Contact with Child Protective Services is pervasive but unequally distributed by race and ethnicity in large US counties

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This article provides county-level estimates of the cumulative prevalence of four levels of Child Protective Services (CPS) contact using administrative data from the 20 most populous counties in the United States. Rates of CPS investigation are extremely high in almost every county. Racial and ethnic inequality in case outcomes is large in some counties. The total median investigation rate was 41.3%; the risk for Black, Hispanic, and White children exceeded 20% in all counties. Risks of having a CPS investigation were highest for Black children (43.2 to 72.0%). Black children also experienced high rates of later-stage CPS contact, with rates often above 20% for confirmed maltreatment, 10% for foster care placement, and 2% for termination of parental rights (TPR). The only other children who experienced such extreme rates of later-stage CPS interventions were American Indian/Alaska Native children in Middlesex, MA; Hispanic children in Bexar, TX; and all children except Asian/Pacific Islander children in Maricopa, AZ. The latter has uniquely high rates of late-stage CPS interventions. In some jurisdictions, such as New York, NY, (0.2%) and Cook, IL (0.2%), very few children experienced TPR. These results show that early CPS interventions are ubiquitous in large counties but with marked variation in how CPS systems respond to these investigations.

Results

Fig. 1 presents results from synthetic cohort life tables estimating the cumulative prevalence of ever having a CPS investigation by age 18 y in the 20 largest CPS jurisdictions in the country. The median cumulative prevalence was 41.3%. No jurisdiction had a total cumulative prevalence below 20%. One (Wayne, MI) had a total rate of over 50%. A CPS investigation is a pervasive event for US children living in major metropolitan areas.

Black children had consistently high rates of investigations, ranging from 43.2% in King County, WA, to 72% in Los Angeles County, CA. In most counties, having had a CPS investigation was a modal outcome for Black children. In 11 of the 20 counties, Black children had risks of investigation that exceeded 60%. Asian/Pacific Islander children had consistently lower rates of CPS investigations than any other group. Their highest rate was 24.2% in Riverside, CA, still roughly 40% below the median. Hispanic and White children tended to experience investigations in the 20 to 50% range. American Indian/Alaska Native children experience low rates in most of these counties, but experience rates in the high 40s in three counties.

Fig. 2 presents estimates for confirmed maltreatment, foster care placement, and TPR. Total rates for all these events differed dramatically across counties. The disparity between the highest and lowest counties is 9.8:1 for confirmed maltreatment (Wayne, MI, vs. King, WA), 5.4:1 for foster care placement (Maricopa, AZ, vs. New York, NY), and 17.5:1 for TPR (Maricopa vs. New York), suggesting large differences in exposure across counties.

The comparatively extreme rates of foster care placement and TPR in Maricopa, AZ, led to very high rates of both events for all children in that county, except Asian/Pacific Islanders. Aside from Maricopa, AZ, Hispanic and White children experienced elevated rates of later-stage CPS contact in few counties, with the exception of Hispanic children in Bexar, TX.

Black children, on the other hand, experienced exceptionally high rates of later-stage CPS intervention in nearly all counties. Rates routinely exceeded 20% for confirmed maltreatment.

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(maximum: 26.5% in Middlesex, MA), 10% for foster care placement (maximum: 20.1% in Los Angeles, CA), and 2% for TPR (maximum: 5.6% in Maricopa, AZ). The highest cumulative risk of each of these events across all counties was also for Black children.

American Indian/Alaska Native children experience uneven patterns across counties. While their rates of TPR were well below the modal rate in most counties, rates were notably high in Middlesex, MA, where TPR for this group was nearly 3%, and Alameda, CA, and King, WA, where it was around 2%.

Discussion

The data suggest that having a CPS investigation is ubiquitous for US children (1) and that risks of later-stage CPS contact are also common for children from historically and/or economically marginalized populations (2–5). This article considered both between- and within-county variation across all four of these stages. This is a significant improvement over existing research, because virtually all critical decisions about later-stage CPS involvement happen at the county level (11, 12).

Consistent with national data (1), the results documented the ubiquity of having a CPS investigation for US children, especially Black children. For them, an investigation was a modal event for most of the counties we considered. Although there was variation across jurisdictions in the percentage of children experiencing this event, risks were consistently high.

There is a great deal less consistency when it comes to later-stage CPS contact. This was especially the case for TPR, where some counties terminated parental rights at rates shockingly higher than those in other counties. This is especially the case for Maricopa, AZ, and Bexar, TX, both of which terminated parental rights at over 15 times the rate of the counties that did so the least.

Throughout CPS investigations are common almost without exception in these 20 counties, there is significant heterogeneity in later-stage CPS involvement and, as importantly, in its prevalence across racial/ethnic groups. Future research should build on these descriptive results to better understand how differential handling of cases across counties leads to divergence in child well-being. Future considerations of these data should also consider disparities in levels of CPS contact by race/ethnicity, with special attention to disparities by race/ethnicity in transition probabilities between stages.

Materials and Methods

All results are based on the Adoption and Foster Care Analysis and Reporting System data and the National Child Abuse and Neglect Data System data. We use synthetic cohort life tables to estimate the cumulative prevalence of exposure to CPS by age 18 y. As with previous research using these methods (1–5), it is essential to differentiate first CPS contacts from higher-order contacts. Unique identification numbers in both datasets guarantee we are at no more than minimal risk for incorrectly considering children as experiencing their first CPS contact. Moreover, we focus on the 20 most populous counties, which are likely to have better data infrastructure than smaller counties. Thus, bias due to incorrectly counting children who have already experienced CPS contact is likely smaller in our analyses than in earlier national and state analyses.

Although we did not have a strict cutoff for population size, either for the total population or for specific racial/ethnic groups, it would be reasonable to be concerned about potential instability in point estimates for groups that form only a small part of the population (e.g., Native Americans), especially since the analyses are at the county level. In supplementary data (13), we show the population counts and counts of first CPS contact by race/ethnicity for each county. Even for Native Americans, the group with the smallest population in most counties, the total population never falls below 7,008 (for the pooled data over 5 y in Middlesex, MA), yielding a sufficiently large population to produce stable estimates even in the smaller counties.

The counties making up New York City report together because they are part of a unified CPS system that extends beyond county lines, and hence are presented together.
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Fig. 2. Cumulative risk of experiencing confirmed maltreatment, foster care placement, and TPR by age 18 y in the 20 most populous counties in the United States for all children and children from five racial/ethnic groups, 2014–2018. Vertical lines for the top (9.1%), middle (3.5%), and bottom (0.7%) panels show the median for all groups of experiencing each event. Each panel of the figure is ordered by risk of CPS event, with the highest risk for all groups at the top. AI, American Indian; AN, Alaska Native; PI, Pacific Islander.


