who are below the poverty level than to 18-24 year-olds in the general population". Pecora et al. (2003) explained that though "more appropriate comparison groups would be children from chaotic poor and socially disorganized families who were not placed in foster care, data from the general population are included because of its greater availability" (p. 23). In fact, almost every study reviewed above acknowledged the use of a "general population" comparison group as a limitation of the study. However, there are exceptionally few studies that compared the youth in foster care to anything other than one or another "general population".

While I did not locate other studies that specifically account for various demographic factors in their comparison groups, Shaw et al. (2010) compared youth in Baltimore City in foster care to those in Baltimore City not in foster care and found nearly identical birth rates (6.65 versus 6.64 per 100 youth). Due to the racial and socioeconomic composition of Baltimore City, the youth in foster care in Baltimore City more closely resemble their peers in Baltimore City than they do the general population in Maryland, and we see a corresponding reduction in the difference between the birth rate of youth in foster care versus those in the community. This same study found that while only 11.3% of girls in Maryland lived in Baltimore City, girls from Baltimore City comprised 60% of the girls placed in out-of-home placements in Maryland. Including the remaining 40% of girls in out-of-home care in other parts of Maryland and their 'peers' in the community brings the rate up several percentage points, about a 40% increase over the initial rate, to 9.27 births per hundred versus 3.27 births per hundred in the "general population". If 60% of child welfare population had a birth rate of 6.65 per 100, then the remaining 40% of the child welfare population would need to have 13.2 births per 100 to increase the overall

birth rate to 9.27 per 100 for the total population. This means that the child welfare population outside of Baltimore city had a rate of pregnancy twice that of the population inside Baltimore city. There were significant differences in the rates of birth to youth in out-of-home placement by county, but it is incredibly unlikely that these differences originated in the community. It seems rather that pregnant and parenting women in the community were having a high rate of contact with the child welfare system, for whatever reasons.

King et al. (2014) and Shaw et al. (2010) both observed a decline in birth rates in the general population over the time period of their study and yet did not observe a corresponding decline in the "foster care birth rate". Supposing that the "foster care" birth rate is truly composed of births to youth in foster care, the simple explanation could be that there is something about youth in foster care that is unresponsive to the factors that promoted a decline in the birth rate in the general population. This may indeed be the case. However, if the "foster care birth rate" is partially based on the placement of pregnant and parenting young women into the foster care system then we might expect to see some corresponding decline in the foster care birth rate as the available population of pregnant and parenting teens in the community decreases. If, as in this instance, we do not see such a decline, there may be reason to investigate whether pregnant and parenting teens are being selected from the general community for placement in the child welfare system in a biased way, if there is some other mechanism at work, or if some combination of factors is creating this difference.

Possible Unique Characteristics of Foster Youth Pregnancy Rates

There are some domains in which children who have been placed in the child welfare system may arguably differ from youth of similar demographic backgrounds who have not come into contact with the child welfare system. Some differences that have been suggested are younger age at conception, experience of sexual abuse, and experience of other abuse or neglect.

With regard to younger age at conception, though there are very young mothers in foster care, the majority of young women in contact with the child welfare system are in their late teenage years when they experience a "teenage pregnancy". One study

examining younger ages of first conception for youth in foster care and kinship care versus those not reporting child welfare placement finds a reduction of the age at first conception by 11.3 months for women reporting experience in foster care and by 8.6 months for women reporting experience in kinship care (Carpenter et al., 2001). In a study of pregnant and parenting youth receiving services from a variety of community agencies while in the care of the Illinois Department of Children and Family Services, the majority of the young women (about 90.8%) were 17 years of age or older at the time of the birth of their child, with only 17 recorded births by 15 and 16 year old women (Dworsky & Wojnaroski, 2012). In another study of young parents involved in the Teen Parenting Service Network in Illinois (including fathers, 16%), only 6.6% of the youth were younger than 15 years old at the time of their first birth, 25.3% were 15-16 years old, and the remainder were 17-20 years old at the time of their first birth (Dworksy & DeCoursey, 2009). In a survey of New York City's Foster Care agencies, 86% of young mothers served by these agencies were 17 or older (Gotbaum, 2005). In fact, some studies calculating birth rates for this population choose to restrict their sample to youth aged 15 and older (Doyle, 2007; King et al. 2014).

On the other hand, a number of studies have found evidence supporting the link between sexual and physical abuse, neglect, early childbearing and child welfare contact (Smith, 1996). A meta-analysis of studies demonstrating a link between childhood sexual abuse and early pregnancy found that having experienced CSA increased the odds of early pregnancy more than two-fold (Noll, Shenk, & Putnam, 2008). A particularly novel study matching birth records with child protection services records for adolescent mothers in the State of California found that prior to conception, 44.9% of mothers had been reported, 20.8% had substantiated reports of maltreatment, and 9.7% had spent time in foster care (Putnam-Hornstein et al., 2013). King, et al. (2014), the same authors, save one, as Putnam-Hornstein et al. (2013), cite this finding as "more than 1 of every 3 teens who give birth in California was reported to CPS as a victim of maltreatment before conception" (p.185). While the authors summarize this as evidence of substantial child welfare involvement in the lives of adolescent mothers, I see an additional possible framing of these statistics. While youth in foster care may be more likely to be pregnant or parenting than youth in the "general population", the majority of adolescent mothers (at

least in the State of California during this time period) had not had any contact with the child welfare system prior to the conception of their first child (55.1%), an even larger majority had no history of substantiated maltreatment (79.2%), and the vast majority hadn't spent time in foster care (90.3%). This is not to disavow, or to distract from, the relationship between experiences of maltreatment and the risk of early childbearing; this reframing is only to note that a substantial number of young mothers reside in the community without having ever had significant contact with the child welfare system prior to conceiving their first child.

What contact adolescent mothers may have with the child welfare system as a result of becoming pregnant and giving birth to their child is another matter entirely. Referring back to King et al. (2014), included among the youth "in foster care" who gave birth, 52.5% were pregnant before entering care, and 20.7% had already given birth when they entered care. The authors note that "this suggests that factors surrounding the pregnancy or birth may have factored into the placement decision" (p. 183). This same study sheds some light on the context of the removal decision. Although differences in birth rates by removal reasons were inconsistent over the years included in the study (2006-2010), cumulatively 82.2% of births (1,543 children of 1,876 total) were to mothers who had been removed from their homes due to a finding of "Neglect", 10.9% of births (205 children) were to mothers who had been placed due to "Physical Abuse", and the remaining 6.8% of births (128 children) were to mothers whose removal reason was "Sexual Abuse". Unfortunately, they did not delineate reason for removal specifically for young mothers who entered care after conception or birth, even though their data would have been sufficient to shed light on those reasons.

Many of the difficulties discussed previously—the lack of systematic and standardized tracking and assessment of this population, the identification of which young mothers should be included in the "foster care" birth rate, and the lack of comparisons to groups other than the general population—also apply to the task of considering the outcomes for young women involved in the child welfare system and for their children. In fact, the difficulties in making such comparisons are multiplied. To my knowledge, studies carefully comparing outcomes for these young women and their children to other groups of young mothers, or to similar young women who do not become mothers until later, do

not exist. Instead, we must rely on the results of a handful of qualitative and quantitative studies of foster care youth.

In that vein, Pryce and Samuels (2010) identify several salient themes in interviews with young mothers transitioning from foster care. They highlight the unique relational experience of being in foster care: the removal from one's family of origin to be cared for by multiple caregivers, resulting in the absence of a consistent relationship with their own mother or any other consistent role model for parenting. A related theme is the difficulty that these young mothers have reconciling their experiences with their own mothers, the pain that can arise from reflecting on their own experience of being parented, and the fear that they may have about repeating patterns in their newly established family. Young mothers also reported sadness over the loss of other identities.

More positively, mothers in this study reported the birth of their child/ren as bringing about a change in perspective, giving them a new sense of purpose and identity and inspiring them to make improvements to their lives for themselves and their children. Their children also offered a sense of relatedness and family that they hadn't had before. Nonetheless, concrete barriers to success (e.g. poverty, a lack of social support, stigma) can impede the realization of goals and, at worst, can dissolve a mother's relationship with her children. As one young woman reported, "Basically, I lost my children because I was poor" (p. 218). The authors of this study also note that because of prior experience with the child welfare system, these young women are highly sensitive to future involvement for their own children, which may prevent them from accessing supports and services that may be available to them. These findings were very similar to other qualitative studies of young mothers in foster care (Love et al., 2005; Haight et al., 2009).

In a study of young parents in foster care in the Chicago metropolitan area, Dworsky and DeCoursey (2009) quantified a few of the issues noted above. They found that only 44% of the mothers in their sample exited foster care with a high school diploma or GED and that having more than one child reduced the odds of having either accreditation by 45% per additional child. They also found that 22% of the mothers had been investigated for child abuse or neglect, and 11% had their child placed in foster care.

Certainly, the experience of having been in foster care is unique to youth who have had this experience. The rest of these themes, however, are common to other groups of

parents, particularly poor teenage mothers. Reconciling one's experience of having been parented is a natural part of the process of becoming a parent, and a fear of emulating negative aspects of one's childhood experience is a natural response to this process, particularly for those of us who had less than ideal upbringings, but didn't necessarily end up in contact with the child welfare system. Edin and Kefalas (2005) found that poor young women see pregnancy and parenting as a marker of adulthood and as an opportunity to start a family of their own; they see the baby as saving, rather than destroying, their lives, motivating them to desist risk behaviors and to pursue a brighter future for their babies and themselves. Similarly, several phenomenological studies of poor women demonstrate that becoming a mother instigates changes in identity and resultant behavioral changes, such as desistance from crime, drug use, and other behaviors injurious to self and others (Ali et al., 2013; Clemmens, 2003; Edin & Kefalas, 2005; Spear & Lock, 2003). Additionally, the difficulty associated with acquiring material resources, the barriers to achieving newly inspired goals, and a lack of community, familial, and social resources are common to teen mothers in the community (Clemmens, 2003; Edin & Kefalas, 2005; SmithBattle, 2007). Finally, the fear of intervention by the child welfare system is not unique to youth who have experience in foster care; there tends to be a general wariness and distrust of the child welfare system in poor communities (Edin & Kefalas, 2005).

Framing of Teen Pregnancy in Child Welfare Literature

Unfortunately, much of the social work literature concerning "teen pregnancy" echoes some of the characterizations of teenage sexuality and decision making prevalent in conservative political discourse and suffers from the same dramatization. The concern over birth rates among young women involved with the child welfare system is predicated on the assumption that early pregnancy results in a myriad of negative outcomes for the young woman and her offspring. Articles on the topic frequently begin with alarmist notions, citing teen pregnancy as a "public health crisis" and running through a litany of studies finding negative outcomes for adolescent parents (for examples, see Geiger and Schelbe, 2014; King et al., 2014; Svoboda et al., 2012); even going so far as to dismiss the importance of causal direction: "although rigorous research increasingly points to

economic disadvantage as a cause as much as a consequence of teen motherhood […] regardless of the direction, the consequences are profound for children" (Putnam-Hornstein and King, 2014).

Though one might assume that a "teen pregnancy" is a pregnancy occurring during the years of an individual's life in which their chronological age is within the numeric teens (13-19), when the term "teen pregnancy" is used concerning youth in child welfare, it is strangely defined. Pregnancies for women as old as 24 years of age are casually referred to as "teen pregnancies", and presumed targets of prevention (Daining & DePanfilis, 2007; Dworsky & Courtney, 2010; Gotbaum, 2005; Stott, 2012). So clearly here the word "teen", not meaning a person aged 13-19, has a stigmatic rather than technical sense. The use of the term "teen pregnancy" contains a tacit acknowledgement of its use as a rhetorical term, consistent with its meaning and utility at the advent of the "epidemic". Thus, its continued prevalence in the social work literature is informed by, and somewhat consistent with, a conservative orientation to maintain motherhood as a class privilege. At a minimum, the literature bears evidence of the impact of the frame of "teen pregnancy".

The construction of adolescent sexuality in the literature is also troubling. The terrain of sexuality is fraught with the problematics of interpersonal aims and negotiations: satisfaction of a partner, signaling relational commitment, fulfillment of emotional desires, the creation of a child and a family (Edin & Kefelas, 2005; Love et al., 2005). Yet even some arguably valuable aspects of sexuality and relationships for these young women are characterized as "risk behaviors". For instance, Stott (2012) includes parenting one's own children in their description of sexual risk behaviors:

> "With respect to risky sexual behaviors, the participants in this sample had higher rates of pregnancies, were more likely to be parenting, had a younger age of sexual debut, and used contraceptives less frequently than young adults in the general population […] Among young adults nationwide, ages 18–20 in 2000, 6.6% were living with their own children (Jekielek and Brown 2005), whereas 20% of the young adults in this sample were living with their own children. The participants in this study engaged in more risky sex than their peers." (p. 75-76)

In the same vein, Daining and DePanfilis (2007) develop a resilience construct that completely overlooks the possibility that teens who carry their pregnancies to term might be making what they see as a responsible choice. Despite the fact that several of the youth in their study were married at the time of having their first (two of 59, 3.4%) or second child (three of 59, 5.1%), their “avoidance of early parenthood” variable constituted a measure of “resilience” and was coded at 2 for those who never fathered or gave birth to a child, one for those with one child, and zero for youth with two or more children. The married parents were not excluded from this calculation and their score was not adjusted to account for marriage. Nor was there any adjustment for pregnancies in this construct or calculation. For “the avoidance of early parenthood” variable, resilience simply meant not giving birth. Therefore, a male who impregnated numerous women, would still have gotten a 2 on his resilience composite score as long as all the women terminated their pregnancies; similarly, if a woman was pregnant multiple times but had an abortion each time, she would also get a 2 added to the composite score. On the other hand, a woman who was pregnant once, carried that pregnancy to term, and was a good parent would get a 1; if she were married at the time with one child and chose to have a second, she would get a zero. This construct in no way allows for the possibility that it might also be resilient to give birth and to parent that child. The authors do not account for this oversight in the study limitations.

Where the frame of teen pregnancy dominates the discussion and the primary goal becomes prevention of “pregnancies”, other concerns are systematically overshadowed; whether the impact of social conditions on the likelihood of pregnancy for young women and the related outcomes for them and their children, or the other seemingly “non-resilient” behaviors which may continue despite the absence of a birth. Where the specter of the “teen mother” haunts the discussion our fear distorts our perception. Here the rhetoric about “choice” becomes relevant, where it is suggested that the matter of foremost importance for these young women is that they not become parents; there is rather a “right” choice to make. There is no allowance for the idea that making the choice to parent could be a responsible choice. If – through the lens of Reproductive Justice – we redirect the conversation by reframing the "problem" of teen pregnancy and shift our focus toward poverty, inequality, and racial and economic disparities in women's

reproductive lives, we allow the women under consideration the rights to determine their own reproductive destinies.

The Decision to Parent: A Complication of "Choice"

Young women in foster care are reportedly not only more likely to have unplanned pregnancies, but also to carry their pregnancies to term than youth in the general population (King et al. 2014, Courtney et al. 2004). The choice to terminate a pregnancy, even when initially unwanted, may have a different moral and social meaning for young women in poverty than for their wealthier peers, influencing the decision to carry pregnancies to term (Edin & Kefalas, 2005).

Moreover, pregnancies among young mothers are not always unwanted. While many pregnancies among this population are unplanned, unplanned pregnancies may become wanted pregnancies, and pregnancies may even begin as wanted pregnancies. In their analysis of teen birth rates in the United States, Kearney and Levine (2012) include a discussion of "intendedness". They note that, given the stigma associated with teen pregnancy, women who report wanting to be pregnant as teens might face criticism or social opprobrium, so we would expect self-reports of "unintendedness" to be biased upward. Beyond this discrepancy, the authors highlight other considerations that demonstrate that "intendedness" may be more of a continuum than a dichotomy: reported pregnancy intentions may change between pregnancy and after the child is born, and pregnancies beginning in contraceptive failure may be reported as intended or unintended but wanted. They find that 20% of unmarried, sexually active 18- and 19-year-olds who report not using birth control also report that they either want to get pregnant or do not care if they get pregnant. The authors conclude the ambivalence toward pregnancy is common and that unintendedness has different policy implications than unwantedness.

Dworsky and Courtney (2010) find that 22% of young women in the Midwest study who were pregnant by 17 or 18 "definitely" or "probably" wanted to become pregnant, and by 19 years of age, 35% reported having "definitely" or "probably" wanted to become pregnant. A variety of reasons for this have been suggested. Youth in foster care report that having their children encourages maturity and motivates them toward success and stability (Haight et al., 2009). Even when unplanned, they see that having a baby as a

teen can offer benefits, can provide a sense of family (Love et al. 2005), and even be a source of healing (Pryce & Samuels, 2010). Poor young mothers in the community also report wanting someone to love and someone to give them love; they see children as salvational and value raising children as a responsible and adult decision, giving them a sense of purpose and value (Edin & Kefalas, 2005). So it seems that young mothers in contact with child welfare do not differ drastically in terms of their desires to have children.

Dworsky and Courtney (2010) speculate that "foster youth may also feel a need to prove they can be good parents and may not understand why it would be better to delay parenthood". In addition to the emotional reasons these young women have for initiating parenting early, there is a now substantial body of literature that suggests that they may not have many material reasons to delay parenthood; for the youth who select into early parenthood, their choice may be based on a realistic assessment of their future outcomes, with or without children. The motivations of some of these young women to have children, combined with evidence of negligible alterations in the life courses of women and children resulting from teenage pregnancy, presents a challenge for programs aiming to "prevent teenage and unwanted pregnancies". Merely providing information about and access to birth control and abortion is not enough; the motivations to have children, and the complicated reality of reproduction timing and consequences for marginalized young women, must also be addressed.

Child Welfare Policies Guiding the Treatment and Processing of Young Mothers and Their Children

There are no policies at the federal level that explicitly address the treatment of and service provision for pregnant and parenting youth in foster care, and the policies that do exist at the state or local level vary (Geiger & Schelbe, 2014). Hence, there is a lack of national data and systematic analysis and tracking of this population, which obscures not only placement practices but also the treatment of young parents once they are in the system.

However, from what information we do have, it seems that for pregnant and parenting young women, involvement in the child welfare system constitutes a risk of

being separated from their infant (Dworsky & DeCoursey, 2009; Gotbaum, 2005; Krebs & DeCastro, 1995). According to data from 'The National Campaign to Prevent Teen and Unplanned Pregnancy', mothers younger than 17 at the time of the birth of their child are about twice as likely as mothers who were 20 or 21 at the time of birth to have a reported case of abuse or neglect and to have their child placed in foster care, while mothers 18-19 at the time of birth are 40% more likely to have a reported case of abuse or neglect and a third more likely to have their children placed in foster care (Ng & Kaye, 2013). Two major reasons for these separations can be hypothesized, given evidence from a handful of regional studies and policies. First, lacking any guidelines for the provision of funding for these young women, appropriate housing is scarce. For instance, in a survey of service providers in NYC (Gotbaum, 2005), there were only 3 foster care agencies who had funding to provide beds for pregnant young women, for a total of only 86 placements for 104 pregnant young women (as survey response was incomplete, it is possible there were even more). Furthermore, there were only 75 openings in "Mother/Baby Foster Care" for an identified 333 young women with babies; that is, 3 out of every 4 mothers did not have access to a placement that would provide a home for them and their baby. Even for those who were able to be placed in such homes, the typical placement process nevertheless resulted in temporary separations of the young mothers from their infants, as placements were only sought out after the woman gave birth, thereby resulting in a situation in which the mother first stayed at a shelter while the baby resided at the hospital until appropriate housing was secured for mother and child together. However, placements for mothers with more than one child were scarce, and homes for mothers with more than two children did not exist.

States that have well-developed plans for maintaining the integrity of young women's bonds with their children are few and far between. However, New York (which has presumably been working on this since Gotbaum's 2005 inquiry) and California are laudable for their efforts. New York policy emphasizes keeping the mother and child together, both in protective and nonprotective situations. The court has the option to maintain the parent's custody of the infant, while the local district maintains supervision and, in cases of relinquishment, requires the case to be revisited within three months. In 2005, California passed legislation that mandates annual data collection regarding the

number of young women in foster care who give birth and the number of youth who are parenting while in placement. That legislation also emphasized the recruitment, training, and retainment of foster care providers for parenting youth, including adequate reimbursement for infant care and teen parent mentoring.

Where states do have guidelines specific to pregnant and parenting youth in foster care, they are typically recent and therefore preliminary. For instance, (1) in Philadelphia, the Department of Human Services has implemented a protocol to collect data on the number of pregnancies of clients in care; (2) in Idaho, case plans for parents in care must include a plan for their child even if the child is not in the custody of the state (when child and parent are placed separately they each have their own plan, but “can share a case”); and (3) in Kansas, the parent’s case plan “shall reflect a need for services, goals, and objectives which will allow the infant to remain in a placement with their parent”. While these three examples represent efforts to properly monitor this issue, as well as efforts to maintain the union between parents and their children where possible, concrete supports (such as, funding, housing, etc.) are required to ensure that mothers are able to remain with their children.

Another factor that likely affects the separation of parents and their children while they are in the custody of the state is the social monitoring function of child welfare. Though parents in custody might exhibit parenting behaviors similar to parents in the community, already being in contact with the child welfare system would reasonably increase the likelihood of being reported for perceived maltreatment. The unique situation of residing in a non-familial home while parenting one’s own children could result in conflict with a foster parent who might have different ideas about parenting, and who serves as a direct route to the child welfare system. Even beyond the fact that foster parents play a mediational role with the system, the parents still in state custody are themselves in direct contact with the child welfare system and thus may find their parenting styles and skills under direct scrutiny.

For instance, every time a youth in the custody of the Illinois Department of Children and Family Services becomes a parent, they are subject to a “new birth assessment”. In addition to visits by “specialty workers” to observe parent-child interactions and make note of safety concerns or other risk factors, new parents in DCFS custody are to

complete the Adult-Adolescent Parenting Inventory (AAPI), a measure of parenting attitudes and child rearing practices. Responses to this 40-item measure are used to determine the parent's level of risk for perpetrating child abuse or neglect, and the results are sent to the caseworker and supervisor within two weeks of completion in order to determine possible need for further services or interventions. In an analysis of these scores by Dworsky and Wojnaroski (2012), they find that almost half fell into the medium risk category on at least four of the five subscales, and few fell into either the low or high-risk categories.

In contrast, parents in the community, whether adolescents or adults, are not routinely subject to such monitoring. Moreover, not all groups of parents are subject to the same perceptions and biases. The state of Arizona seems to tacitly acknowledge a history of discriminatory treatment of teen mothers in foster care in their administrative regulations, which require that "regardless of the youth's decision related to the pregnancy, the out-of-home care provider must not verbally abuse, threaten or make humiliating comments, unreasonably deny privileges, contact and visitation, or isolate the child." While the call to prevent such behaviors is admirable, their codification suggests that such behaviors have a history of occurrence. This is not surprising, as discriminatory treatment of young mothers is well documented (SmithBattle, 2013).

If it is in fact true that the 'foster care birth rate' is in no small part comprised of young women who were already pregnant and/or parenting upon entrance into the child welfare system, the heavy focus on prevention in federal legislation—and a relative lack of attention to the conditions under which these young women became pregnant and the concerns they have as new parents—is rather absurd. Beyond a note about provision of funding for the costs of the parent's child, there are no specific provisions within federal legislation for service provision for pregnant and parenting young women in foster care. However, there is an explicit provision within the Fostering Connections to Success and Increasing Adoptions Act of 2008 that child welfare workers should "include information in the plan relating to sexual health, services, and resources to ensure the youth is informed and prepared to make healthy decisions about their lives." As states increasingly take advantage of the 'Fostering Connections Act' provision for the extension of foster care to age 21, given that there are a significant number of young women 'in foster care'

who are pregnant or parenting by age 21, how might this provision extend the state's involvement in the creation of and service provision for dual-generation foster families?

Reimbursement for the extension of foster care under Title IV-E is based on the youth in question meeting one of the following conditions: they must be 1) completing high school or an equivalency program; 2) enrolled in post-secondary or vocational school; 3) participating in a program or activity designed to promote or remove barriers to employment; 4) employed for at least 80 hours per month; or 5) incapable of doing any of these activities due to a medical condition. These rules may cause difficulties for young mothers caring for infants, and this population is most likely to require accommodations for children due to its high rates of parenting for young women aged 19-21 (Dworsky andCourtney, 2010).

There are of course teen pregnancy prevention initiatives that target foster care youth, such as the Personal Responsibility Education Program (PREP; $55 million) operated by the Administration on Children, Youth, and Families and the $100 million teen pregnancy prevention program operated by the Office of Adolescent Health (Boonstra, 2011). What is needed most, however, is accountability to these young women and their children. An appropriate level of accountability would be well advanced by proper analysis and understanding of the issue, combined with the provision of adequate services and resources for pregnant women and young families that originate within or are brought into the child welfare system.

Impact on Scholarship and Practice

> "Reproductive Justice stresses both individuality and group rights. We all have the same human rights, but may need different things to achieve them based on our intersectional location in life – our race, class, gender, sexual orientation and immigration status. The ability of a woman to determine her reproductive destiny is directly tied to conditions in her community. The emphasis is on individuality without sacrificing collective or group identity. As with the human rights framework, it does not grant privileges to some at the expense of others." (Shen, 2006 p.3, in Luna, 2009 p.16)

It may be presumed that most scholars and practitioners in child welfare are generally concerned about the population of youth that they are working with. They see them as particularly in need of protection and resources, so they promote them as a particular population, with their sets of presumed difficulties and needs, in order to acquire resources to help their cause. For example, testifying to congress on the importance of preventing teen pregnancy among foster care youth and recommending that extending foster care will help to delay pregnancy (Dworsky, 2009). However, privileged groups may encourage social control over disadvantaged groups guided by determinations of what are best practices for members of their own groups, allowing cultural dominance to be perpetuated by even well-meaning individuals (Geronimus, 2003). Reproductive Justice calls attention to these processes, highlighting the ways in which the concepts practitioners and scholars might have about these young women may not promote the needs and goals they may identify for themselves. In other words, as Shen writes, youth in the child welfare system, based on their intersectional location in life, may need different things to achieve their human rights.

From a political, scholarly, and practice standpoint, I worry that this focus on "teen pregnancy" obfuscates bigger issues, and directs funding away from families who need it, and from methods that might be better suited to address their needs (such as directing funding and attention to the greater issue of poverty in the community). The characterization of "teen pregnancy" was pivotal in the process of demonizing poor women, and abolishing welfare. What started out as a push to include young women in the larger group of women already getting reproductive health care and services, relied strongly on the characterization of teen pregnancy as the *reason* rather than the result of poverty. Once it seemed like women were causing their poverty, then prevent from getting pregnant, and certainly don't incentivize pregnancy with welfare, and so the story goes. We risk the same type of errors when we are blinded by the social anxieties fomented by the specter of "teen pregnancy".

With this context and history in mind, this dissertation asks what we are missing and what we are hiding when we overestimate the level of maltreatment in these young women's lives and possibly arbitrarily create a "foster care birth rate." Further, what does it mean when—as we often find in the social work literature, however noble its

objectives—we suggest that teen parents are dangerous, inadequate, inherently disadvantaged parents? I believe this construction risks a bias against teen parents in the child welfare system. Combined with the propensity of workers to initiate the removal of children from low income families (Wildeman & Emanuel, 2014; Eamon & Kopels, 2004), this type of framing places young mothers in a space of disadvantage and discrimination. Young pregnant and parenting women, in contact with or at risk of contact with the child welfare system, deserve our sober minded inquiry and concern, not our censure. Panic interferes with the ability to see a situation clearly, this is especially true with moral panic.

CHAPTER II: Analysis

In the extant literature, there is a lack of systematic identification and understanding of young women involved with the child welfare system who are pregnant or parenting – particularly those in out-of-home placements. There is no national record available identifying how many such youth are in the foster care system at any given time (Geiger & Schelbe, 2014). Relatedly, the term “birth rate” in the context of foster care is opaque and variable, making it difficult to identify differences in the different populations included under this umbrella. Typically, the birth rate for a population is composed of the births occurring within that population over a specified period of time. However, in the context of the literature regarding births to youth in foster care, reports of the “birth rate” include births occurring not only for members of the population, but also for those who will be members of the population, and for those who were members of the population, usually without distinction. When the sole purpose of this purported rate is to draw attention to an issue that needs to be analyzed and understood, this lack of clarity does not cause a problem; if anything, that purpose is served quite well by an inflated birth rate. However, for scholars and practitioners who wish to develop a nuanced understanding of the issue, this conflation causes exceptional difficulties. For instance, how is one to prevent “teen pregnancy” and reduce the birth rate for youth in foster care if the majority of conceptions and births among these mothers occur before they are placed in foster care or else long after they are discharged from care?

Another cause for inflation in this “birth rate” is the use of “general population” comparison groups, which neither account for the racial or socio-economic composition of the foster care population, nor for how these demographic factors are related to early pregnancy and parenting. However, several studies have been able to disentangle at least one of these demographic issues to some extent. For example, several studies used national or multi-state samples of foster care youth (probability sample: Leslie et al., 2010; program sample: Pecora et al., 2003; multi-state: Dworsky & Courtney, 2010) which

provide a broader view of the issue than would be gathered at the institutional, county, or state level. Additionally, two studies made attempts either to control for race or to compare by race in their analysis or rate calculations (King et al., 2014; Dworsky & Courtney, 2010). Polit et al. (1989) included a proxy for SES, and the Shaw et al. (2010) comparison within the city of Baltimore may have provided a similar proxy. Each of these modifications provided smaller estimates of the difference between the birth-rate for youth in foster care versus those residing in the community. Such findings help to contextualize births to young women in foster care, suggesting that demographic factors are involved in observed rates of birth.

The inclusion of race can serve not only as a control, but also an analytic category which might reveal differences, or even disparities in removal decisions and placement types for young mothers. Polit et al.'s (1989) well matched sample produced evidence of a different rate of births by placement type for white youth versus youth of color where, for black youth, those placed in foster care had no difference in birth rate from those in the control group and those monitored by child welfare but placed at home or with relatives had a slightly elevated birth rate compared to the control group. In contrast, for white youth, those placed in foster care had dramatically higher rates of birth compared to the control group, whereas there was only a negligible increase for those remaining at home or with relatives. It is not possible to tell whether this pattern holds in other communities from only one study, but these findings suggests the importance of investigating patterns by race.

In a similar vein, King et al. (2014) found that "the lowest birth rates were consistently observed among girls placed in guardian homes and other placements […] births in congregate care were slightly more frequent than births in kinship care" (p. 181), but they did not observe this pattern by time of placement with respect to birth or determine whether this pattern was the same by race. Dworsky and Courtney (2010) included a myriad of factors, including race, in their analysis, and they found that "current placement in group care was associated with a significant reduction in the estimated hazard of post-baseline pregnancy. Perhaps young women in group care were at lower risk of becoming pregnant, […] because group care allows greater supervision and more restrictions on behavior" (p. 1355). This interpretation is an intuitively satisfying one, but looking at

placement patterns and birth rates by race, as opposed to controlling for race, might yield a different result and corresponding interpretation.

Finally, the ability to link statewide birth records to child welfare records greatly advanced research by the King et al. group in California. They were the only group to disentangle the timing of conceptions and births with respect to reports, substantiations, and placements. Knowing which types of maltreatment allegations and removal decisions are common for this group of mothers at which stage in their journey—whether pre-conception, post-conception, or post-birth – would yield a clearer picture of the way the system's decision-making unfolds, as well as of the women's alleged maltreatment experiences and the relationship of those experiences to their pregnancies and births. Though King et al. had the data to answer these questions (a definite strength of the study), they did not utilize the data in this manner, which is unfortunate, since, as they suggest, circumstances surrounding the conception or birth might have been involved in the decision to remove the mother from her home.

When all these issues are taken into consideration, it seems difficult to demonstrate conclusively that there is a difference in the rate of births among the population of youth in foster care versus the rate of births among those in the community. Furthermore, to the degree that there is a difference, the existing data makes it hard to identify precisely what that difference is and in what contexts, or for which groups of youth, this difference appears. If we limited the foster care birth rate to include only those in foster care at the time of conception, and controlled for demographic factors related to early pregnancy, we might actually find that youth in the community have a similar rate of pregnancy (Brännström et al., 2016). In fact, if we apply different population parameters for either group (youth in foster care or youth in the community), we can presume that there will be corresponding shifts in the relationship between the birth rates for the populations. The lack of clarity about who is included in this calculation is problematic and there are several possible dangers related to this construct. Highlighting youth in foster care as a particularly at-risk population for early pregnancy and birth and then inflating birth rate figures by including pregnant and parenting women who were only placed in foster care subsequent to their pregnancies and births or who gave birth after discharge and by using general population comparisons obscures an important reality:

1) The “problem” of early pregnancy is occurring at the community level, and while there may be some additional factors involved in the foster care birth rate, that figure is mostly a symptom of a larger community issue.

2) The use of the “teen pregnancy crisis” rhetoric in foster care may be used to draw resources away from communities that need them, which in turn has the effect of making it so that young mothers must be in foster care — rather than their own community—in order to receive services.

3) The use of birth rate figures in this way makes the child welfare practices affecting pregnant and parenting young women invisible.

Even simple accounts of the level of child welfare involvement among young women who become pregnant in their teen years suffer from this same amalgamation and lack of specificity. Putnam-Hornstein et al. (2013) included screened-out reports in their estimate of contact for young mothers and interpreted these contacts as evidence of maltreatment. However, this framing muddies the definition of maltreatment. If we characterize every contact with the child welfare system as evidence of maltreatment, we lose the opportunity to differentiate between substantiated cases of maltreatment of varying degrees and spurious reports against marginalized families and those living in poverty. These types of definitional issues interfere with thoughtful analysis, and clarifying these definitions will yield more instructive answers to the questions raised by this—and future—studies.

Research Questions

Using vital statistics data linked to administrative data in Cuyahoga County, Ohio, I explore the following questions in an attempt to more carefully detail the context and timing of child welfare system involvement among young mothers and their children in this jurisdiction:

Of young women in the community who give birth in their teen years, what is the extent of their contact with the child welfare system, both throughout the history of the mother, and then for her children after birth?

Reports of maltreatment histories for young mothers and their children suggest high rates of inter-generational maltreatment (Bartlett and Easterbrooks, 2012). However,

definitions of maltreatment in this literature apply the designation of maltreatment liberally; for example, in the absence of substantiated investigations, and even in some instances including reports which were screened-out and therefore not investigated. Furthermore, substantiated cases of maltreatment are often for allegations of “neglect” the definition of which is very similar to the conditions of poverty. I provide details of contact for these young mothers and their children, noting the type and and timing of contacts.

Are there differences in the allegations of maltreatment and results of investigations for young women who come into contact with child protective services around the time of their pregnancies and births versus for those who have prior contact? Are there differences in removal reasons for young mothers who gave birth before or during a foster care spell versus for those who gave birth after discharge from care? Is pregnancy in the teen years a risk factor for coming into contact with the child welfare system?

I identify first out-of-home placements and first screened-in reports for mothers with respect to the timing of pregnancy and birth, and I identify early life contacts with the child welfare system for children of these young mothers. The maltreatment amalgam makes determining the extent of child welfare involvement and the reasons that these young mothers are removed from their homes unnecessarily difficult. Though we have evidence that the majority of these young mothers are in out-of-home placements for reasons of neglect, we do not know how many mothers are removed for reasons of neglect *subsequent to* being identified as pregnant or parenting, as opposed to other reasons for removal. I provide a careful accounting of the investigation, allegation, and substantiation details of young women already in contact with the child welfare system prior to pregnancy and parenting versus those who came into contact subsequent to becoming pregnant and giving birth. The purpose of such an accounting is to determine what differences, if any, there are between these two groups, and if any of these differences appear to indicate spurious contacts for young mothers and their children.

For young women who have contact with the child welfare system on behalf of themselves and/or their children, what are the points of contact? Who are the reporters responsible for referring allegations to child protective services for these young women

and their children? Are there differences in the sources of reports for young women who have contact around the time of their pregnancies and births?

We also lack information about referral sources for young pregnant and parenting women. For instance, one might presume that medical institutions would be common sources of referral around the time of pregnancy and birth, and in fact, there is a literature in the field of nursing about the stigma faced by teen mothers in such institutions. However, it has been demonstrated that cultural competence and proper training can reduce misunderstandings and, crucially, the reporting of young mothers to child welfare authorities (SmithBattle, 2013). Thus, it is essential that we better understand the referral sources for young mothers and the children of young mothers so that discriminatory reporting can be reduced. I determine referral sources for young women who became pregnant and/or gave birth prior to being referred to child welfare authorities, noting any differences between referrals for this group of young women versus for the young women who were referred prior to becoming pregnant and giving birth.

What is the "foster care birth rate" when accounting only for young women actually in care at the time of birth, and how does this rate compare to the rate of birth in the community? What is the rate of birth to young women in the community in Cuyahoga County? What is the rate of out-of-home placement among young women in Cuyahoga County who give birth in their teen years? What is the rate of birth to young women in out-of-home placement in Cuyahoga County?

I believe there is an important distinction to be made between young mothers who may have at some point had some level of contact with the child welfare system, and young women who were in the custody of the child welfare system at the time of becoming pregnant and giving birth. I carefully calculate the 'foster care birth rate' in Cuyahoga County, making certain to identify young women who became pregnant and gave birth while in out-of-home placement versus young women who became pregnant and gave birth prior to or after having contact with the child welfare system (i.e., young women who were living in the community). While this calculation is fairly simple, it is a rare to find these distinctions in the literature on this topic, as it is rare for researchers to have the ability to connect vital statistics data with child welfare administrative data.

For these mothers, how does contact with the child welfare system relate to contact for their children?

My interests in how young women are identified and processed by the child welfare system is driven primarily by a concern for their ability to maintain contact with their infants, and children, when they wish to maintain contact. A detailed answer to this question was outside of the scope of this project due to time constraints and, to some extent limitations in the available data. However, I begin to address the question by simple calculations of rates of contact for children, details from early life placements and screened-in reports, and records of termination of parental rights.

What differences across these domains are observable by "race" of mother and child? Does there appear to be racial bias in allegations, treatment, and processing of young pregnant women and their children by the child welfare system?

Finally, the lack of careful consideration given to race in analyses of the birth rates, placement types, and the removal reasons for young mothers serves as yet another barrier to protecting these young women from discriminatory practices. In the one study (Polit et al., 1989) that observed birth rates by placement type by race, we saw drastically different patterns for black youth and white youth. This finding might signal disparate placement practices for white youth and youth of color, particularly among pregnant and parenting young women, which deserves attention. I pay special attention to features of child welfare system contacts by the assigned race of the mother and child.

I present my analysis and results in two sections. In the first section, I begin with a description of the data and basic characteristics of the sample (age, number of births, etc.). This first section includes a fairly comprehensive overview of basic features of contact – from rates of contact to details of screened-in reports and placements for young mothers and their children – as well as more complex descriptions of these contacts based on timing of contact and case histories of mothers. Tables provided in many cases consist of raw numbers, so as to make accessible and transparent the data used for all calculations, as well as to give a sense of magnitude. Where tables are mostly redundant with the text, the table is referenced in the text and appears in the Appendix. This first section concludes with a description of the limitations of the data and analysis. The second section begins with a summary and discussion of findings that is organized by the

guiding questions listed previously and concludes with directions for future research and suggested contributions to the field of social work practice and research.

Data Description and Analysis

Birth Certificate and DCFS Data

For the following analysis, I utilize data from The ChildHood Integrated Longitudinal Data (CHILD) System at the Center on Urban Poverty and Community Development (CUPCD) at Case Western Reserve University (CWRU) in Cuyahoga County, Ohio. This system "is nationally recognized as among the oldest and most comprehensive in the country and includes continually updated administrative data from 1992 to the present from nearly 35 data providers" (see povertycenter.case.edu).

Birth certificate data for all births in Cuyahoga County to mothers 15-19 years of age at the time of birth in the years 2005-2017 were available through CHILD from the Ohio Department of Health. The total number of these births in this time period was 18,943. Birth certificates were matched to CHILD data holdings and Department of Child and Family Services (DCFS) placement and incident report data was retrieved for all mothers and children found to have a DCFS ID within CHILD.

DCFS data includes full history – from birth of mother, past birth of child, to the most recent data deposit as of Fall 2019 – for mothers and their children with some caveats. All matches between individuals identified on birth certificates and those in DCFS data were performed prior to my receipt of the data and data was de-identified according to HIPPA privacy protection standards prior to my receipt of the files. All dates were converted to numeric distances between events, in order to maintain analytic utility while preserving privacy. Other variables as needed were also subject to censoring and suppression where small numbers of similar cases were determined to constitute a risk to privacy. I note when there was such a suppression and detail how I dealt with it in any analysis.

CHILD data begins in the year 1989, therefore DCFS history was not available for mothers born prior to 1989. Not all mother-child pairs have the same level of opportunity to appear in DCFS, as some mothers and children were born earlier and so have longer to appear. Of children in the data, the maximum length of time between birth and date of

DCFS data pull was 3,393 days (~9.3 years), with a minimum of 107 days, a mean of 1,995 days (~5.5 years), and a standard deviation of 926 days (~2.5 years). Of mothers in the data, the maximum and average length of time between birth and date of DCFS data pull well exceeds the time at which a mother would no longer be eligible for DCFS contact (max: ~29 years, mean: ~24 years), but the minimum was 5,784 days (~16 years) and the standard deviation was 1,003 days (~2.75 years).

Of the total sample, there were 1,306 birth certificates in this time period for which mother and child information were suppressed by ODH, and so were not able to be matched to other CHILD data holdings. In the same time period, 1,018 children were found in CHILD/DCFS data who had not matched to a birth certificate, but who: were born 2005-2017; had a first service date in CHILD within a year of their birthdate; had a DCFS ID; and whose mother's age was 15-19 at the time of birth, according to DCFS data. Some of these children may have had a suppressed birth certificate, or may have been born out of county, or may not have been matched to their birth certificate for some other reason (e.g. differences between identifying information on ODH versus DCFS records). See "Inclusion Criteria for Cases Found in DCFS Data," below, for information on how these cases were used in analysis.

Age at Time of Birth and Race of Mother: 2005-2015 Sample

Births to mothers in their younger teen years are relatively rare. Due to the low number of births to mothers younger than 15 years old in each year of data, data de-identification and privacy concerns prevented inclusion of these births. Births to mothers of racial groupings other than white or black were also exceptionally rare in each year, and so while these births have been included, race of mother has been suppressed for all births to mothers who were identified as anything other than white or black. Table 1 lists all births found in Cuyahoga Birth Certificate Data for the years 2005-2017 by age of mother at time of birth and race of mother. Rates of birth by age and race are calculated using estimated population figures for Cuyahoga County, derived from the American Community Survey 5-Year Estimates 2008-2012 and 2013-2017 (U.S. Census Bureau, 2012 and 2017).

Table 1: Rates of Birth by Race and Age of Mother, 2005-2017

Mother Age	White	Rate/1000	Black	Rate/1000	Total Births	Rate/1000	%
15	157	2.14	628	18.45	818	7.12	4.3
16	428	5.83	1,294	38.03	1,783	15.51	9.4
17	834	11.38	2,177	63.97	3,141	27.32	16.6
18	1,464	19.98	3,566	104.79	5,283	45.95	27.9
19	2,396	32.69	5,134	150.87	7,918	68.87	41.8
Total	5,279	14.41	12,799	75.22	18,943	32.95	

Rates of birth to young black mothers were higher than rates of birth to young white mothers at all ages, particularly in the younger teen years. The ratio of births to black versus white mothers for the years 2005-2017 decreased from 8.62:1 for 15-year-old mothers to 4.61:1 for 19-year-old mothers. The overall ratio was 5.22:1.

Repeat Births to Mothers in Birth Certificate Data: 2005-2015 Sample

I assume suppressed births are first births, as they cannot be otherwise identified. Assuming births to mothers with suppressed birth certificate information are all first births, of the 18,943 births in the birth certificate data, 14,553 (76.8%) births were to mothers who did not again appear in the data. These mothers may have had subsequent births in their teen years which were not observable in the data (e.g. if their first recorded birth occurred at the end of the time period, at a younger age). The remaining 4,390 (23.2%) births were to mothers who appeared two or more times in the birth certificate data, with most appearing only twice, and a small number (215, 1.1%) appearing more than twice.

Sample Criteria for Calculating Rates of DCFS Contact

In order to have a complete DCFS history for all mothers, and also to maintain the number of births in each year to mothers of all ages, I begin with the first year of birth certificate data with no births to mothers born prior to 1989, which is 2009. I use the years 2009-2017 to estimate rates of DCFS involvement for young mothers and their children. There were 11,201 births in these years, or 59.1% of the total sample. Table 14 gives rates of birth by age and race for these years (see Appendix).

For the years used in the sample to calculate rates of DCFS contact, birth rates by race and age are lower than for the full sample, due to a decline in rates of birth to young mothers in Cuyahoga County between 2005 and 2009. The decline for white mothers was larger than the decline for black mothers, and so the differences in rates of birth by race are slightly larger in this sample than those observed across all years included in the birth certificate data. The ratio of births for young black mothers to young white mothers was 10.26 to 1 at age 15 and 5.11 to 1 at age 19, with an overall rate of 5.77 to 1.

These 11,201 births were among 9,555 mothers, where 8,585 (76.7%) births were to mothers who appeared only to have one birth in their teen years. They may have had other births if either 1) their birth certificate information was suppressed and they weren't able to be identified as having more births, or 2) their first recorded birth occurred at the end of the time period, at a younger age, and they might appear in later years not included in this dataset. The remaining 2,616 (23.3%) births were to mothers who appeared two or more times in the birth certificate data, with most appearing only twice, and a small number (162, 1.4%) appearing more than twice. These percentages of multiple births in the teen years are comparable to those for mothers who gave birth in all years.

Inclusion Criteria for Cases Found in DCFS Data

When calculating rates of DCFS involvement for this population of mothers, rather than choose to entirely include or exclude the involvement of the 1,018 child mother pairs found in DCFS, I chose to exclude data from suppressed birth certificates and substitute cases found in DCFS data if they matched a suppressed birth certificate by a combination of: mother's birth year; child's birth year; days between mother and child's birth; and days between mother's birth and last date of DCFS update. This resulted in the inclusion of 566 DCFS cases in lieu of suppressed birth certificates. These are not true matches as they are not matched according to any personally identifying information - as birthdates and names and other identifiers are missing from the data - but this strategy preserves the numbers of births by age of mother in each year of data, while allowing for the inclusion of some of the cases found in DCFS data in the calculation of rates of DCFS involvement. Several of the DCFS cases matched to more than one suppressed birth

certificate, in which case I chose to exclude the first match and left the other suppressed birth certificates in the file.

Due to the suppression of the 1,306 birth certificates, any strategy would have constituted an estimation of contact, whether underestimating by assuming all suppressed birth certificates as having no contact, or overestimating by assuming all found DCFS cases had been born in the county and were a match for a suppressed birth certificate. This pseudo-matching strategy offers a compromise between the other two options.

A number of cases found in DCFS data were also found to match cases in the birth certificate data by a combination of mother's linking identification number, age at time of birth, and year of child's birth. In many cases the distance between mother's birthdate and child's birthdate was also the same, and in others the distance was only off by a few days. Child's linking identification number did not match, but upon case review it was apparent that these were cases the matching software had missed. These cases suggest that, due to the peculiarities of administrative data, the matching software was not able to pick up all matches between mother and child and any rates of contact for mothers and their children should be considered a conservative estimate.

When calculating rates of contact for the mother-child pairs and when analyzing timing of DCFS contact with respect to birth, I limit analysis to the birth of the first child. When combining the exclusion criteria for suppressed birth certificates and found births to teen mothers in DCFS, and the time period exclusion to eliminate mothers who would not have been able to be found in DCFS, and only allowing for the first birth to each mother, a total of 9,555 mother-child pairs remain.

Defining DCFS Contact

I am able to identify mothers and children who were found to have a record of one or more screened-in reports and investigations of alleged maltreatment or to have had one or more out-of-home placements initiated by DCFS, and I am able to describe details and timing of these events. A screened-in report is an allegation of maltreatment (some type of abuse or neglect) that has been lodged with the Department of Child and Family Services and according to screening guidelines has been determined to require an

investigation and subsequent disposition. I did not collect data on reports which were screened-out and were not therefore investigated. Due to data limitations I cannot identify features of contact for mothers or children who may have had some kind of contact with DCFS, and therefore were found to have a DCFS identification number but did not either appear in a screened-in incident report or a placement history file. These mothers and children who did not ever have a screened-in report and had no placement history with DCFS may have been identified as being a member of a family in need of services, a sibling of an alleged child victim, a dependency case, or had some other type of contact with DCFS. The out-of-home placement files give some indication of dependency cases. A determination of dependency occurs when a young women or child is determined to require the state to assume guardianship for the reason of some serious and/or pervasive lack of basic needs, such as food and housing, or care for medical or special needs, where the parent is not able to meet these needs or arrange for another caregiver who is able to do so. In such cases, when the youth comes into the custody of DCFS and an out-of-home placement is recorded, I note this designation.

Rates of DCFS Contact for Mothers and their First Child

Of the 9,555 mother-child pairs, 6,900 (72.2%) had some apparent contact with DCFS on behalf of the mother, child, or both, and were found to have a DCFS identification number. Contact consisted of screened-in report and investigation, some placement history, or some other type of contact for mother or child or their family. While the majority of mothers (6,181 or 64.7%) had some type of contact with DCFS, the majority of children did not (5,573 or 58.3%). However, the children of mothers with DCFS contact were more likely to have DCFS contact than children of mothers without DCFS contact. Of 6,181 (64.7%) mothers who had DCFS contact, 3,263 (52.8%) also had children with DCFS contact. Of 3,374 (35.3%) mothers with no DCFS contact, 719 (21.3%) had children who had some contact with DCFS. Children of mothers with observable DCFS contact had 2.5 times the rate of observable DCFS contact as mothers without observable DCFS contact (see Table 15 in Appendix).

Rates of DCFS Contact by Mother's Assigned Race and Age at Time of Birth

Limited information on assigned race of the mother was available for 8,855 of the mother-child pairs, provided on either the birth certificate or taken from DCFS records. Of these young mothers, those who were identified as "black" had a slightly higher percentage of contact than "white" mothers on behalf of themselves (69.7% versus 56.6%) and their children (43.9% versus 38.9%). Children of mothers who were younger at the time of the birth of their first child were also more likely to have DCFS contact. Of children born to mothers who were 15 years old at the time of their birth, 59.9% had some record of DCFS contact, compared to 35.2% of children born to mothers who were 19 years old at the time of birth (see Table 16 in Appendix). Although assigned race was correlated with younger age at birth in the total population of births to young mothers, there appears here to be a stronger relationship between DCFS contact for children and age of mother at time of birth than for assigned race of mother. Whatever the mechanism, "black" mothers were more likely to have contact with DCFS on behalf of themselves and their child (see Table 17 in Appendix). Here I do not consider the relationship between age of mother at time of birth and her history of DCFS contact, because the vast majority of mothers had their first contact with DCFS prior to their pregnancy or birth of their first child.

Types of DCFS Contact

The majority of contact for these young families consisted of one or more screened-in reports, with only a small percentage experiencing one or more placements. Of the 9,555 mother-child pairs, 5,222 mothers (54.7%), and 3,120 children (32.7%) were alleged to be the victim of maltreatment on at least one screened-in report. Only 395 children (4.1%) and 1,369 mothers (14.3%) had at least one placement on record. There were also a number of children (817; 8.6%) and mothers (913; 9.6%) that had neither an incident report nor placement on record but were found to have a DCFS ID in CHILD (see Tables 18 and 19 in Appendix). As mentioned previously, these mothers and children may have been identified as being a member of a family in need of services, a sibling of an alleged child victim, a dependency case, or had some other type of contact, but I am not able to investigate details of these types of contacts with the data I have currently.The same relationships between assigned race and age of mother at birth of child were

observable across types of contact. A higher percentage of mothers who were identified as “black” had at least one screened-in report (59.2% versus 47.6% for mothers identified as “white”) or placement (17.2% versus 9.1%) on record (see Table 20 in Appendix). For children’s DCFS contact, the relationship between age at time of birth was again stronger than mother’s assigned race. There was only a 2.1% difference in screened-in reports and .4% difference in placements by assigned race, and these differences were found to be insignificant (see Table 21 in Appendix). For children of mothers who were 15 years old at the time of their birth, 40.6% had at least one screened-in report on record and 8.1% had at least one placement on record, compared to children of mothers who were 19 at the time of their birth, 28.2% of whom had at least one screened in report and 3.3% who had at least one placement on record (see Table 22 in Appendix).

As explained in the data description, mothers in this data are likely to have full life history available, whereas many of the children only have available data for the first year of life or less, and never full history through adulthood. Age of mother at time of birth is more likely to be relevant at the birth of the child and in the early years of life, which may be why it appears as a stronger relationship than assigned race, which – as it does for their mothers – will likely have a significant relationship with DCFS contact for children in the long term.

Details of DCFS Contact

When looking at specific features of system involvement, I allow for the inclusion of all available cases, which includes any mothers and children found in DCFS files, whether they appeared in and were able to be matched to the original birth certificate file or not. None of the 1,306 mother-child pairs in birth certificates suppressed by ODH are available for analysis, as they were not able to be matched to CHILD. However, all 1,018 cases that were found in DCFS and were believed to have been born in Cuyahoga County, but not matched to birth certificates, are included. Since CHILD data only begins in 1989, case history for mothers who were born prior to 1989 is not included. I do not, however, limit this sample to the 2009-2017 constraint as there were many births prior to 2009 to mothers born after 1989, and this section of analysis – due to the number of features of contact under consideration – benefits from maintaining the largest number of cases.

In order to identify the timing of contacts with respect to pregnancy and birth of the child, I calculate an estimated date of conception from information available on birth certificates and DCFS records. I use an imputation strategy for gestational age when it is missing. The date of birth for children is provided in the DCFS files, so all cases are included in analysis considering timing of events with respect to date of conception and child birth. For children with no birth certificate information, or whose gestational age needed to be suppressed for reasons of privacy (gestational ages at the extremes marking rare cases), gestational age was imputed as the average gestational age for children of mothers with available information provided on their birth certificate. Average gestational age did not vary significantly by age for this group of mothers.

Screened-In Reports: Mothers

Given all available records, there were 28,878 screened-in reports alleging 6,888 mothers to have been victims of maltreatment. Of these, 1,772 mothers had only one screened-in report on record. For the other 5,116 mothers who had two or more screened-in reports, the maximum number of screened-in reports was 35, with an average of 5.298, and a standard deviation of 3.79.

Mothers' Screened-In Reports: Allegations and Accused Persons

The majority of reports (81.2%) only made one allegation against one accused person, with only 1.9% containing accusations against 3 or more persons. Here I only list primary and secondary accusations and accused persons, as this constitutes complete information for the vast majority of cases (98.1%). Allowing for a maximum of two allegations and accused persons on each report, there were a total of 34,340 investigated allegations of maltreatment against persons responsible for the care of these 6,888 mothers. This count of accused persons may include some duplication, as one case may have multiple accusations against one person or else multiple accusations against multiple parties. Allegation and accused persons details are in Tables 2 and 3. The majority of allegations were classified as "neglect" (59.4%), but there were also a substantial number of allegations of physical (25.2%) and sexual abuse (11.9%). The majority of accusations were against the young woman's biological mother (58.37%).

Table 2: Allegations in Mothers' Screened-In Reports

Type of Allegation	Frequency	%
Emotional Abuse	1,046	3.1
Medical Neglect	119	0.3
Neglect	20,410	59.4
Physical Abuse	8,669	25.2
Sexual Abuse	4,091	11.9
Other	5	0
Total	34,340	

Table 3: Accused Persons in Mothers' Screened-In Reports

Accused Person	Frequency	%
Father	4,421	12.9
Mother	20,045	58.4
Grandfather	214	0.6
Grandmother	1,031	3.0
Sibling	157	0.5
Other Relative	1,837	5.4
Foster or Adoptive Family	497	1.5
Parent Partner	2,082	6.1
Friend, Neighbor, Acquaintance	2,747	8.0
Professional or Institution	250	0.7
Other or Unknown	1,059	3.1
Total	34,340	

Mothers' Screened-In Reports: Reporters

Nearly all screened-in reports (99.7%) originated from a single reporter. The first listed reporter on these 28,878 screened-in reports are given in Table 4. Friends, family, and neighbors were the most frequent reporters at 26.1%. Second to this were reporters classified as "other" in the administrative records (23.7%). Of these, 910 (3.2%) reports

originated from the young woman herself. The rest originated with mandated reporters from various institutions.

Table 4: Reporters in Mothers' Screened-In Reports

Reporter	Frequency	%
Family, Friends, Neighbors	7,525	26.1
Social Worker	3,835	13.3
Attorney, Court, Law Enforcement	3,001	10.4
School Personnel	2,538	8.8
Medical Personnel	1,423	4.9
Self, Victim	910	3.2
Social Service, Foster Caregivers, Residential Staff	946	3.3
Mental Health Professional, Clergy	882	3.1
Daycare, Pre-K	95	0.3
Other	7,723	26.7
Total	28,878	

Mothers' Screened-In Reports: Investigation Dispositions

Dispositions for all 28,878 screened-in reports are in Table 5. While definitionally findings of "indicated" and "substantiated" are intended to designate levels of evidence found to support allegations or severity of maltreatment, in practice they may be used by workers to direct services to families in most need of services, and may not be practically differentiable (Font and Maguire-Jack, 2015). For much of the descriptive statistics and analysis that follows, findings of indication and substantiation will be combined. Of all 28,878 screened-in reports, the majority of investigations resulted in a finding of "unsubstantiated" (63%), while 33.8% had a case disposition of "indicated" or "substantiated." These 9,781 findings of substantiation/indication were distributed among 4,505 of the 6,888 mothers who had one or more screened-in reports identifying them as alleged victims of maltreatment. At the level of report only 33.8% of investigations resulted in a finding of substantiation/indication, but among mothers with one or more reports 65.4% had at least one report that resulted in a finding of substantiation/indication.

Table 5: Mothers' Screened-In Reports: Investigation Dispositions

	Frequency	%
Unsubstantiated	18,207	63
Substantiated	4,919	17
Indicated	4,862	16.8
Other	890	3.1
Total	28,878	

Mothers' Screened-In Reports: Investigation Dispositions by Assigned Race

This disposition pattern did not vary dramatically by assigned race of mother (see Table 23 in Appendix). Of these 6,888 mothers, assigned racial designation was available for 6,592, where 1,620 (23.5%) were identified as "white" and 4,972 (72.2%) were identified as "black". There were 2,359 screened-in reports which were substantiated/indicated out of a total of 7,454 (31.6%) on behalf of "white" mothers, and 7,068 substantiated/indicated out of a total of 20,242 reports (34.9%) on behalf of "black" mothers. 62.6% of "white" mothers had at least one report result in a finding of substantiation/indication (1,014 of 1,620 mothers) while a slightly higher percentage of "black" mothers (66.7%) had one or more reports with a finding of substantiation/indication (3,314 of 4,972 mothers).

Mothers' Screened-In Reports: Investigation Dispositions by Allegation

Rates of substantiation/indication varied by type of allegation (see Table 24 in Appendix). Allegations of emotional abuse were relatively rare (3.0% of allegations) but the most frequently substantiated/indicated (49%). Allegations of sexual abuse were less common (only 11% of allegations) than neglect or physical abuse, but 44% were substantiated/indicated. Neglect and physical abuse were frequent allegations but less often substantiated/indicated (54% and 31% of allegations respectively, substantiated/indicated at a rate of 34.6% and 24% respectively).

Mothers' Screened-In Reports: Allegations and Investigation Dispositions by Assigned Race

There were several differences in allegations and substantiations/indications by assigned race of mother. First, there were differences in type of allegations, where "black" mothers had fewer accusations of physical and sexual abuse and medical neglect, but more accusations of "neglect" on average (see Table 25 in Appendix). "White" mothers had a slightly higher number of allegations (5.34 versus 4.62 per mother) and nearly the same rate of substantiated/indicated allegations (1.64 versus 1.56 per mother). The number of allegations for "white" mothers is offset by generally higher substantiation/indication for "black" mothers by allegation type. "Black" mothers had higher rates of substantiation/indication for every allegation type: for physical abuse (25.2% versus 22.9%), sexual abuse (44.1% versus 42.2%), emotional abuse (50.4% versus 46.7%), neglect (35.9% versus 31.8%), and double the rate of substantiation for medical neglect (20.5% versus 11.4%).

Mothers' Screened-In Reports: Differences During Pregnancy and After Birth

Birth certificate data included calculated gestational duration for all mothers and children who were able to be matched to a birth certificate in Cuyahoga County. These durations were given in windows from 32-36 weeks, 37-38 weeks, 39 weeks, and 40-41 weeks. I chose to use the midpoint of each window in days, subtracted from child's birth distance (in days) from mother's birth, to give an estimated "date of conception" which is the approximate days old in age that the mother was when she became pregnant. I use an imputation strategy for gestational age when it is missing. The distance between mother's birth and child's birth is provided in the DCFS files, so all cases are included in analyses considering the timing for events with respect to pregnancy and child birth. For children with no birth certificate information available, or whose gestational age needed to be suppressed for reasons of privacy (gestational ages at the extremes marking rare cases and gestational age for all 15-year-olds to avoid small cell sizes), gestational age was imputed as the average gestational age for children of mothers with available information provided on their birth certificate. Given these calculations, average gestational age did not vary meaningfully by age for this group. These calculations also

mean that estimates of which events occurred after pregnancy and birth should be considered conservative, since 1) I chose midpoints rather than end points for the calculations, and 2) births to 15-year-olds would be most likely to trigger DCFS concern, and all of their gestational ages were suppressed.

The vast majority of screened-in reports occurred prior to the estimated date of conception (93.4%), with just 3% occurring during pregnancy, while 3.6% occurred after the birth of mothers' first child (see Table 26 in Appendix). This is partly due to the fact that the majority of births for these young mothers (69.2%) occurred at ages 18-19, when they were of the age of majority and not eligible for Child Protective Services involvement. This timing is also related to age of mothers at the time of these contacts. The average age of mothers at time of screened-in report was 9.5 years old (with a standard deviation of 5.20 years, minimum of 0 days, and maximum of 20.9 years). When considering screened-in reports for mothers who were 15-17 years old at the time of the birth of their first child (13,761 reports among 3,073 mothers), a majority of screened-in reports still occurred prior to pregnancy (86.9%), with 5.6% during pregnancy and 7.5% after childbirth. However, there are some observable differences when looking at screened-in reports for mothers who only ever had one screened-in report, and those for mothers who had a history of more than one report.

Mothers' Screened-In Reports: Mothers' History of Reports and Timing Around Pregnancy and Birth

Of these 3,073 mothers who gave birth when they were between 15-17 years old and had at least one screened-in report on record, 698 (22.7%) only had one report on record while 2,375 (77.3%) had more than one screened-in report on record (see Table 27 in Appendix). Of mothers who only ever had one screened-in report, 41 (5.9%) occurred during pregnancy and 67 (9.6%) after birth of their first child. The average age of mother at time of report for those who had only one report is nearly identical to the full sample, with an average of 9.7 (standard deviation of 5.52 years, minimum of 0 days, and maximum of 18.62 years).

As is perhaps intuitive, of mothers who had multiple screened-in reports (2,375 mothers with 9,053 total reports), only a very small percent of first reports occurred during

pregnancy (34 reports; 1.4%) and after birth (21 reports; .9%). The average age of mother at time of first screened-in report was slightly younger than mothers with only one report, at 6.2 years old (with a standard deviation of 3.26 years, minimum of 0 days, and maximum of 18.6 years). However, a large number of mothers (971, 40.9%) also had one or more screened-in reports and investigations during pregnancy (541 mothers, 22.8%; 728 total reports) or after the birth of their first child (608 mothers, 25.6%; 962 reports). Among mothers who had one or more screened-in report during these windows, there are some apparent differences in details of reports, both by case history of mother (one or more screened-in reports) and by timing of report.

Mothers' Screened-In Reports: Differences in Allegations by Timing of Screened-In Report and Mother's History of Reports

For mothers with more than one screened-in report in their case history, allegations on reports occurring before pregnancy are very similar to those for all reports for mothers of all ages at the time of birth (see Table 28 in Appendix). Neglect is a slightly more frequent allegation (62% versus 59.4%) for all mothers at all time points, and physical abuse and sexual abuse are reported slightly less frequently (23.8% versus 25.2%, and 11% versus 11.9%). However, allegations on screened-in reports during pregnancy and after birth show a drop in neglect (48.3% and 54.2%), and an increase in reports of physical abuse (28.4% and 27.1%) and sexual abuse (20.2% and 16.1%). The increase in reports of sexual abuse is most marked in the period during pregnancy for mothers with one or more screened-in reports in their case history, but particularly for mothers who only ever had one screened-in report, where allegations of sexual abuse during pregnancy account for nearly half (45%) of all allegations in that time period. For mothers with only one screened-in report, sexual abuse is still a common allegation (26%) after birth, but physical abuse (31.2%) also appears at an increased rate, while neglect is common (42.9%) but still less so than before pregnancy and less than for mothers with more than one report in their case history.

Mothers' Screened-In Reports: Accused Persons and Timing around Pregnancy and Birth

Due to the number of categories of accused persons, cell sizes become unreasonably small when attempting to make comparisons between mothers with only one versus multiple screened-in reports. Meanwhile, there were not significant observable differences in accused persons for mothers by history of reports. The differences appear, rather, in the periods before pregnancy, during pregnancy, and after birth (see Table 6). Biological mothers and fathers are accused at approximately the same rate across all timing windows. Grandparents are less often accused in the later periods, presumably due to age and reduced caregiving responsibilities. Accusations against other relatives, foster or adoptive family, parent's partner, and "friend, neighbor, or acquaintance" all increase (often doubling or more) in the periods during and after child birth. This seems consistent both with the increase in allegations of sexual abuse, and with previous contact with child welfare.

Table 6: Accused Persons in Mothers' Screened-In Reports by Timing of Report

Accused Person	Before	%	During	%	After	%	Total
Father	1,767	12.5	116	12.1	127	10.2	2,010
Mother	8,514	60.0	472	49.3	645	51.7	9,631
Grandfather	94	0.7	1	0.1	2	0.2	97
Grandmother	452	3.2	36	3.8	54	4.3	542
Sibling	56	0.4	7	0.7	19	0.7	82
Other Relative	758	5.3	64	6.7	50	4.0	872
Foster or Adoptive Family	125	0.9	28	2.9	45	3.6	198
Parent Partner	885	6.2	54	5.6	53	4.3	992
Friend, Neighbor, Acquaintance	1,019	7.2	150	15.7	194	15.6	1,363
Professional or Institution	83	0.6	5	0.5	8	0.6	96
Other or Unknown	332	2.3	25	2.6	50	4.0	506
Total	14,184		958		1,247		16,389

Mothers' Screened-In Reports: Type of Reporter by Timing of Report

The same concern about small cell sizes applies to looking for differences in reporters by timing of screened in report, and there are not apparent differences for mothers with only one versus multiple screened-in reports. There are some observable differences by timing of report (see Table 7). While "family, friends, and neighbors" are the most frequent source of reports before pregnancy (26.6% of known reporters), during pregnancy and after birth there are shifts in reports by type of mandated reporters, and reports by the mother on her own behalf, and a decrease in reports by "family, friends, and neighbors" (~20%). There are increases in reports particularly by social workers (from ~13% before pregnancy to ~21% during pregnancy and after birth) and "social service, foster caregivers, residential staff" (from 2.9% before pregnancy to 5.3% during pregnancy and 6.5% after birth). This is likely a feature of the fact that most mothers had prior contact with DCFS via screened-in reports and investigations before pregnancy, and so some of them are in contact with these professionals and out-of-home caregivers in these windows of time. Reports from medical personnel increase slightly, with the highest frequency during pregnancy (4.5% before, 6.5% during, 5.4% after birth). Reports from "attorneys, courts, and law enforcement," and "mental health professionals and clergy," stay at the same rate across time.

There is also a drop in reports by school personnel, from 9.0% before pregnancy to 6.5% during pregnancy and 2.9% after birth, which is possibly due to reduced contact with schools around the time of birth as many of the mothers were 17 years old at the time of birth and may have graduated or dis-enrolled.

Reports by the mother herself saw the greatest increase from 2.4% of reports before birth, to 7.5% during pregnancy and 10.4% after birth. This is likely related to two issues: 1) many of the mothers were very young at the time of their first reports and unlikely to have reported themselves, and 2) there is an increase in these windows of reports of sexual abuse which may be reported by the mothers themselves.

Table 7: Reporters in Mothers' Screened-In Reports by Timing of Report

Reporter	Before	%	During	%	After	%	Total
Family, Friends, Neighbors	3,183	26.6	152	19.8	212	20.6	3,547
Social Worker	1,545	12.9	157	20.4	213	20.7	1,915
Attorney, Court, Law Enforcement	1,195	10.0	92	12.0	119	11.6	1,406
School Personnel	1,078	9.0	50	6.5	30	2.9	1,158
Medical Personnel	534	4.5	50	6.5	56	5.4	640
Self, Victim	293	2.4	58	7.5	107	10.4	458
Social Service, Foster Care, Residential Staff	341	2.9	41	5.3	67	6.5	449
Mental Health Professional, Clergy	357	3.0	28	3.6	27	2.6	412
Daycare, Pre-K	41	0.3	1	0.1	2	0.2	44
Total Known Reporters	8,567	71.6	629	81.8	833	81.0	10,029
Other	3,396	28.4	140	18.2	196	19.0	3,732
Total Reporters	11,963		769		1,029		13,761

Mothers' Screened-In Reports: Rates of Substantiations and Indications by Timing of Report and Mother's History of Reports

Among the 698 mothers with only one screened-in report in their case history, 248 (35.5%) reports were substantiated/indicated, the majority of which (217, 87.5%) occurred before they were pregnant with their first child, with only 13 (5.2%) substantiation/indications during pregnancy and 18 (7.3%) after the birth of their first child. Among the 2,375 mothers who had more than one screened-in report, the overall rate of substantiation/indication of reports was 33.2% (4,343 substantiations/indications of 13,063 reports). The first case of substantiated/indicated maltreatment for these mothers mostly (1,719, 94.8%) occurred before their pregnancy with their first child; only 44 (2.4%) had their first substantiation/indication occur during their pregnancy, and only 51 (2.8%) after the birth of their first child (see Tables 29 and 30 in Appendix).

A higher percentage of reports were substantiated/indicated for mothers with only one screened-in report in their case history, in every time period – before, during, and

after pregnancy – compared to mothers who had more than one report in their history (36.8% versus 34.8% before, 31.7% versus 21.8% during, 26.9% versus 23.1% after, and 35.5% versus 33.2% overall). These differences for mothers with one versus multiple reports were relatively small and shared a general pattern: for all mothers, whether they had only one or more screened-in reports, a lower percentage of reports were substantiated in the periods during pregnancy and after birth than before pregnancy (22.9% versus 34.9%).

When looking at substantiation/indication of reports at the level of mother, rather than report, for mothers with more than one screened-in report in their case history, 1,814 (76.4%) had at least one substantiated/indicated case of maltreatment (with a total of 4,343 total substantiations/indications distributed among these 1,814 mothers). This is more than double the rate of substantiation/indication compared to mothers with only one report (76.4% versus 35.5%).

Of these mothers, 72.4% had one or more cases substantiated/indicated before birth (1,719 mothers, 3,962 substantiations/indications), 5.9% had one or more substantiations/indications during pregnancy (139 mothers, 159 substantiations /indications), and 7.7% had one or more substantiations/indications after birth (184 mothers, 222 reports). Over the entire period of pregnancy and after birth of mother's first child, 302 mothers with a history of multiple screened-in reports (12.7%) had 381 cases of substantiated/indicated maltreatment.

While 76.4% of mothers with multiple reports in their history had at least one substantiation/indication, only 35.5% of mothers who only ever had one screened-in report in history had that report result in a substantiation/indication. Overall, 32.9% of all mothers with one or more screened-in reports of maltreatment never had a substantiation/indication on record.

Substantiation and Indication Details

Substantiated/indicated allegations before pregnancy were similar to allegations in the period before pregnancy, but in the periods during and after pregnancy there were important differences (see Table 31 in Appendix). In the period before pregnancy, neglect was the most common substantiated allegation (63.7%), followed by physical abuse

(16.3%) and sexual abuse (15.5%). During pregnancy and after birth, sexual abuse was the most common category of substantiated/indicated maltreatment (47.1% during, 37.3% after), followed by neglect (34.8% during, 39% after), with a relatively small number of substantiated cases of physical abuse (15.2% during, 20.9% after). This pattern was relatively consistent by assigned race of mother, with some differences. In the period before birth, “white” and “black” mothers had similar rates of allegations of physical abuse (16.7% versus 16.0%) and sexual abuse (16.1% versus 15.3%), and “black” mothers had a slightly higher rate of substantiations/indications of neglect (64.7% versus 61.3%). During pregnancy and after birth, there was the same shift to substantiations/indications of sexual abuse for “white” and “black” mothers, except that “white” mothers in both time periods had relatively higher rates of neglect (39.2% during, 52.5% after) compared to “black” mothers (33.3% during, 35.2% after), and lower rates of sexual abuse (43.1% during, 25.4% after, versus 47.6% during, 40.3% after). Rates of substantiations/indications for physical abuse during pregnancy and after birth were relatively close by race and time period (“white” mothers during, 17.6% and after 20%, versus “black” mothers during, 15% and after 22.2%).

First substantiations/indications in the times before, during, and after pregnancy shared a similar pattern with all substantiations/indications in these periods before pregnancy. However, in the periods during and after pregnancy there were several important differences for mothers with one or more screened-in reports in their history (see Table 32 in Appendix). In the period before birth, for mothers who had a history of multiple screened-in reports and whose first substantiated/indicated case of maltreatment occurred before birth, neglect was the most frequently substantiated/indicated allegation (66.7%, 1,298 mothers), followed by physical abuse (16.4%) and sexual abuse (12.3%). These rates were all very similar to overall rates of allegations for the entire population. However, for mothers with multiple reports in their history whose first substantiation/indication occurred during pregnancy or after birth, sexual abuse and neglect were the dominant allegations (38.2% neglect during pregnancy, 40% sexual abuse during pregnancy, 45.2% neglect after birth, 35.5% sexual abuse after birth). For mothers with only one screened-in report in their history, allegations of neglect were only a slight majority of substantiations/indications (53.6%), and there were a substantial

number of substantiated allegations of sexual abuse (27.2%) followed by physical abuse (15.1%), and only a very small number of cases of substantiated/indicated emotional abuse (10, 4.2%). During pregnancy, the vast majority of substantiated/indicated allegations were sexual abuse (12 of 14, 85.7%) with only 2 substantiated/indicated reports of neglect. In the period after birth, the majority of substantiated/indicated reports of maltreatment were sexual abuse (11 of 20, 55%), and the remainder were about evenly split between reports of neglect (5, 25%) and physical abuse (4, 20%).

Placements: Mothers

When looking at placement history for mothers, and details and timing of these placements with respect to birth of first child, all available cases are included. This number should be considered to be the minimum number of mothers who may have had such placements, as placement history was not available for mothers in CHILD who were born prior to 1989. Given available information, there were 1,791 mothers found to have one or more out-of-home placements. Slightly more than a third (36%, 644) of the mothers had only one placement on record. The other 1,147 mothers had a total of 5,758 placements among them, with a maximum of 49 placements, a mean of 5, and standard deviation of 4.8. Types of placements for all placements in the history of mothers with one or more placements in their history are in Table 8.

A substantial number of the placements were in Foster Homes (47.4%), with the next most frequent placement being with relatives or kin (25.6%, 2.9%).

Table 8: Types of Placements in Mothers' Record of Out-of-Home Placements

Placement Type	Frequency	%
Foster Home	3,037	47.4
Relative Home	1,638	25.6
Residential Home	672	10.5
Independent Living	253	4.0
Emergency Shelter	220	3.4
Interested Individual	186	2.9
Adoptive Home	153	2.4
Detention Center	101	1.6
Hospital	73	1.1
Group Home	44	0.7
Own Home	15	0.2
Maternity Home	1	0
Other	9	0.2
Total	6,402	100

Mothers' Placements: Reason for Removal and Discharge

Reasons for removal from home associated with the first placement for mothers is detailed in Table 33 (in Appendix). The majority of first placements were due to removals on the basis of neglect (1,051, 58.7%). Second to this was dependency cases at 18.1% of removals (323 cases). Relatively few first out-of-home placements were due to physical abuse (176, 9.8%), sexual abuse (50, 2.8%) or substance abuse of parent (3.7%). The average age at beginning of first placement was 6.6 years old, with a minimum of 0, a maximum of 17, and a standard deviation of 5.4 years. Reasons for discharge from last placement on record for all mothers can be found in Table 34 (in Appendix). Discharges were predominantly a return to family or kin: return to parent/guardian/custodian (44.5%), guardianship/custody to third party (28.8%). However, many young women aged-out of care (11.9%), emancipated (1.2%), or went "AWOL" (2.3%). Relatively few were adopted (5.2%).

Mothers' Placements: Timing around Pregnancy and Birth

Of the 1,791 first births among these young women, 54 (3%) occurred before first out-of-home placement, 196 (11%) occurred between first placement and last discharge date from custody, and 1,541 (86%) births occurred after final discharge date from custody. This overestimates the number of births occurring during an actual custody spell as there may have been multiple intakes into and discharges from care for young mothers. For mothers who gave birth to their first child after final discharge from custody, the minimum number of days between discharge and birth was 6, the maximum was 7,237, and the average was 3,507 days (*SD*=2,005 days).

For the 54 mothers who had a birth before custody, removal reason and first placement type is provided in Tables 35 and 36 (in Appendix). The majority of the removals were on the basis of neglect (17, 31.5%) and determinations of dependency (22, 40.7%). Twelve cases (22.2%) were listed as due to delinquency or child behavior problem, which may have been related to the pregnancy and birth. Only three listed physical abuse as a removal reason. The majority of first placements were into a foster home (22, 40.7%) or another home-based setting (20, 37.1%) alone or with relatives/kin. The rest were first placed into some kind of transitional or residential facility (12, 22.2%). The average distance in days between birth of first child and beginning of first placement for these mothers was 355 days (*standard deviation of* 285 days) with a minimum of 3 days, and a maximum of 1,061 days. Of the 196 first births which occurred during custody, 158 births occurred during an identifiable placement; 16 occurred during the mother's first placement on record, 63 occurred during the last placement on record, and the other 95 occurred in between. Types of placements in which a birth occurred and removal reasons associated with that placement are provided in Tables 37 and 38 (in Appendix). The vast majority of mothers who had their first birth during a placement were removed from their homes on the basis of neglect (52, 32.9%) or dependency (51, 32.3%). Only a small number were removed from their homes on the basis of physical or sexual abuse (18, 11.4%). A slight majority of these births occurred while mother was residing in a foster home (82, 51.9%). Many of the young women were living on their own (36, 22.8%) or with relatives or kin (26, 16.4%) at the time of birth. A small number were living in a residential facility at the time of birth (14, 8.8%). Forty-eight births occurred between first placement

and last placement but not during a known placement, due to the way I defined “custody” – between first placement and last discharge – these births may have occurred subsequent to a prior discharge and prior to a new intake.

Placement type for the last placement before discharge and discharge reason is provided for all 250 mothers who had a birth before or during custody (see Tables 39 and 40 in Appendix). Around half of mothers who gave birth before or during DCFS custody were in independent living (35.2%) or with relatives/kin (13.2%) in their last recorded placement. Around a third of young mothers were residing in foster homes (79, 31.6%), and the remaining mothers (7.2%) were in some sort of residential facility (30 in a residential home, 12 in an emergency shelter, 5 in a group home) at last recorded placement, with one in detention. Of known reasons for discharge (34 mothers were either still in custody at the time of last data collection or else their reason for discharge was unknown) the majority aged out of care (146, 58.4%) or were granted emancipation (10, 4%). A little less than 20% were discharged into the custody of their original parent/custodian/guardian (37, 14.8%) or were living with kin (10, 4%). A small number of young women were discharged after AWOL from placement (12, 4.8%), which may have also been a return to family.

Differences in Mothers’ Placements by Assigned Race: Timing around Pregnancy and Childbirth, Reason for Placement, and Placement Type

Limited racial information was available for 1,735 of the 1,791 mothers with a history of one or more placements (see Table 9). Of these mothers, 17% (295) were identified as “white”, and 83% (1,440) were identified as “black”. Births occurring before or during custody were more common for “black” mothers than for “white” mothers (2.4% versus 3.1% before, 7.5% versus 11.7% during). Of births occurring before or during custody, 88% (214) were births to “black” mothers.

Table 9: Timing of Childbirth: Before, During, or After Custody by Assigned Race

Timing of Birth	White Mothers	%	Black Mothers	%
Before	7	2.4	45	3.1
During	22	7.5	169	11.7
After	266	90.2	1,226	85.1

There were also some differences for “white” versus “black” mothers across other features of placement history (see Tables 10 and 11). “Black” mothers were less often removed for sexual abuse (2.0% versus 5.1%) or substance abuse of parent (3.1% versus 7.1%) than “white” mothers, and were more often “dependency” cases (19.1% versus 12.8%). “Black” mothers were very slightly more often in foster homes, adoptive homes, and slightly less often in relative homes than “white” mothers.

Table 10: Mothers’ Placements and Reason for Removal by Assigned Race

Reason for Removal from Home	White Mothers	%	Black Mothers	%
Neglect	160	54.2	864	60.0
Dependency	38	12.8	275	19.1
Physical Abuse	29	9.8	142	9.9
Delinquency/Child Behavior Problem	17	5.9	57	4.0
Substance Abuse of Parent	21	7.1	46	3.1
Sexual Abuse	15	5.1	29	2.0
Emotional Abuse	2	0.7	7	0.5
Unknown	13	4.4	20	1.4
Total	295		1440	

Table 11: Mothers' Placement Type by Assigned Race

Placement Type	White Mothers	%	Black Mothers	%
Foster Home	381	44.6	2,529	47.7
Relative Home	265	31.0	1,337	25.2
Residential Home	97	11.4	534	10.0
Independent Living	30	3.5	216	4.1
Emergency Shelter	20	2.3	183	3.5
Interested Individual	16	1.9	164	3.1
Adoptive Home	16	1.9	133	2.5
Detention Center	12	1.4	82	1.6
Hospital	13	1.5	58	1.1
Group Home	2	0.2	41	0.8
Own Home	3	0.4	11	0.2
Other	-	-	9	0.2
Total	855		5,297	

Mothers' Placements: Reason for Discharge by Race

Reasons for discharge from final placement by mother's assigned race are provided in Table 12. Compared to "white" mothers, "black" mothers more often aged out of custody or had a finalized adoption. "White" mothers were discharged back to parents/guardians/custodians or living with relatives or kin more often than "black" mothers.

Table 12: Reason for Discharge from Mothers' Placements by Race

Reason for Discharge	White Mothers	%	Black Mothers	%
Return to Parent/Guardian/Custodian	133	45.0	633	44.0
Guardianship to Third Party	88	29.8	368	25.6
Aged Out	25	8.4	182	12.6
Adoption Finalized	7	2.4	85	5.9
Custody to Relative/Kin	8	2.7	16	1.1
Runaway / AWOL	8	2.7	34	2.4
Emancipation	3	1.0	18	1.3
Unknown/Still in Custody	23	7.8	104	7.1
Total	295		1440	

Screened-In reports: Children

When reviewing details of screened-in reports for children, all available cases are included, whether or not information for the mother was available (whether or not mother matched to her child's birth certificate or was born prior to 1989). Given available information, 8,052 children had one or more screened-in reports on record. 3,451 had only one report, while the other 4,601 children had an average of 4 reports on record (*SD* =2.7) and a maximum of 30.

The average age of child at first report was 2.8 years old (*SD* =2.6), with a maximum age of 13 at first report. A small but non-trivial number of children had their first report on their first day of life (311) or within their first week of life (419). Nearly a third of children had a first report within their first year of life (2,587, 32.1%) with more than half of these reports occurring in the first six months (1,616, 62.5%), and many within the first three months (1,040, 40.2%). Details for screened-in reports occurring on the first day of life are listed in Tables 41 and 42 (see Appendix).

Allowing for two allegations and accused persons per report, there were 326 total accusations against persons on the first day of children's lives. The vast majority of these were accusations against the mother (310, 95.1%) with a small number against the father or unmarried partner (13, 4%) or other relative (3, 0.9%). The majority of accusations were unsubstantiated (265, 81.3%) with only 42 substantiated/indicated allegations of neglect (12.9%) and 19 substantiated/indicated allegations of physical abuse (5.8%). The

vast majority of reporters for children's screened-in reporters were social workers (299, 94.6%), followed by medical personnel (12, 3.7%), family or friend (2, 0.6%), and "other" (3, 0.9%). The vast majority of these reports (81.3%) were unsubstantiated.

Placements: Children

Allowing for all placement data for children, there were 1,070 children with a total of 2,128 recorded placements (see Tables 43, 44 and 45 in Appendix). "Race" of mother/child available for 969 children, of whom 275 (28.4%) were identified as "white", and 694 (71.6%) were identified as "black". More than half of children with recorded placements had their first placement in their first year of life (577, 53.9%), the majority occurring in the first six months of life (397, 68.8%) and about half occurring within the first three months of life (278, 48.2%). Still a relatively large number of first placements occurred for these children in the first days and weeks of life (192, 18% in the first month; 144, 13.5% in the first week; 9, .8% on the first day of life). Average age at time of first placement was 3.2 years (*SD* =3.2 years) with a maximum of 12.8 years after birth. As previously mentioned, due to the recency of data collection, many children are not observable for very long after birth, so all data on children's placements should be understood to be affected by this limitation.

I have not yet had the opportunity to match children's placements to mothers' placements, but the 192 children whose first placement occurred in their first month of life is close to the number of mothers who gave birth while in custody (196), and so I list detailed information for those placements in Tables 46-48 (see Appendix). Details for first placements in the first month of life show some evidence of being placements with mother. For example, 19 placements were independent living placements, 56 infants had a removal reason of "child of minor parent", and 13 had a discharge reason of Aged-Out, AWOL, or Emancipation. There is also some evidence of separation that can be seen in removal reasons, such as, substance abuse of parent or child (8), abandonment or caretaker's inability to cope (5), and discharge reasons like adoption finalized (34) and custody to third-party/relative (22).

Termination of Parental Rights

Of 1,070 children who had one or more placements in their available DCFS history, 142 had a record of mother's loss of permanent custody (see Table 13). Minimum age of child at time of custody loss was 55 days old, maximum was 11.4 years old, average was 3.8 years old (*SD* =2.6 years old). Only one mother lost custody in the first 3 months, 2 in the first 6 months, 11 in the first year of life. Since many of the children have a DCFS history which is only observable for a very short time (particularly those born near the end of the time period) this doesn't translate into a rate of loss of permanent custody. Removal reasons for children whose mothers eventually lost permanent custody of their child appear in Table 48. Information on "race" was available for 132 children whose mothers lost custody: 87 (66%) mothers were identified as "black" and 31.7% were identified as "white".

Table 13: Removal Reasons for Permanent Loss of Custody

Removal Reasons	Frequency	%
Neglect	55	38.7
Dependency	24	16.9
Physical Abuse	22	15.5
Child of Minor Parent	10	7.0
Drug Abuse of Parent	10	7.0
Inadequate Housing	5	3.5
Caretaker Inability to Cope	4	2.8
Unknown	12	8.4
Total	142	

Limitations

Rates of DCFS contact for mothers and children should be considered a conservative estimate for several reasons. As mentioned in the description of the data, not all mother and child pairs were available for the same duration. Many children were only visible in the data for their first year (or less) of life, and may have had contact after the last date of DCFS data pull. Also, rates of contact were only calculated for first births to mothers, whereas more than 20% of mothers in the birth certificate data had more than

one birth in their teen years. It is likely that the rates of contact would be higher for such mothers. Finally, I was able to find apparent matches to the de-identified birth certificates in the de-identified DCFS data. The matching program has some failure rate and there were likely cases of children and mothers with DCFS contact that weren't included in this sample.

Analysis by race was complicated by suppression of racial designations other than "white" and "black". While specific racial demographics of birth certificate population is unknown, just over 13% of "white" mothers and around 4% of black mothers were of Hispanic origin according to the CHILD data center. There may have been an over-representation of "white" Hispanic mothers among those in contact with DCFS which wasn't distinguishable in the DCFS records as I didn't have access to more detailed race in the micro-data. Latino children are suspected as often being miscoded as Caucasian or African American/Black, or being categorized as "Other" in administrative data and official reports (Ortega et al., 1996), and this study suffers from this common concern.

I cannot distinguish types of social workers making reports, so I cannot identify if social workers at hospitals or those already involved with mothers are making reports around pregnancy and birth. Due to the number of reports made in the first day of life for children born to these mothers we might guess that social workers stationed at hospitals are a common source of reports, and also from discussion with community members there seem to be a number of reports occurring at the hospitals, but there is no way to be certain from the current analysis.

All of this analysis is exploratory in nature, which is both a strength and a limitation. I was able to answer many of my questions, but I have yet to address more complicated dynamics of placement for these young women and their children.

CHAPTER III: Summary and Discussion of Results

Here I present findings from the data organized by my guiding questions. I conclude with summarizing thoughts, and I suggest how these findings contribute to the literature concerning young mothers involved with child welfare, as well as some possible implications of these findings. More generally, I also suggest possible implications of the framework of reproductive justice for social work practice with young mothers.

Of young women in the community who give birth in their teen years, what is the extent of contact with the child welfare system, both throughout the history of the mother and for her children after birth?

Although there was fairly extensive contact with DCFS for young women who gave birth in their teen years, the majority of contacts did not appear to be particularly intensive. Contact here is defined, at a minimum, as a screened-in report for maltreatment and, at a maximum, as loss of custody and termination of parental rights. A high percentage of mothers (64.7%) and a relatively large number of children (41.7%) had some type of contact with DCFS. Contacts consisted mostly of having one or more screened-in reports for allegations of maltreatment (54.7% of mothers, 32.7% of children). Of the 54.7% of mothers that had one or more screened-in reports on record, only 67.1% had one or more substantiated or indicated cases of maltreatment, meaning that only 36.7% of young mothers in the community ever had a substantiated or indicated allegation of maltreatment. Of these substantiated/indicated reports, 61.2% were for allegations of neglect. Thus, around 14.2% of young mothers in the community were the subject of one or more substantiated/indicated cases of abuse (physical, sexual, or emotional).

A small number of mothers (14.3%) had a record of one or more out-of-home placements, though many of those mothers with a history of out-of-home placements ended up back with their families of origin (44.5%). A small number of children (4.1%) had one or more out-of-home placements on record. In most cases, an out-of-home

placement constituted a temporary loss of custody for their mothers, though in rare cases where the child was born while the mother was in DCFS custody, an out-of-home placement may have been a placement with mother. Of children with one or more out-of-home placements on record (4.1%), around 13% had a record of a permanent termination of parental rights. As a percentage of all young mothers in the community, only .5% had a record of a permanent termination of their parental rights.

A number of mothers (9.6%) and children (8.6%) also had some kind of contact with DCFS, the particulars of which I currently cannot distinguish. These mothers and/or children may have been identified as a member of a family in need of services, a dependency case, or had some other type of contact that wasn't related to a maltreatment report or out-of-home placement.

In this sample, DCFS involvement among these young women and their children was a common occurrence, which we would expect, given the shared demographic factors associated with early pregnancy and child welfare system involvement. However, the level of DCFS involvement here does not seem to warrant a characterization of young mothers as commonly having a history of childhood abuse. The majority of mothers in this sample (85.8%) had no substantiated record of childhood abuse, despite high levels of surveillance (reports of maltreatment and involvement with DCFS).

Are there differences in allegations of maltreatment and results of investigations for young women who first come into contact with child protective services around the time of their pregnancies and births versus those who have prior contact? Are there differences in reasons for the removal of young mothers who gave birth before or during a foster care spell versus those who gave birth after discharge from care? Is pregnancy in the teen years a risk factor for coming into contact with the child welfare system?

There were two primary types of contact for these families that I could identify with respect to timing around pregnancy and birth: screened-in reports of maltreatment and out-of-home placements. For all young mothers who had observable DCFS records, the vast majority of screened-in reports of maltreatment occurred before pregnancy (93.4%), with only 3% of reports occurring during pregnancy, and 3.6% after the birth of the first

child. However, these numbers include mothers of older ages at the time of birth (18-19) who would have been less likely to have contact with DCFS, having reached the “age of majority”. After limiting by age of mother at time of first birth (15-17) and comparing by mother’s history of screened-in reports (whether only one or multiple reports in her history) there were observable differences in the timing of screened-in reports. For mothers who were 15-17 years old at the time of their first birth and who had only one screened-in report in their history, 5.9% of screened-in reports occurred during pregnancy and 9.6% occurred after the birth of their first child. For mothers with a history of multiple screened-in reports of maltreatment, it was relatively rare for the first such report to occur during pregnancy or after birth; however, cumulatively, 40.9% of such mothers were the subject of one or more reports during pregnancy or after the birth of their first child.

The majority of allegations in mothers’ reports were of neglect (59.4%) followed by physical (25.2%) and sexual (11.9%) abuse. Allegations listed in reports during pregnancy and after first birth were slightly less often neglect (50.7%) and slightly more often physical (27.7%) and sexual (18.8%) abuse. The most significant shift in allegations of sexual abuse was for mothers with only one report in their history (22.7% of mothers with one or more screened-in reports); for this group sexual abuse composed 45% of allegations during pregnancy.

The overall rate of substantiation/indication for screened-in reports for mothers with a record of one or more reports in their history was 33.8%; however the rate of substantiation for reports lodged during pregnancy and after birth was only 22.9% compared to screened-in reports occurring before pregnancy which were substantiated/indicated 34.9% of the time. Mothers with only one report in their history had a slightly higher rate of substantiation/indication of screened-in reports at all time points. However, whereas only 35.5% of these mothers had a report of maltreatment that had been substantiated/indicated, 76.4% of mothers who had multiple reports of maltreatment in their history had at least one of those reports result in a finding of substantiated/indicated maltreatment. Cumulatively, ~11% of mothers with one or more screened-in reports (~6% of all young mothers in the community) had one or more substantiated/indicated cases of maltreatment during pregnancy and/or after birth.

There were some differences in substantiation/indication by allegation type within the different periods. Before pregnancy, neglect was the most common substantiated/indicated allegation (63.7%), followed by physical abuse (16.3%) and sexual abuse (15.5%). However, during pregnancy and after birth sexual abuse was the most common category of substantiated/indicated maltreatment (47.1% during, 37.3% after), followed by neglect (34.8% during, 39% after) and physical abuse (15.2% during, 20.9% after).

There were also differences in first substantiations/indications by mother's history of screened-in reports. For mothers with more than one screened-in report in their history whose first substantiation/indication occurred during pregnancy or after birth, sexual abuse and neglect were the dominant substantiated/indicated allegations (38.2% neglect during pregnancy, 40% sexual abuse during pregnancy, 45.2% neglect after birth, 35.5% sexual abuse after birth), while for mothers with only one screened-in report in their history the vast majority of substantiated/indicated allegations during pregnancy were sexual abuse (12 of 14, 85.7%) with only 2 substantiated/indicated reports of neglect. In the period after birth, the majority of substantiated/indicated reports of maltreatment were for sexual abuse (11 of 20, 55%), and the remainder were about evenly split between reports of neglect (5, 25%) and physical abuse (4, 20%).

The time around pregnancy and childbirth does seem to be a time of heightened sensitivity for reports. Though rare for a young mother at the time of her first pregnancy or birth to be the subject of a maltreatment allegation for the first time in her life (2.9% of all mothers) having contact with DCFS during this time period was not entirely uncommon (19.2% total estimated occurrence for the population). Previous contact with DCFS seemed to amplify this sensitivity; for mothers who had only one screened-in report, 15.5% of those reports were for mothers who had their first contact during this time, whereas 40.9% of young mothers with a history of multiple screened-in reports of maltreatment were the subject of one or more reports lodged during their pregnancy or after the birth of their first child.

Screened-in reports lodged around the time of pregnancy and childbirth seem to consist of some mixture of serious and spurious claims. Allegations made during the periods during pregnancy and after birth were less often found to be

substantiated/indicated then those lodged prior to pregnancy. However, whereas neglect was the predominant allegation over the entire history of all mothers, sexual abuse was the central allegation during these periods, particularly for young mothers having their first contact during pregnancy.

It seems that DCFS is doing some work to filter out spurious claims. Allegations of sexual abuse are the most frequently substantiated/indicated during the periods during pregnancy and after birth. However, it seems as though there may be a lower bar for substantiation/indication for mothers with a history of prior reports, where substantiations/indications for neglect are more common for these young mothers, as opposed to young mothers with no prior history of report for whom sexual abuse was nearly the exclusive substantiation. Generally, there seemed to be a multiplicative effect of maltreatment allegations for these young mothers. While mothers with only one screened-in report in their history had a slightly higher rate of substantiation/indication at the level of report, mothers with a history of multiple reports of maltreatment were more than twice as likely to have at least one of those reports substantiated/indicated.

When considering full placement history for all mothers with a history of one or more out-of-home placements, the majority of first placements were due to removals on the basis of neglect (58.7%); and second to this was dependency cases (18.1%). Relatively few first out-of-home placements were due to physical abuse (9.8%) or sexual abuse (2.8%). Births before or during an out-of-home placement were exceptionally rare. The majority of mothers who had their first birth during a placement had been removed from their homes on the basis of neglect (52, 32.9%) or were listed as a dependency case (51, 32.3%). Only a few mothers were in placement due to physical or sexual abuse at the time of birth (18, 11.4%). For mothers who entered care after the birth of their first child, the reasons listed for removal from home were neglect (17, 31.5%), dependency (22, 40.7%), delinquency/behavior problem (12, 22.2%), and physical abuse (3, 5.6%). Neglect and dependency constituted the majority of all removal reasons for all out-of-home placements for all mothers, but dependency was a more frequent removal reason for mothers who gave birth prior to or during placement. This finding is in contrast with the dominance of sexual abuse allegations on screened-in reports during these periods. Out-of-home placements for mothers around the time of their pregnancies and births may

have had more to do with resource constraints in their families of origin than maltreatment persay, except in rare cases.

For young women who have contact with the child welfare system on behalf of themselves and/or their children, what are the points of contact? Who are the reporters responsible for referring allegations to child protective services for these young women? Are there differences in the sources of reports for young women who have contact with the child welfare system around the time of their pregnancies and births?

For all screened-in reports for mothers, reporters in order of frequency were: family, friends, or neighbors (26.1%); social workers (13.3%); attorneys, courts, and law enforcement (10.4%); schools (8.8%); and medical personnel (4.9%). During pregnancy and after birth, there were a few observable differences, but most notably, reports by social workers increase to ~21% of reports, and reports by the mother herself increase from 2.4% of reports before pregnancy, to 7.5% during pregnancy and 10.4% after birth.

Given all available cases, a small but non-trivial number of children of these mothers had a screened-in report on their first day of life (311) or within their first week of life (419). These reports were mostly lodged by “social workers” (94.6%) and medical personnel (3.7%) and mostly consisted of allegations against the biological mother (95.1%) or father (3.7%). Allegations were predominantly of neglect (91.7%) with few allegations of physical abuse (8.3%). While sufficient details to make such a determination were not available, it can be supposed that some of these substantiated/indicated cases of physical abuse in the first day of life may have been related to a positive toxicology screen of the child. Of 142 children with mothers who had a recorded loss of parental rights, 10 had an initial removal reason of “drug abuse of parent”.

Though the institutional affiliation of the social worker was not available in the data to which I had access, it might be presumed that the social workers making reports on the first day of life or around the time of pregnancy were either located in hospitals or else were social workers who had already been involved with the young women prior to birth. The majority of the allegations of physical abuse made on the first day of life were

substantiated/indicated (19/27, 70.4%), whereas a significant majority of allegations of neglect were unsubstantiated (257/299, 86.0%). In any case, a number of young mothers (around 3%) were subject to investigations for child neglect in their child's first days of life, only to be cleared of charges. Certainly in the first hours and days after birth, a young mother and her newborn have myriad challengers to contend with (bonding, breastfeeding, post-natal recovery, establishing sleep and feeding schedules, etc.) and could do well without additionally being subject to the stress and insecurity inherent in being the subject of a child welfare investigation (Haight et al., 2009). Moreover, it has been demonstrated that distance early life separation of mother and infant, complicated by risk of loss, where attachment deteriorates with duration of separation (Feldman, 1999). There is a literature within public health nursing that suggests that training can reduce unnecessary reporting of young mothers (e.g. SmithBattle, 2013). Perhaps hospital social workers, and even social workers in contact with teenaged women in foster care, would benefit from such an intervention.

What is the rate of out-of-home placement among young women in Cuyahoga County who give birth in their teen years? What is the rate of birth to young women in out-of-home placements in Cuyahoga County? What is the "foster care birth rate" when accounting only for young women actually in care at the time of birth, and how does this compare to the rate of birth in the community?

Of young mothers in the community, only a small fraction of mothers (14.3%) had a record of one or more out-of-home placements. Of young mothers with a known history of placement (in any year known: 1,791 mothers), 54 (3%) gave birth to their first child before their first placement, 196 (11%) gave birth during custody (between their first placement and last discharge date), and 158 (8.8%) births occurred during an identifiable placement. Generally speaking, it seems that for young mothers with a history of time spent in one or more out-of-home placements, giving birth before or during placement or else sometime between their first placement and last discharge from custody is a relatively rare event (14%). In this sample, 86% of young mothers with a known history of time spent in foster care gave birth to their first child after final discharge from care. In fact, there was typically a long period between the last time a young mother had spent in

out-of-home care and the birth of her child. For this sample of young mothers, an average of 9.6 years elapsed between their final discharge from foster care and the birth of her child (SD 5.5 years). The minimum distance between discharge from care and first birth was 6 days, and the maximum was 20 years.

In the years 2009 to 2017, there were 36 young mothers who gave birth before placement and 129 who gave birth “in custody” (between first placement and last discharge date). As a fraction of all births to mothers in the community and to mothers with various forms of DCFS contact, the number of births to mothers in “custody” in this time period was extremely small (129/9,555, 1.4%). Moreover, the number of births in care, adjusted for the racial composition of young women in out-of-home placement, is comparable to the number that would be expected given the rate of births, by race, in the surrounding community. Between 2009 and 2017, there were 1,589 young women who experienced one or more out-of-home placements during this time period and were aged 15-19 years old at the time of placement. Of those young women, 1,149 were identified as “black”, 358 as “white”, and 82 as “other”. If the birthrate for these young women were identical to that in the community (see Table 2 in Appendix), we would expect 73.82 births in care to young “black” women, 3.99 births in care to young “white” women, and 2.3 births in care to the other young women whose “race” was unidentified – or about 80 births in total. The observed number of births in custody during this time period (2009-2017, 129) was only 1.6 times the expected number of births based on the racial composition of young women who spent any time in out-of-home placement during this same time period.

More conservatively, of the 129 births in custody, only 96 had estimated dates of conception that occurred during “custody”, and 33 estimated dates of conception occurred before the first placement. If only births where both the conception and birth occurred in “custody” were counted – the ones that could theoretically be targeted for prevention – thereby eliminating any women experiencing their first out-of-home placement due to factors concerning the pregnancy, then the effective rate of birth to women in “custody” of DCFS was even closer to that which we would expect if young women were randomly drawn from the community proportionate to their race (96 versus 80, 1.2 times the rate). However, the way in which “custody” is here defined – between first entry into an out-of-home placement and last discharge from an out-of-home placement – still allows for the

inclusion of births to young women who may have become pregnant and/or given birth between a discharge from an earlier out-of-home placement spell and the beginning of a subsequent intake. Between 2009 and 2017, there were only 103 births during an identifiable placement, and of those, only 62 births were to women whose estimated date of conception also occurred during an identifiable placement spell. Based on this number of births, the rate of birth in foster care would be .78 times the expected rate given the observed rate of birth in the community.

When discussion of the “foster care birth rate” is aimed at promoting prevention of such births, then it seems important to understand precisely which pregnancies and births occurred while in out-of-home care. Among young women who give birth in the community, some young women have spent time in foster care at some point in their lives (in this sample 14.3%). However, many such young women had, at the time of their pregnancies and births, last been discharged from foster care long ago (in this sample an average of 9.6 years). Additionally, accounting for both the racial distribution of young women in out-of-home care and the timing of their pregnancies and births, the “problem” of pregnancy and childbirth among such youth resembles that which we observe in the surrounding community. Furthermore, when we put this “foster care birth rate” in the context of the community, we see that these births represent an incredibly small (1.4%) proportion of births among young women. All of these issues call into question the utility of a focus on pregnancy prevention aimed particularly at these young women. Irrespective of the rate of pregnancy and childbirth among young women of reproductive age in foster care, women of reproductive age are entitled to supports and services according to their self-defined reproductive health needs simply by virtue of their status as women of reproductive age. In-as-much as we would want to promote age-appropriate services for infants and young children, we would want to offer age-appropriate services for young adult women. We need not have a crisis to make this so. A particular focus on prevention of pregnancy among young women in the custody of the state, strikes a familiar and unsettling chord when recalling the history of government involvement in pregnancy prevention among poor women and women of color. Meanwhile, poorly imagined interventions – particularly where we target women specifically for pregnancy prevention

– may do more harm than good, stigmatizing and injuring the women we aim to serve (Sorhaindo et al., 2016).

While not a concern for a large number of youth in placement, given that pregnancy and childbirth are particularly important and sensitive times for young women and their developing or already living children, some care and concern is of course warranted. Detailed case studies of the 250 mothers with children born before or during custody would provide a fuller picture of the placement dynamics for the young families in this sample. From a handful of randomly selected cases, it appears that, in at least some instances, the pregnancy is unknown at the time of first placement; removal occurs in the days or weeks around estimated date of conception, before most mothers would know they are pregnant. However, it appears that when the pregnancy becomes known there are placement disruptions (around 4-6 months) and several moves, seemingly as suitable housing is sought. A number of these young mothers were discharged from custody into the home of another relative or kin. Perhaps in such instances, where a suitable relative or kin placement is eventually able to be found, so long as there is no emergency in the home (such as a case of neglect or child/behavior problem), if the young woman is possibly pregnant, or indicates she has a relationship in her community which could result in such a state, a conservative approach could be taken. More care could be taken in advance of initial removal from home to avoid disrupting her access to her social network and subjecting her to the volatility and stress inherent in being moved from place to place during pregnancy – particularly when in the end she is simply returned to her community though perhaps with another relative. Clearly, in instances of physical or sexual abuse where there is inherent and immediate danger, removal from home is best, and if a pregnancy is possible (particularly in the case of sexual abuse) care should be taken to ensure all needed services and supports are available, as determined by the young woman concerned. It does appear from the number of young women who gave birth before or during custody whose last placement is independent living, that there are efforts being made to place these young families in suitable arrangements.

For these mothers, how does their own contact with the child welfare system relate to contact for their children? How does contact with the child welfare system on behalf of mothers relate to child welfare contact for children?

As would be expected, what contact children had was, to some extent, a function of mothers' contact. Not all children whose mothers had contact with DCFS themselves had contact with DCFS, nor did all children of uninvolved mothers themselves avoid contact. Generally, children whose mothers had contact with DCFS had 2.5 times the rate of contact as those whose mothers did not have contact with DCFS. Mother's age at time of birth was also implicated in contact for children, where children with mothers who were younger at the time of birth had more contact than children of mothers who were older at the time of birth. Of children whose mothers were 15 years old at time of birth, 40.6% had one or more screened-in report(s) and 8.1% had one or more placement(s) on record versus 28.2% report(s) and 3.3% placement(s) on record for children of mothers aged 19 years old at time of birth.

Loss of parental rights for young mothers was also correlated with their own history of DCFS contact. For children born in the period where records were available for both mother and child (2009-2017), there were 51 children with a termination of parental rights on record. Among mothers of these children with no history of out-of-home placement, 26 (.3%) lost parental rights, whereas 26 (1.8%) mothers with a history of out-of-home placement permanently lost custody of their children. Of mothers who had no evidence of DCFS contact, 8 (.2%) lost parental rights. Of mothers who had some contact with DCFS, 43 (.7%) lost parental rights. The rate of termination of parental rights for mothers whose children were born before or during "custody" was about 16 times the rate of termination for young mothers who never spent any time in out-of-home placement, though termination of parental rights for these young mothers was also very rare only occurring for 8 of these young mothers. These are very low rates of loss of parental rights and are more useful for considering respective rates than for representing true rates of loss of parental rights, as the children in the sample at the end of data collection may still be in custody of DCFS or else young enough that a loss may still occur in the future. In fact, termination of parental rights was rare in the first year of life; of all children born in any time period with a record of loss of parental rights (142), only one mother lost custody

in the first 3 months, 2 lost custody in the first 6 months, 11 lost custody in the first year of life. Minimum age of child at time of custody loss was 55 days old, maximum was 11.4 years old, average was 3.8 years old (SD =2.6 years old).

What differences across these domains are observable by "race" of mother and child? Does there appear to be racial bias in allegations, treatment, and processing of young pregnant women and their children by the child welfare system?

Despite the fact that "race" was a muddy variable – limited only to identifying which mothers were "white" or "black" and complicated by the inclusion of Latina mothers among white mothers – there were still observable differences for mothers by identified "race" in nearly every domain. Of mothers who gave birth as young women, more "black" mothers had a history of one or more screened-in report(s) (59.2% versus 47.6%) or placements (17.2% versus 9.1%) than "white" mothers. However, while "black" mothers were the majority of mothers with screened-in reports (72.2%), they were the subject of fewer maltreatment allegations on average. Similarly, the allegations listed in screened-in reports for "black" mothers were less often physical and sexual abuse and more often neglect. However, investigations for "black" mothers more often had a finding of substantiation/indication across all types of allegations (for instance: physical abuse 25.2% versus 22.9%, sexual abuse 44.1% versus 42.2%, and neglect 35.9% versus 31.8%).

Of substantiated/indicated allegations, during pregnancy and after birth, "white" mothers' substantiations/indications were more often for neglect (39.2% during versus 33.3%, and 52.5% after versus 35.2%). "Black" mothers' substantiations/indications in these time periods were slightly more often for sexual abuse (47.6% during pregnancy versus 43.1% for "white" mothers, and 40.3% versus 25.2% for "white" mothers after birth).

Of mothers who spent any time in placement, 83% were "black", and 17% were "white". "Black" mothers were less often removed for sexual abuse (2.0% versus 5.1%) or substance abuse of parent (3.1% versus 7.1%) than "white" mothers and were more often "dependency" cases (19.1% versus 12.8%). "Black" mothers were placed very slightly more often in foster homes and adoptive homes, and less often in relative homes than "white" mothers. Similarly, "black" mothers less often returned to

parent/guardian/custodian or had guardianship or custody go to relatives/kin than “white” mothers and more often aged-out or were adopted.

Of births occurring before or during custody, 88% (214) were to “black” mothers. Though calculated “rates” for rare observations are a bit problematic, there was a slightly higher rate of birth among white youth in foster care (9/358) than black youth in foster care (84/1149), which is the opposite of the pattern observed in the community.

The assigned “race” of mother/child was available for 969 children with a history of one or more placements: 275 (28.4%) were listed as “white”, 694 (71.6%) as “black”. Assigned “race” of mother/child was known for 132 of these children whose mother lost custody: 45 (34%) were “white”, and 87 (66%) were “black”. However, children of “white” mothers had a higher percentage of termination of parental rights than their proportion of the foster care population (34% versus 28.4%).

Race of mother – while significant for their own contact with DCFS – was not found to be significant for children’s contact. This may be due, in part, to the duration over which the children were able to be observed. Many of the children in the data were very young at the end of data collection. It seems that, in the earliest days and years of these children’s lives, the age of their mother would have the greatest effect on their contact with DCFS (as we see in reports lodged during the first day of children’s lives), whereas race will continue to be a factor throughout their lives and may gain significance as they age (as it did for their mothers).

Though this is a very particular population (young women who will become mothers who give birth in their teen years), one that is likely to have had experiences of social disadvantage, there still appear to be a variety of differences in DCFS contact and processing by race, though some of those differences are slight. Even in the context of young women who give birth in their teen years, and even though “white” in many cases includes women of color (women of Hispanic origin), there are still some indicators that there is a higher bar for “white” women to have substantiated/indicated cases of maltreatment (more allegations per mother/report, more reports of more serious categories of maltreatment, and still lower rates of substantiation for white mothers). Such findings underscore the persistence of and complexity of minority-overrepresentation for youth in contact with the child welfare system.

Concluding Thoughts

Observations about the contact histories for these young mothers could be interpreted in divergent ways. For example, I could stop at initial percentages and find that there is an abundance of contact with child welfare among these young mothers and their children, and I could then suggest that this finding represents pervasive maltreatment experiences among these young families. Instead, I might notice that indeed there is extensive contact with DCFS for mothers in the community, but I could interpret this level of contact as some mixture of surveillance and maltreatment experiences. Given this interpretation, I then look to rates of substantiation/indication of maltreatment across the lives of young mothers and their children. Here, I find some evidence of unnecessary reporting of young mothers, particularly around pregnancy and the birth of their children. I see the lower rates of substantiation for reports made on behalf of mothers during their pregnancy and after their first birth to be evidence of this reporting bias. Despite the fact that, typically, reports lodged by professionals are more likely to be substantiated (Ho et al., 2017) and that in the periods during pregnancy and after birth a larger percentage of the reporters were professionals, reports lodged during those times were still less likely to be substantiated. Furthermore, I also note very low rates of substantiation for screened-in reports on the first day of life for children born to these young mothers, despite the fact that, again, the vast majority of these reports are lodged by professionals.

In a positive light, while there may be some sensitivity to the woman's pregnancy for those lodging a report, the investigation—and possibly even the screening process (which I cannot see)—seems to be weeding out at least some of the alarmist reports. The overwhelming majority of substantiations for women who had their first ever maltreatment investigation during the time of pregnancy were for sexual abuse. However, young mothers with previous interactions with DCFS were subject to more investigations and substantiations/indications for lower-level allegations during these times.

A substantial number of mothers (40.9%) with any history of DCFS reports had one or more screened-in reports during pregnancy or after the birth of their first child. To some extent, while lower rates of substantiation may be evidence of surveillance, the level

of surveillance also seems to increase the rates of substantiation, where mothers with only one report in their history have a much lower rate of substantiation across all time-points than mothers with more than one screened-in report in their history, despite the fact that there is approximately the same rate of substantiation at the level of screened-in report. Additionally, we see that mothers with more than one report in their history have more substantiations for lower-level allegations of maltreatment (i.e., neglect) during the periods of pregnancy and after birth than mothers with only one screened-in report in their history, for whom substantiations in those times are almost exclusively for sexual abuse. Therefore, it seems that merely having been the subject of more reports doesn't necessarily mean the reports were more valid or that the maltreatment experienced was more serious. If that were the case, we would expect a higher rate of substantiation of reports for mothers with more than one report and for those reports to be substantiated for more serious allegations of maltreatment. Rather, it seems that there is a cumulative probability of substantiation/indications, so having more reports means a higher likelihood that one of those reports will be substantiated. In a similar vein, there was some subtle evidence of "race"-based discrimination in reports, where "black" mothers were more likely to be substantiated across all allegations and for lower-level allegations. Overall, being "black" significantly related to contact with child protective services, even among this particular group of young women in the community, that is, women who gave birth between the ages of 15 and 19 years old and who were likely to have experienced social disadvantage.

I had expected to see more initial contacts around the time of pregnancy and birth, in part because of data from other studies, which hadn't clearly identified whether contacts in these times were first or subsequent contacts. Here, the majority of screened-in reports occurred before pregnancy, and overall, there were very few first contacts and first substantiations during pregnancy and after birth. In fact, the majority of births occurred subsequent to initial maltreatment reports or final discharge from placement. I am glad to see that investigations at these time-points aren't a concern for the majority of these young women. I decided to exclude screened-out reports from analysis, as they greatly increase the number of contacts and represent cases that have been deemed unworthy of investigation by CPS; however, they may have been useful as a proxy for stigma. If I

had begun at screened-out reports, I presumably would have seen even more extensive contact, and I would have a better measure of unnecessary reporting and the work done by DCFS to screen-out such reports.

Directions for Future Research

There is much work to do that would bring clarity and detail to this conversation. Here, I will suggest a few directions for future research based on the analysis presented.

Though I spent most of my effort looking at details for mothers' contact with DCFS, I reviewed several features of children's DCFS contact in an initial attempt to understand causes and levels of disruption in the early period of mother and child's life together after birth. A relatively large number of first placements occurred for these children in the first days and weeks of life (192, 18% in the first month; 144, 13.5% in the first week; 9, .8% on the first day of life). I haven't had the opportunity yet to match each child's placements to their mother's placements, but the 192 placements in the first month of life is numerically close to the 196 mothers who gave birth in custody, so as a proxy, I review below details of the 192 placements in first month of life.

There is some evidence that at least some of these children's first placements in the first month of life may be placements with their mother. For example, 19 placements were independent living placements, which would have been with their mother, and 23 were to group/residential homes, which may have been to maternity homes, as it is unlikely that infants would have been placed in anything other than a foster home if they were alone. Infants may have remained with their mothers in either relative homes (11) or in foster homes (124), but currently, it is unclear how many these placements were separations or joint-placements. Reasons for placement in some cases suggested that children may have been placed with their mothers: 56 infants had a removal reason of "child of minor parent," which may have been an indication that the child was being placed with their minor parent who was in the custody of DCFS. Removal for reasons of dependency don't seem to offer any indication of placement with the mother or not, as dependency could have been on behalf of the mother and child or only the child. There is some obvious evidence of separation that can be seen in removal reasons, such as: substance abuse of parent or child (8) and abandonment or caretaker's inability to cope

(5). Finally, discharge reasons offer some indication of permanent separations, where 34 children had an adoption finalized. Other discharge reasons suggest separations that were perhaps temporary, but also unions and reunions, such as return to parent/guardian (87); custody to third-party/relative (22); and the 13 who had a discharge reason of aged-out, AWOL, or emancipation. The latter were most likely the mother's discharge reason applied to the child's record, as the children were too young to have emancipated or gone away from placement when these reasons were recorded.

With respect to children's records of screened-in reports and out-of-home placements, there is much more to consider. What appears here is a simple introductory look at the earliest contacts. I have yet to determine whether placements of the mother caused separations or whether mothers and their newborns were able to be kept together as a family unit. Comprehensive case studies for all such mothers and children would yield a fuller picture of placement dynamics, including possible differences for children of mothers who are in custody and who have ongoing contact with DCFS versus those mothers who are having first contact on behalf of themselves and their children.

More work needs to be done in terms of looking at placement dynamics for mothers and children and at children's record of reports by race and age of mother. In almost every case, consideration of findings by the race of mother yielded differences. Thus, there is likely more to uncover. Similarly, in order to simplify data management and analysis at this initial stage of exploration, I chose to limit analysis in several ways. Whereas here I only considered first births to mothers, it would be interesting to look at the case histories specifically of mothers that have more than one birth in their teen years.

Implications for Social Work Scholarship and Practice

I believe that this dissertation makes a unique contribution to the literature regarding pregnancy and births among young mothers in contact with the child welfare system. Because this analysis is based on a unique opportunity to utilize valuable, rarely accessed data from administrative sources throughout Cuyahoga County, this dissertation addresses a number of questions that have not yet been answered in the existing literature. Each of the questions of interest arises from gaps in the existing child welfare literature, most of which are related to the authors' inability to conduct analysis

matching child welfare records to vital statistics records. Because the data used in this analysis allow for such matching, this investigation offers details on how pregnant and parenting young women in Cuyahoga County are processed in the child welfare system, which may also offer insight into other processes that are operative in other jurisdictions. Understanding the way in which these young women are processed in the child welfare system, and the impact of being in the system on their ability to navigate their reproductive lives and their role as parents, can guide the efforts to support and advocate for these young women.

Several Reproductive Justice scholars and activists have identified the field of child welfare, and the issue of young mothers, as important areas for attention (e.g. Roberts, 2014; Luna and Luker, 2013). Unfortunately, I have yet to find any work that specifically concerns young mothers in contact with the child welfare system through the lens of Reproductive Justice. With regard to scholarship, this change in perspective is important because it allows for the reframing of key issues and ultimately serves as a guide toward different types of questions and interpretations. This project bridges the work done by concerned child welfare scholars with that done by Reproductive Justice scholars, suggesting that the goals and values of social workers and Reproductive Justice advocates have natural points of synergy. This synergy is broken when the alarmist frame of “teen pregnancy” as social crisis takes hold.

In their paper regarding their method for training for agents of social change in Israel, Kahneman and Schild (1966) suggest a useful first step: “correcting those psychological or sociological assumptions held by practitioners that diverge most seriously from accepted scientific opinion.” I believe we have evidence from the literature that the view of teen pregnancy as social problem is one such candidate for correction. There are specific dangers to the persistence of this mental frame, and theories of decision making and framing in psychology give us a guide for understanding how this particular frame might bias our decision-making when we consider interventions with young women of childbearing age. For an understanding of the importance of our frames and the impact on our perceptions and decision-making, we can look to Tversky and Kahneman’s frequently utilized and widely acclaimed work on heuristics and biases, and framing and decision-making (1974, 1981).

In their paper “Judgement Under Uncertainty: Heuristics and Biases” (1974), Tversky and Kahneman identify and detail the heuristics commonly employed when making predictions about uncertain events and the predictable biases stemming therefrom. The heuristic of “representativeness”, simply described, is the tendency to predict the likelihood of an outcome or relationship based on the similarity—or representativeness—between “the selected outcome and input”. To make this clearer with a relevant example, if I have been led to believe that the profile of the teenage mother is that of a cognitively immature and delinquent young women, prone to sexual indiscretion, with a history of victimization, and likely to abuse her own children, then when I am faced with a young mother, whose sexuality is evident in her pregnancy, particularly if she is poor and a woman of color (owing to additional stereotypes along these domains), I am likely to infer that she presents a risk to her child.

Predictable biases, which are relevant to this conversation, arise from this heuristic:

(1) Insensitivity to prior probability of outcomes: The independent likelihood of a given result in the population does not factor into predictions of outcomes; rather, the tendency is to rely on the compatibility of a given stereotype with a given outcome. Therefore, the fact that the majority of young mothers in the community are not a danger to their children will not influence the intuitive prediction that any given young mother will abuse her child. If the stereotype of the teen mother is one of abuse and inadequacy, the risk that any given young mother will abuse her child will be seen as greater than is reasonable given the actual rate of child abuse by young mothers in the community.

(2) Insensitivity to sample size and misconceptions of chance: When we expect that, irrespective of the size of a sample, the sample is likely to be representative of the population, we commit two related errors. First, we forget that a smaller sample is more likely to result in observations that are to the extremes, rather than an estimate of the true population value, and second, we select “samples of inadequate size [leading to an] over-interpretation of findings”. When we calculate birth rates with very small numbers of youth in studies of foster-care involved youth, we are being a bit careless. We cannot make such strong statements about the level of risk of pregnancies and childbirth among such youth with very small samples.

(3) Insensitivity to predictability: Irrespective of the reliability of evidence or the utility of the evidence in predicting a particular outcome, intuitive estimates of likelihood are typically tied to the favorability of a description. Hence, when we construct the teen mother as a harm to herself and her child, whether or not that description is supported by the best evidence, and whether or not the fact that a woman has given birth to a child in her teen years has any predictive value for a given outcome, intuitively we will expect negative outcomes.

(5) The illusion of validity: “Confidence [in a] prediction depends primarily on the degree of representativeness [...] with little or no regard for factors which limit predictive accuracy.” Therefore, the sense of the validity of a correlation or of a personal judgement about an expected outcome increases along the domain of perceived relationship between the input and the outcome. Our sense of confidence about our decisions and predictions regarding young mothers increases as a function of the pervasiveness and strength of the rhetoric about teen pregnancy and parenting, rather than as a function of the actual relationship between a given outcome and its relationship to the age of a mother at the time of birth.

The heuristic of “availability” is the tendency to estimate prevalence or probability based on the ease of bringing such instances to mind. For instance, having heard many stories of young mothers with substance exposed infants, or having read articles discussing the high rates of pregnancy among young women in foster care, will make these concepts easy to bring to mind and result in an intuitive overestimate of such occurrences. Predictable biases stemming from this heuristic are relatively straightforward, and all lead to the same conclusion, which is an overestimate of occurrence: (1) Biases due to the retrievability of instances: you’ve seen or heard about it recently and/or frequently, perhaps in a particularly salient way (e.g., there was recently a story in the news about a child death); (2) Biases due to imaginability: you have a strong imagination about it, the story is well developed in your mind; and (2) Illusory correlation: “When the association is strong, one is likely to conclude that the events have been frequently paired.”

This heuristic and its attendant biases are as easy to understand as they are to fall prey to—and to lead others to do the same. The stories we construct matter: the way we

shape our narratives, the way we populate a literature with our stories. Meanwhile, the implications go beyond the tenor of the literature. As scholars whose research may be used to develop policies and to guide service provision, thereby implicating the practice of social work and the lived reality of young mothers, it is incumbent upon us to mind the frame we nurture (Cherrington and Breheny, 2005). We should note that our frames matter and have real implications. Simple changes in presentation—highlighting risks and losses versus gains, adjusting the emotional valence, framing outcomes from a different point of reference—matter for decision makers (Tversky and Kahneman, 1981). Moreover, our frames typically remain as invisible as they are influential. Often, we are unaware of the decision that we'd make or the intuition that we'd have if a problem had been presented to us otherwise:

> Individuals who face a decision problem and have a definite preference (i) might have a different preference in a different framing of the same problem, (ii) are normally unaware of alternative frames and of their potential effects on the relative attractiveness of options, (iii) would wish their preferences to be independent of frame, but (iv) are often uncertain how to resolve detected inconsistencies. (Tversky and Kahneman, 1981, p. 458)

When we suggest teen mothers are frequently victims of abuse and likely to abuse their children, and we calculate inflated probabilities of child welfare involvement and abuse, we create and inform a representation of young mothers that will influence predictions that any given young mother is likely to be a victim or perpetrator of abuse, independent of actual likelihood. We create a stereotype which drives expectations and decision-making.

In my analysis, I tried to allow for complexity and to make room for different different findings and interpretations. By allowing that typically reported correlations may actually be more complicated, and by actively reflecting on our unintentional biases, we have a better opportunity to think wisely about the goals of our recommended interventions. For instance, we cannot prevent pregnancy for women with whom we have no history of contact prior to birth or pregnancy. We cannot prevent pregnancy for women who have only come into contact with the child welfare system due to sexual abuse, which

may have been related to their current pregnancy. We cannot prevent pregnancy for women who become pregnant many years after we have last had contact with them, and we certainly cannot prevent pregnancy for women who wish to be pregnant. What we can do are the things we know how to do. We can promote what we know all women, as people, need: educational and economic opportunity, access to comprehensive health care—including sexual health care, safe communities, and strong ties to family and cultural and religious institutions. And if we look more carefully, we can deal with the issues that we are actually seeing in the lives of young women who are in contact with the child welfare system, and we can ensure that we are focusing on providing trauma-informed services and avoiding injuring, censuring, and stigmatizing young women in our purview.

When I first began this line of research (Hajski, 2014), I suggested that foster care birth rates reported in the literature on the topic were inflated—that these rates, when more carefully calculated, might be near to, or possibly even less than, those observed in the community—and I was concerned that the rhetoric about teen pregnancy in the child welfare literature was stigmatizing young mothers and overshadowing some of the more positive aspects of their transition to motherhood, while ignoring the complex reality of marginalized women's reproductive lives. Since then, there have been a few studies in the direction that I had hoped the literature would move. For instance, King (2017) found that "the experience of spending time in care may not be a meaningful predictor of giving birth as a teen among [child welfare system]-involved adolescent girls", and Aparicio et al. (2019) suggest need for more comprehensive services, from prevention to prenatal care. However, unfortunately the emphasis on pregnancies and birth as occurring particularly among young women in foster care continues (King et al., 2019).

It is hopeful to think that this discussion might be evolving toward a course that is more dynamic and that allows for compassionate consideration of the complexities of these young women's reproductive lives. I am grateful to find, as I conclude my dissertation work, the first published paper regarding "teen pregnancy" among service-involved young women from the lens of reproductive justice, particularly identifying implications for the field of infant mental health (Hans, 2019). Unfortunately, "teen pregnancy"—presumably due to the continued availability of funding for the analysis of

the “problem”—typically continues to be a rather vacuous category for the inclusion of a wide array of concerns which aren’t done any justice by the social anxieties expressed by the use of the term. We need to be addressing real problems, not merely one of the outcomes. The problem isn’t simply one of women becoming pregnant (though that certainly may be a problem for women who do not want to become pregnant) but of sexual violence, lack of educational and economic opportunity, and even a lack of comprehensive sexual health services and education. It should not be enough to just say “teen pregnancy” and have that substitute for the myriad concerns and conditions that concern young women in the community. Reproductive Justice offers an answer for what would benefit young women, whether or not they experience pregnancies and births.

“The intersectional theory of Reproductive Justice is described as the complete physical, mental, spiritual, political, social, environmental and economic well-being of women and girls, based on the full achievement and protection of women’s human rights” (Ross, 2007).

APPENDIX

Tables

Table 14: Rates of Birth by Age and Race of Mother, 2009-2017

Mother Age	White	Rate/1000	Black	Rate/1000	Total Births	Rate/1000	%
15	68	1.3	324	13.75	420	5.28	3.7
16	205	4.04	688	29.2	952	11.96	8.5
17	431	8.49	1,192	50.6	1,746	21.94	15.6
18	760	14.98	2,127	90.28	3,120	39.2	27.9
19	1,363	26.86	3,237	137.4	4,963	62.36	44.3
Total	2,827	11.14	7,568	64.25	11,201	28.15	

Table 15: Rates of DCFS Contact for Mother and Child

Contact for Mother	No Contact for Child	Contact for Child	Total
No	2,655	719	3,374
Yes	2,918	3,263	6,181
Total	5,573	3,982	9,555

Table 16: DCFS Contact for Child, by Mother's Age at Birth of Child

Mother Age	No Contact for Child	Contact for Child	Total
15	168	251	419
16	422	493	915
17	841	766	1,607
18	1,597	1,088	2,685
19	2,545	1,384	3,929
Total	5,573	3,982	9,555

Table 17: DCFS Contact for Mother and Child, By Race of Mother

	No Contact for Child	Contact for Child	Total
White Mother			
No Contact for Mother	901	187	1,088
Contact for Mother	629	789	1,418
Total, White	1,530	976	2,506
Black Mother			
No Contact for Mother	1,441	483	1,924
Contact for Mother	2,120	2,305	4,425
Total, Black	3,561	2,788	6,349

Table 18: Screened-In Reports by Placement, for Children with DCFS ID

	No Child Report	Child Report	Total
No Child Placement	817	2,770	3,587
Child Placement	45	350	395
Total	862	3,120	3,982

Table 19: Screened-In Reports by Placement, for Mothers with DCFS ID

	No Mother Report	Mother Report	Total
No Mother Placement	913	3,899	4,812
Mother Placement	46	1,323	1,369
Total	959	5,222	6,181

Table 20: DCFS Screened-In Reports and Placements for Mother, by Assigned Race

Race	No Mother Report	Mother Report	No Mother Placement	Mother Placement	Total
White	1,313	1,193	2,278	228	2,506
Black	2,592	3,757	5,259	1,090	6,349
Total	3,905	4,950	7,537	1,318	8,855

Table 21: DCFS Screened-In Reports and Placements for Child, by Assigned Race

Race	No Child Report	Child Report	No Child Placement	Child Placement	Total
White	1,707	799	2,407	99	2,506
Black	4,193	2,156	6,070	279	6,349
Total	5,900	2,955	8,477	378	8,855

Table 22: DCFS Screened-In Reports and Placements for Child, By Mother's Age at Time of Birth

Mother Age	No Child Report	Child Report	No Child Placement	Child Placement	Total
15	249	170	385	34	419
16	547	368	861	54	915
17	1,008	599	1,521	76	1,607
18	1,809	876	2,582	103	2,685
19	2,822	1,107	3,801	128	3,929
Total	6,435	3,120	9,160	395	9,555

Table 23: Substantiations/Indications by Assigned Race for Mothers' Screened-In Reports

Mothers' Screened-In Reports	White	Black	Total
Mothers with at least one Screened-In Report	1,620	4,972	6,592
Mothers with at least one Substantiated/Indicated Report	1,014	3,314	4,328
Total Screened-In Reports	7,454	20,242	27,696
Total Substantiations/Indications	2,359	7,068	9,427

Table 24: Investigation Dispositions by Allegations in Mothers' Screened-In Reports

Disposition	Physical Abuse	Sexual Abuse	Neglect	Emotional Abuse	Medical Neglect	Unknown	Total
Substantiated	875	363	3,545	242	11	1	5,037
Indicated	1,635	1,235	2,662	241	9	2	5,784
Unsubstantiated	7,713	2,047	11,578	496	93	7	21,934
Can't Locate	74	24	145	6	1		250
Total	10,297	3,669	17,930	985	114	10	33,005

Table 25: Allegations and Investigation Dispositions by Assigned Race in Mothers' Screened-In Reports

Disposition	Physical Abuse	Sexual Abuse	Neglect	Emotional Abuse	Medical Neglect	Unknown	Total
White Mothers							
Substantiated	210	92	780	67	3	-	1,152
Indicated	416	327	677	76	1	-	1,497
Unsubstantiated	2,086	561	3,082	161	30	1	5,920
Can't Locate	24	12	50	2	1	-	89
Total	2,736	992	4,589	306	35	1	8,658
Black Mothers							
Substantiated	624	255	2,658	165	7	1	3,709
Indicated	1,151	846	1,904	154	8	2	4,063
Unsubstantiated	5,231	1,383	8,057	310	58	6	15,039
Can't Locate	48	11	88	4	-	-	151
Total	7,054	2,495	12,707	633	73	9	22,962

Table 26: Timing of Mothers' Screened-In Reports: Before, During, and After Pregnancy

Timing of Report	Mother Age 15-19	%	Mother Age 15-17	%
Before	26,977	93.4	11,963	86.9
During	865	3	769	5.6
After	1,036	3.6	1,029	7.5
Total	28,878		13,761	

Table 27: Timing of Mother's Screened-In Reports by Mother's Report History

Mother's Report History	Before	During	After	Total
Single Report	590	41	67	698
Multiple Reports, First in Period	2,320	541	608	3,469
Multiple Reports, Subsequent in Period	9,053	187	354	9,594
Multiple Reports, Total	11,373	728	962	13,063

Table 28: Allegations in Mothers' Screened-In Reports by Timing around Pregnancy and Mothers' Report History

Allegation	Before	During	After	Total
Single Report				
Emotional abuse	26	2	-	28
Neglect	371	14	33	418
Physical Abuse	171	12	24	207
Sexual Abuse	122	23	20	165
Total	690	51	77	818
Multiple Reports				
Emotional abuse	403	17	13	433
Medical Neglect	30	11	18	59
Neglect	8,365	438	634	9,437
Physical Abuse	3,210	258	317	3,785
Sexual abuse	1,484	183	188	1,855
Other	3	-	-	3
Total	13,495	907	1,170	15,572

Table 29: Investigation Dispositions of Mothers' Screened-In Reports, by Timing of Report and Mothers' Report History

	Before	During	After	Total
Single Report				
Substantiated or Indicated	217	13	18	248
Unsubstantiated	356	24	45	425
Other or Unknown	17	4	4	25
Total	590	41	67	698
Multiple Reports				
Substantiated or Indicated	3,962	159	222	4,343
Unsubstantiated	7,074	535	696	8,305
Other or Unknown	337	34	44	415
Total	11,373	728	962	13,063

Table 30: Substantiations/Indications, by Timing of Mother's Screened-In Reports and Mothers' History of Reports

	Before	During	After	Total
Single Report	217	13	18	248
Multiple Reports, First Report	1,719	44	51	1,814
Multiple Reports, Subsequent Report	2,243	115	171	2,529
Multiple Reports, Total	3,962	159	222	4,343

Table 31: Substantiated/Indicated Allegations in Mothers' Screened-In Reports by Race of Mother and Timing of Report

Substantiation or Indication	Before	During	After	Total
White Mothers				
Neglect	688	20	31	739
Physical Abuse	188	9	12	209
Sexual Abuse	181	22	15	218
Emotional Abuse	63	0	1	64
Medical Neglect	3	0	0	3
Total	1,123	51	59	1,233
Black Mothers				
Neglect	2,277	49	76	2,402
Physical Abuse	564	22	48	634
Sexual Abuse	538	70	87	695
Emotional Abuse	136	3	2	141
Medical Neglect	5	3	3	11
Total	3,520	147	216	3,883
All Mothers				
Neglect	3,054	73	114	3,241
Physical Abuse	781	32	61	874
Sexual Abuse	742	99	109	950
Emotional Abuse	212	3	4	219
Medical Neglect	8	3	4	15
Total	4,797	210	292	5,299

Table 32: Substantiated/Indicated Allegations in Mothers' First or Only Screened-In Reports by Timing of Report

	Before	During	After	
Single Report				
Neglect	128	2	5	135
Physical Abuse	36	0	4	40
Sexual Abuse	65	12	11	88
Emotional Abuse	10	0	0	10
Total	239	14	20	273
Multiple Reports				
Neglect	1,298	21	28	1,347
Physical Abuse	319	10	11	340
Sexual Abuse	239	22	22	283
Emotional Abuse	87	0	1	88
Medical Neglect	3	2	0	5
Total	1,946	55	62	2,063

Table 33: Reason for Removal for Mothers' First Placement

Reason for Removal	Frequency	%
Neglect	1,051	58.7
Dependency	323	18.1
Physical Abuse	176	9.8
Delinquency/Child Behavior Problem	81	4.5
Substance Abuse of Parent	66	3.7
Sexual Abuse	50	2.8
Emotional Abuse	11	0.6
Unknown	33	1.8
Total	1,791	

Table 34: Reason for Discharge from Mothers' Last Placement

Reason for Discharge	Frequency	%
Return to Parent/Guardian/Custodian	798	44.5
Guardianship to Third Party	465	25.9
Aged Out	218	11.9
Adoption Finalized	94	5.2
Custody to Relative/Kin	24	1.3
Living with Relative/Kin	8	0.5
Runaway / AWOL	42	2.3
Emancipation	22	1.2
Unknown/Still in Custody	120	6.7
Total	1,791	

Table 35: Removal Reason for Mothers Who Gave Birth Prior to First Placement

Reason for Removal	Frequency	%
Neglect	17	31.5
Dependency	22	40.7
Delinquency/Child Behavior Problem	12	22.2
Physical Abuse	3	5.6
Total	54	

Table 36: First Placement Type for Mothers Who Gave Birth Prior to First Placement

Type of Placement	Frequency	%
Foster Home	22	40.7
Relative/Kin Home	15	27.8
Emergency Shelter	6	11.1
Residential Home	5	9.3
Independent Living	4	7.4
Hospital	1	1.9
Own Home	1	1.9
Total	54	

Table 37: Removal Reason for Mothers with First Births during Identified Placement

Reason for Removal from Home	Frequency	%
Neglect	52	32.9
Dependency	51	32.3
Delinquency/Child Behavior Problem	30	19.0
Physical Abuse	10	6.3
Sexual Abuse	8	5.1
Substance Abuse of Parent	7	4.4
Total	158	

Table 38: Placement Type for Mothers with First Births During Identified Placement

Type of Placement	Frequency	%
Foster Home	82	51.9
Independent Living	36	22.8
Relative/Kin Home	26	16.4
Residential Home	13	8.2
Group Home	1	0.6
Total	158	

Table 39: Placement Type for Last Placement Before Discharge for Mothers Who Gave Birth Before or During Custody

Type of Placement	Frequency	%
Independent Living	88	35.2
Foster Home	79	31.6
Residential Home	30	12.0
Relative/Kin Home	33	13.2
Emergency Shelter	12	4.8
Group Home	5	2.0
Own Home	2	0.8
Detention	1	0.4
Total	250	

Table 40: Reason for Discharge from Last Placement for Mothers Who Gave Birth before or During Custody

Discharge Reason	Frequency	%
Aged Out	146	58.4
Return to Parent/Guardian/Custodian	37	14.8
Runaway / AWOL	12	4.8
Emancipation	10	4.0
Custody to Third Party	8	3.2
Living with Kin	2	0.8
Problem Resolved	1	0.4
Unknown/Still in Custody	34	13.6
Total	250	

Table 41: Accused Persons in Children's Screened-In Reports First Day of Life

Accused Person	Frequency	%
Biological Mother	310	95.1
Biological Father	12	3.7
Other	4	1.2
Total	326	

Table 42: Investigation Dispositions by Allegation in Children's Screened-In Reports First Day of Life

Disposition	Neglect	Physical Abuse	Total
Substantiated	36	18	54
Indicated	6	1	7
Unsubstantiated	257	8	265
Total	299	27	326

Table 43: Placement Type for Children's First Placement

Placement Type	Frequency	%
Interested Individual	16	1.5
Relative Home	397	37.1
Residential Home	4	0.4
Emergency Shelter	1	0.1
Foster Home	537	50.2
Group Home	28	2.6
Independent Living	46	4.3
Hospital	37	3.5
Own Home	4	0.4
Total	1,070	

Table 44: Placement Reason for Children's First Placement

Placement Reason	Frequency	%
Neglect	368	34.4
Dependency	288	26.9
Physical abuse	143	13.4
Substance abuse of parent	92	8.6
Child of minor parent	85	7.9
Sexual abuse	12	1.1
Delinquency	9	0.8
Domestic violence	8	0.8
Unknown/Other	65	6.1
Total	1,070	

Table 45: Reason for Discharge from Children's First Placement

	Frequency	%
Return to Parent/Guardian	438	40.9
Custody to Third Party/Relative	274	25.6
Adoption Finalized	92	8.6
Runaway / AWOL	12	1.1
Aged Out/Emancipation	7	0.7
Unknown	247	23.1
	1,070	

Table 46: Placement Type for Children's Placements in the First Month of Life

Placement Type	Frequency	%
Foster Home	124	64.6
Group Home	21	10.9
Independent Living	19	9.9
Hospital	14	7.3
Relative Home	11	5.7
Residential Home	2	1.0
Emergency Shelter	1	0.5
Total	192	

Table 47: Placement Reason for Children's Placement in the First Month of Life

Placement Reason	Frequency	%
Child of Minor Parent	56	29.2
Dependency	51	26.6
Neglect	21	10.9
Physical Abuse	6	3.1
Substance Abuse of Parent	8	4.1
Caretaker Inability to Cope	5	2.6
Unknown	45	23.4
Total	192	

Table 48: Reason for Discharge from Children's Placements in the First Month of Life

	Frequency	%
Return to Parent/Guardian	87	45.3
Custody to Third Party/Relative	22	11.5
Adoption Finalized	34	17.7
Runaway / AWOL	8	4.2
Aged Out/Emancipation	5	2.6
Unknown	36	18.8
Total	192	

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