

Prevention, Protection, or Institutional Oppression? Exploring the Institution of Child Abuse and Neglect Prevention in Alabama

by

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Abstract

In light of the need for child abuse and neglect prevention efforts to target institutional and social conditions underlying family challenges, I use institutional ethnography to analyze focus group discussions (secondary data); interviews (primary data); and key texts to identify how child abuse and neglect prevention work is organized across the state. Across social locations, prevention work occurs amid contexts of shared organizational, cultural, and institutional challenges and constraints. Community conditions of poverty, inequitable access to supports and opportunities that promote health and well-being, and oppressive employment conditions create challenges for families. Experiences of poverty are individualized as indicators of neglect, directing prevention efforts and public discourse towards individuals and away from institutions that underlie challenges. Prevention work contributes to a system of surveillance and monitoring and perpetuates public perceptions about causes of poverty and other social challenges. I make research, policy, and practice recommendations to shift the focus of prevention practice from individuals to the conditions that promote health equity, opportunity, and well-being and redirect the public discourse from individuals ‘at-risk’ to ‘in-risk.’ I suggest that a prevention approach that focuses on social determinants of health may help overcome existing challenges to a public health approach to prevention.

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List of Abbreviations

ACADV	Alabama Coalition Against Domestic Violence
ADCANP	Alabama Department of Child Abuse and Neglect Prevention
ADC	Aid to Dependent Children
AFDC	Aid to Families with Dependent Children
ASFA	Adoption and Safe Families Act
CAA	Community Action Agency
CAC	Child Advocacy Center
CAN	Child Abuse and Neglect
CANP	Child Abuse and Neglect Prevention
CAP	Community Action Plan
CAPTA	Child Abuse Protection and Treatment Act
CBCAP	Community Based Child Abuse Prevention
CHINS	Children in Need of Supervision
CM	Child Maltreatment
CPC	Children’s Policy Council
CTF	Children’s Trust Fund
DHR	Department of Human Resources

HBPE	Home-Based Parent Education
HSEA	Human Sciences Extension Agent
HV	Home Visiting
IE	Institutional Ethnography
FA	Family Assistance
FRC	Family Resource Center
SFF	Strengthening Families Framework
SFP	Strengthening Families Project
TANF	Temporary Assistance for Needy Families
TPR	Termination of Parental Rights

Chapter 1: Introduction

Developmental scientists have developed and disseminated extensive knowledge about the contexts that promote and hinder the development of children (Shonkoff & Garner, 2012), but the U.S. lacks comprehensive infrastructure to intentionally facilitate and guide the development of supportive family contexts equitably across communities. Similarly, risk factors that increase exposure to maltreatment (e.g., low family income, concentrated neighborhood poverty, family stress, and income inequality) and protective factors that reduce exposure (e.g., family support, access to health care, and stable housing), are well-documented (Eckenrode, Smith, McCarthy, & Dineen, 2014; National Center for Injury Prevention and Control, Division of Violence Prevention (CDC), 2019). Further, there is increased recognition by researchers, policy makers, and service workers that child abuse and neglect (CAN) is a complex phenomenon with causes and contributors at multiple levels of the social ecology (Institute of Medicine (IOM) and National Research Council (NRC), 2014; Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016).

Ecological models of human development account for the multiple contexts and layers of influence in which children grow and develop, and the interactions across these contexts (Bronfenbrenner, 1979; 2005), and researchers commonly refer to ecological models in child abuse and neglect prevention research. However, although risk and protective factors exist at all levels of the social ecology (IOM & NRC, 2014; Fortson, et al, 2016; Toth & Manly, 2019), historically, factors that have received attention, in scientific research and in public discourse and discussion, have been those that pertain to individuals and families (Daro & Dodge, 2009). As a result, prevention efforts largely focus on improving parenting skills and knowledge (Daro &

Dodge, 2009). The implications of this approach is an individualizing blame focused on the parent or caregiver with disregard for the contexts and conditions that may underlie family challenges, such as intergenerational poverty and inequitable access to resources and economic opportunities that promote self-sufficiency, such as employment that provides a living wage and access to affordable, high-quality child care. There is increasing recognition that efforts to support families and children and prevent child abuse and neglect must also focus on the societal level (Browne, 2014; Fortson, et al, 2016) and growing support for a public health approach to prevention (Herrenkohl, Higgins, Merrick, & Leeb, 2015; Prinz, 2016; Richmond-Crum, Joyner, Fogerty, Ellis, & Saul, 2013; Sanders, M. R. & Kirby, J. N. (2014). Despite this, however, few studies have examined the specific ways in which institutional processes and social norms influence the provision of child abuse and neglect prevention services in local communities.

The U.S. lacks a federal policy agenda and infrastructure to guide and regulate child protection and child abuse and neglect prevention efforts (IOM, et al, 2014; Daro, 2016). The Child Abuse Prevention and Treatment Act (CAPTA), provides federal funding and guidance to support the provision of child welfare services, including those focused on the prevention of maltreatment. Additionally, CAPTA provides base federal definitions of abuse and neglect that states can then adapt. Therefore, states have the authority to shape their own policy agendas and vary in how they define maltreatment, how they structure their child welfare system, and in the evidence required to substantiate allegations of abuse and neglect (Edwards, 2016; Font & Maguire-Jack, 2019; HHS, 2012).

The Child Abuse Prevention and Treatment Act (CAPTA) provides financial supports for prevention efforts via Community-Based Child Abuse Prevention (CBCAP) funding (Child Welfare Information Gateway, 2019_a) to develop and implement community-based child abuse

and neglect prevention programs to support families and prevent maltreatment (Children's Bureau, 2012). The governor of each state must designate a lead agency to receive and oversee the use of these funds and to direct and oversee public-private partnerships to aid in maltreatment prevention (Children's Bureau, 2012; HHS, 2018). Funds are distributed from the federal level to the states, where states determine the specific use of these funds. This discretion contributes to state-level variation in responses to child abuse and neglect and approaches to child abuse and neglect prevention. Variation in child welfare infrastructures underscores the importance of community-based research and evaluations that account for the broader political, social, and economic contexts in which prevention efforts exist. At the same time, this variation makes it challenging to compare how the institutional structures of various states coordinate social relations in local settings.

Individuals in leadership positions at the federal and state levels, such as elected representatives and political appointees, define, implement, and oversee the provision of child abuse and neglect prevention (CANP) services and often hold the authority to allocate funding to, or withhold funding from, prevention efforts. Therefore, to ensure the development and implementation of policies, programs, and practices to equitably support children and families and successfully prevent child abuse and neglect, it is critical to ensure that elected representatives and policy experts understand and acknowledge the complexity of child maltreatment. Similarly, it is important to make them accountable to address the institutional factors, such as high rates of unemployment; inadequate housing, wages, and policies that promote self-sufficiency; existing social inequalities; and social norms that promote violence (WHO, 2016), that increase risk of child abuse and neglect. Moreover, to successfully advocate for conditions that equitably support the well-being of children and families and prevent child

abuse and neglect, it is necessary to identify: (1) gaps between the needs of families and available supports and resources in Alabama; (2) gaps between the design and expressed intent of service systems and the experiences of individuals that work within them; (3) the current institutional contexts in which prevention is implemented and specific institutional processes that influence local child abuse and neglect prevention practices; and (4) the social norms, values, and beliefs that underlie institutional processes and work practices. Frontline workers, such as service providers and community leaders, enact policy through discretionary practices, and attention to their experiences can yield insight and understanding into how legislation and social policies are enacted (Lipsky, 1980).

The complex interplay of federal funding support, state-level implementation and oversight, and community-based delivery of prevention services by case workers in local settings requires a study approach that can explicitly identify how work processes are connected across levels of the social ecology. Institutional ethnography (IE) is a critical method of inquiry (Bisaillon, 2012) that can help identify specific links between macro-level influences and micro-level practices and experiences. In other words, institutional ethnography (IE) can assist in uncovering the institutional factors (e.g., policies, funding guidelines, professional discourse, and social norms) that shape daily experiences and human interactions in local settings. As a result of an institutional ethnography (IE) inquiry, researchers can create maps to visualize how work processes are connected across sites and illuminate how texts (i.e., organizing documents that are standardized, replicated, and utilized across sites) coordinate activities in local settings (DeVault, 2006; Smith, 2001; Walby, 2013). Mapping social relations provides individuals with insight into the political forces that influence work practices and can help identify potential points of

intervention to promote political and transformational change at the system level (DeVault, 2006; Ng, Bisailion, & Webster, 2017; Wright & Rocco, 2007).

Study Purpose and Research Questions

The US child welfare system has evolved over time to reflect shifting social conditions, social norms, and political climates and beliefs about what constitutes abuse and neglect (Brown, 2006) and how the government should intervene (Myers, 2008). Current child abuse and neglect prevention efforts cannot be fully understood outside of the broader, historical contexts of racism, poverty, and social policy in the US in which the child welfare system has evolved. (Roberts & Sangoi, 2018). Therefore, to better understand the provision and impact of child abuse and neglect prevention in Alabama, the proposed study will utilize an institutional ethnography approach to address the following question:

How are the social norms, perceptions, and values surrounding child abuse and neglect prevention reflected in, and coordinated by, institutional structures and practices of child abuse and neglect prevention within Alabama?

To effectively address this question, the current study is designed to: (a) elicit local knowledge of child abuse and neglect prevention practices in Alabama, from the standpoint of services providers and community leaders; (b) account for the broader context in which service providers and community leaders engage in prevention work; and (c) explicate the specific institutional processes, such as funding guidelines and requirements; state policies and legislation; and social norms and behaviors, that influence and organize child abuse and neglect prevention work across the state. Institutional ethnography (IE) can make an important contribution to our understanding of community-based child abuse and neglect prevention efforts and help bridge gaps between policy and practice by uncovering state-specific, institutional

processes that support, or hinder, the well-being of children and families and coordinate the work and practices involved in child abuse and neglect prevention work.

Organization of the Dissertation

I present the remaining chapters of the dissertation inquiry in an IE methodological format. Therefore, the next chapter introduces institutional ethnography as a methodological approach. I introduce key terms and assumptions that underlie this approach. Chapter Three provides an overview and synthesis of the literature on child abuse and neglect prevention. I begin with a review of commonly utilized and evaluated methods of prevention and situate their use within a historical context. I then discuss increasing calls for a public health approach to prevention, potential barriers to the implementation of this approach, and how institutional ethnography may be useful in understanding the contexts in which this approach may be implemented. In this chapter, I also discuss the discourse surrounding child abuse and neglect prevention in academic research and the ways in which it can obscure the local knowledge and practices of people that work to prevent child abuse and neglect; the experiences of people identified as at-risk for child abuse and neglect; and the current and historical political, social, and economic contexts in which child abuse and neglect prevention work exists. Chapter Four describes the recruitment, data collection, and analytic strategies that will be utilized in this study, following an institutional ethnography approach. In Chapter 5, I present the results, which I follow with the discussion in Chapter 6.

Chapter 2: Institutional Ethnography as a Method of Critical Inquiry

A comprehensive understanding of the ways in which social policies influence local practices requires the use of a methodology that can connect macro-level processes and characteristics to micro-level practices and experiences. An institutional ethnography approach is well-suited to explore connections across levels of the social ecology. In institutional ethnography, researchers ground the inquiry in the experiences of the individuals that work in the setting of interest and examine how texts and institutional discourse coordinate work processes across sites and settings to promote conformity with dominant ideologies (DeVault, 2006; O'Neill, 1998). Experientially grounding the inquiry allows researchers to identify empirical links between practices and experiences in local settings where work occurs and institutional processes that originate in trans local settings (Smith, 1995; 2005). Additionally, institutional ethnography can provide insight into resources and supports that people need to effectively conduct their work (Smith, 2003), which may be particularly useful in fields that receive few financial resources and little public support.

Institutional ethnography is increasingly used in scholarly work. Within the child welfare field, researchers have used institutional ethnography to explore the decision-making practices of child welfare professionals in Ontario, Canada (Parada, Barnoff, & Coleman, 2007) and the work of mothers in child protection work (Brown, 2006). Smith and Donovan (2003) explored the daily experiences of caseworkers employed in the U.S. child protection system and differences between best practice guidelines and practice as implemented. Outside of child welfare, institutional ethnography (IE) has been used to explore social processes involved in health research (Walby, 2013); nursing work (Campbell & Gregor, 2002; Ringham, 2017); early

childhood intervention (Nilsen, 2017); health professions education (Ng, Basillion, & Webster, 2016); and welfare reform (Weigt, 2006).

Given the complex nature of child abuse and neglect prevention (CANP) and cross-level influences of federal funding and legislation, state-level variability in oversight and management, and community-level delivery of child abuse and neglect prevention services, a methodology that links institutional processes with the practices and experiences of community-based service providers and community leaders is important. Although researchers have not, to my knowledge, utilized institutional ethnography to explore child abuse and neglect prevention work, it provides a mechanism to identify empirical links between institutional processes and individual experiences and is well suited to explore how institutional factors shape child abuse and neglect prevention work. To establish the epistemological and ontological foundations, this chapter provides an overview of institutional ethnography.

Orienting the Research in Institutional Ethnography

Institutional ethnography is a form of critical social inquiry (Bisaillon, 2012) that begins in the everyday worlds of individuals that work in the setting of interest (Smith, 2008).

Institutional ethnography aims to empirically investigate connections among daily experiences and practices in: (1) local settings, (2) organizations, and (3) administrative processes that occur in trans local (alternate) settings (Devault & McCoy, 2002). One premise of institutional ethnography is that larger power relations shape, organize, and are linked to, people's individual experiences (Wright, et al, 2007). Dorothy Smith (1987), the sociologist recognized for establishing institutional ethnography as a method of inquiry, contends that the values of dominant group members influence the provision of health care, education, and social services; as a result, this places members of marginalized groups at a disadvantage. Because institutional

practices and policies are treated as universal and objective, the links between privileges of the dominant group and the “factors on which stratification are based” are often invisible (O’Neill, 1998, p. 132). The aim of institutional ethnography is to “reorganize the social relations of knowledge of the social” (Smith, 2005, p. 29). In other words, institutional ethnography (IE) aims to demonstrate how society is socially organized to support dominant ideologies (O’Neill, 1998) and to increase the scope of what people can see, from the positions of their daily lives. This brings our connections to “extended social relations of ruling and economy and their intersection” into visibility (Smith, 2005, p. 29).

Institutional ethnography (IE) is an inherently political approach, in that it allows researchers to explore social issues or injustices and identify and explain how they are organized (Bisaillon, 2012). This approach is unique in this ability to identify how tensions and inequalities in one setting are coordinated by actions in another setting and to identify potential points for intervention to target organizational or structural reform (DeVault, 2006). Institutional ethnography offers transformative possibilities and opportunities to contribute to social change and to policy reform by identifying specific mechanisms through which social relations are organized and certain groups privileged. Results of institutional ethnography studies can be used to motivate political engagement and advocacy and to facilitate changes in leadership.

Ontological and Epistemic Assumptions: Knowledge as Social

The use of institutional ethnography requires an ontological and epistemological shift in the way researchers think about, and conduct, their research, as well as reflection on previously held judgments, assumptions, and knowledge (Kearney, Corman, Hart, Johnston, & Gormley, 2019). Epistemology is a theory of knowledge that refers to how people know what they know about the world, and the primary epistemological assumption of institutional ethnography is that

knowledge is socially organized (Bisaillon, 2012; Rankin, 2017_a). Further, in IE, knowledge is not neutral; it is socially constructed, with certain interests embedded within. In other words, individuals better understand social issues when they recognize that their experiences and viewpoints are limited and come to see how they are intentionally constructed by processes that cannot see. Ontology refers to understandings about how the social world is created, and in IE, the ontological assumption is that the world is social and socially organized (Bisaillon, 2012; Campbell & Gregor, 2004). As key institutional ethnography researchers explain, meaning is created through the coordination of people's activities and practices in and across sites (Bisaillon, 2012; DeVault & McCoy, 2006; Smith, 1987; Smith, 2005).

Additionally, institutional ethnography and symbolic interactionism share an ontology that views "the social as the concerting of people's activities" (DeVault, et al, 2006, p. 17). In analysis that incorporates symbolic interactionism the assumption is that things obtain meaning from the social interactions that people have (Blumer, 1969). This notion is particularly important, and potentially powerful, in the segregated contexts of the U.S. where the social world is divided along racial and economic lines. In this context, the social world of many people is limited to individuals with similar group memberships and associated social status, and therefore, knowledge and interaction with individuals from other social locations may be limited. Limited interactions across social locations may create environments that reinforce and perpetuate stereotypes and misguided perceptions about members of other social groups. From an institutional ethnography perspective, the presence of these societal divisions is likely to result from, and be a means to maintain, the current social order and, ensure sustained power and dominance over groups identified as subordinate (Deveau, 2008).

Social Relations and the Theoretical Lens

Institutional ethnography is grounded in social relations and aims to increase understanding of how things happen, rather than provide explanations for events via theory (Campbell, 2006). (Institutional ethnography uses specialized terminology to refer to social structural relations). In institutional ethnography, *social relations* refer to connections, or links, among work processes (DeVault, 2006) and to the activities and practices that socially organize people's lives (Campbell, et al, 2004). Social relations extend beyond observable social interactions and occur across social settings (Campbell, et al, 2004), and people often participate in social relations unknowingly or without conscious thought. An underlying premise of institutional ethnography is that institutional ideologies recognize some forms of work and disregard others. Therefore, *work* is broadly conceptualized in institutional ethnography and includes all formal and informal activities that occur in a particular setting. The researcher makes note of the activities that are, and are not, institutionally recognized and supported (DeVault, 2006; Smith, 2003).

Institutional ethnography (IE) begins, and remains anchored in, people's experiences and daily practices, much like traditional ethnography (Bisaillon, 2012; Smith, 2006). However, the researcher utilizes these experiences to empirically explore how institutional processes organize and coordinate people's actions. Institutional ethnographers recognize that knowledge from any social position is incomplete because people only know the world from their particular location in it (Bisaillon, 2012). Therefore, institutional ethnography aims to transcend individual accounts of experience to identify how a person's proximate social world is connected to the world of other people, in other locations (Bisaillon, 2012) and to identify how work processes of a particular setting are coordinated by work in another setting (DeVault, 2006; Rankin, 2017_a). In

doing so, researchers explicate how the everyday lives of people are shaped by the ruling relations and identify how micro and macro levels of social organization are connected (Wright, 2003).

Institutional ethnography is not a theoretical, but theory does not guide the research process or interpretation of results in a way that is consistent with typical research in social sciences fields (Kearney, et al, 2019). The traditional use of theory threatens to allow theoretical concepts to subsume the relations that exemplify the theory (and are fundamental to an institutional ethnography approach) (Kearney, et al, 2019). In IE, researchers attempt to avoid the objectification of experiences, and therefore, in the early stages of research, identify a problematic (described below) to focus the inquiry.

Institutional ethnography was motivated, in part, by the contradictions that Dorothy Smith noticed in her own life between her role as a parent and as a person in academia and by her criticism that research does not start in the real world or represent the experiences of individuals that were the focus of the inquiry. Smith's development of institutional ethnography was inspired by Marxist feminist theories, Garfinkel's ethnomethodology, concepts of knowledge and power in the works of Mead, Foucault, and Bakhtin, and Marx's teachings on materialism (Kearney, et al, 2019). Institutional ethnography's core premise that research should begin in the experiences of people was inspired by her personal involvement in the feminist movement and exposure to the concept of critical consciousness.

Research that uses an institutional ethnography approach produces results that have practical implications for the lives of people that live and work in the settings that are explored. Knowledge produced in institutional ethnography studies can increase awareness of existing social relations and power dynamics and depict how individuals in local settings conduct work

for, and maintain the power of, dominant groups. Increased recognition of social relations could challenge or invalidate existing meanings that individuals attach to their work practices and social relations, provide awareness of how social interactions are constructed within society, and motivate and inform transformational change.

Key Components

Three key components of an institutional ethnography approach include the *standpoint*, *ruling relations*, and the *problematic*. I briefly describe each of these terms below. Then, in the final section of this chapter, I describe how research using an institutional ethnography approach is structured around the use of each of these key points of analysis.

Standpoint

Institutional ethnography researchers adopt a *standpoint*, or social position, from which to examine organizational processes. Individuals occupy different standpoints within a work setting, and, therefore, standpoint influences people's work knowledge, experiences, and practices, and the tensions they face within the work setting. The standpoint that the researcher selects will guide the research process (Rankin, 2017_a). The experiences, knowledge, and relevancies of standpoint informants serve as an entry point to the setting and access to the work processes that exist within it (Bisaillon & Rankin, 2013). In institutional ethnography, researchers view people as "experts of the conditions of their lives" (Walby, 2013, p. 143) and do not treat them as abstract concepts. Instead, researchers privilege people and their everyday experience (Walby, 2013), while remaining cautious that we develop knowledge from our limited social position in the world (Rankin, 2017_a). Researchers attempt to identify what people do in these settings and explore tensions and contradictions that arise in this position for the people involved in this work (Rankin, 2017_a). An example of a standpoint in research on child

abuse and neglect research is that of service providers and community leaders that work to prevent child abuse and neglect, as was the focus of the current study.

Ruling Relations

Ruling relations is a methodological term utilized in institutional ethnography (Bisaillon, 2012) that refers to the “particular practices that ‘activate’ a social world of things happening among people” (Rankin, 2017_a, p. 3). They “coordinate what people know about what is happening – even if that knowledge does not quite match what is known from being there” (Rankin, 2017_a, p.3). Ruling relations “refers to an expansive, historically specific apparatus of management and control that arose with the development of corporate capitalism” (DeVault, 2006, p. 295). They reflect larger power relations that shape the individual experiences of people (Wright, et al, 2007) and hook, or pull, individuals into the connected process of the economy and dominant institutions (Smith, 1987; 2005). Dominant societal ideologies reinforce ruling relations, and ruling relations support dominant societal interests (Smith, 2005).

Institutional ethnographers recognize that mechanisms of social control are often documentary and acknowledge the organizing power of texts (DeVault, 2006). Texts are standardized, replicated, and utilized across sites to coordinate behaviors and practices (Campbell et al, 2004; DeVault, 2006; Ng, Bisaillon, & Webster, 2017; Rankin, 2017_a; Smith, 2001) and therefore, are a key component of institutional ethnography studies. One function of texts is to document the institutional language that is characteristic of a field or institution. Texts construct and preserve dominant discourse (ways of thinking and communicating about social issues) (White & Rocco, 2007), and dominant discourse transmits ideology from individual people to decision making authorities, to bureaucratic practices, and to social relations in trans local settings (White et al, 2007). Texts such as assessment forms are often abstract and

impersonal and exclude important information about people's experiences and individual differences or the societal contexts that may have coordinated the experiences. (Campbell et al, 2004).

A variety of texts, in multiple formats, are used to coordinate actions, including strategic plans, legislation and social policy, service referral forms, radio ads, and medical records. In the proposed study, texts that may organize child abuse and neglect prevention work include: (a) state-level legislation that provides oversight of the Alabama Department of child Abuse and Neglect Prevention and governs the allocation of funding for prevention services; (b) program funding guidelines and requirement that detail how funds can and cannot be used; (c) referral forms to outside agencies; (d) intake paperwork to assess client strengths and needs and initiate services; (e) outcome evaluations that assess how well programs, services, and supports reduce risk for, or prevent, child abuse and neglect; and media accounts of child abuse and neglect.

Problematic

In IE, a problematic is a methodological tool (Rankin, 2017_b) that highlights existing tensions, contradictions, and problems that exist between people and the organization of society (Bisaillon, 2012). The research problematic is generated from analysis of the data (Rankin, 2017_b) and revealed through field experience and interaction with standpoint informants (Bisaillon, 2012). In other words, the researcher must engage with the data to identify the problematic because “it often rests on stories (accounts) that reveal troubles arising in (or conflicts between) authorized and experiential knowledge, whereby the tensions that standpoint informants know about and experience are either invisible or misrepresented within the authorized accounts” (Rankin_b, 2017, p. 3). For example, a researcher could utilize an institutional ethnography approach to explore differences between an institution or system's

expressed design and intent and the experiences of individuals within that system (i.e., from the standpoint of workers within that system; individuals that benefit from, or engage with, that system). Once identified, the problematic grounds the investigation and narrows the focus of further research and analysis (Bisaillon, 2012; Rankin, 2017_b). Potential problematics that could arise in the proposed study include: (1) discrepancies between community needs and the services that are, or are not, available to meet those needs; (2) presence of a prevention discourse and intervention delivery (i.e., services commonly referred to as prevention and delivered as intervention); (3) discrepancies between outcomes reported by an agency and what that agency or service actually achieves; or (4) tensions between community needs and political climate in which funds for services are allocated.

Core Components: Summary

These three components, the standpoint, the ruling relations, and the problematic, are essential elements of an institutional ethnography approach. The selection of the standpoint solidifies the social position from which the research will occur and identifies an entry point through which the researcher will access knowledge about work processes in the setting of interest. Additionally, the standpoint informs the contexts from which local knowledge will be drawn. The analytic goal of institutional ethnography research is to explicate the specific institutional processes, or ruling relations, that organize and coordinate the work of individuals in local settings. Identifying the problematic provides the focus for understanding the specific social relations that will be explored in a particular setting. It narrows and focuses the inquiry and assists with ensuring that analysis remains grounded in the experiences of standpoint informants. In the following section, I outline how these components are used in analysis, and therefore, what that means for the critical review of the literature.

Analysis

Institutional ethnography relies on the local knowledge of informants that work in a particular setting, and researchers conduct focus group discussions, interview discussions, or participant observation to elicit information about the work practices that occur in that setting under exploration (Rankin, 2017_a). Analysis begins during data collection and continues through the writing process (Bisallion & Rankin, 2013). It is an iterative and deductive process, and researchers engage in data dialogues to generate questions about how work occurs as it does in that specific settings (DeVault & McCoy, 2002). At all stages of analysis, the researcher must locate “individuals and their experience within a complex institutional field (McCoy, 2006, p. 113). The analytic goal is to use people’s experiences and practices to develop an empirical account of how work occurs in that setting (Bisallion & Rankin, 2013). In other words, informants provide an entry point to understand the practices and experiences that occur in a particular setting (Walby, 2013), but the analytic focus is on the “conceptual practices of power” and social relations that coordinate informant practices and experiences across settings (Smith, 1995; DeVault, 2006). To capture this complexity, analysis must be specific, focused, and technical (DeVault, 2006), and the problematic helps focus analysis.

Summary of Institutional Ethnography approach and Structure of the Study

Institutional ethnography provides a tool to explicate the specific macro-level influences that shape child abuse and neglect prevention work and may help individuals develop better-informed strategies to promote system-level change and create more supportive contexts that promote the development of children and the well-being of families. A core feature of institutional ethnography is the underlying premise that research should start outside of institutional discourse (Deveau, 2008). Therefore, institutional ethnography is grounded in

personal experience through standpoint epistemologies, providing a means to empirically link experiences in local settings with institutional processes that originate elsewhere.

The shifts in thinking that are necessary to utilize an institutional ethnography approach require an unconventional, and more critical, approach to the literature review (Benjamin & Rankin, 2014; Rankin, 2017_a). Whereas most researchers review the literature to identify existing research and identify gaps, institutional ethnographers “position themselves as questioners within the popular discourses of authorized knowledge and empirical evidence” (Benjamin, et al, 2014, p. 94). Researchers explore the literature with close attention to “*how* [emphasis added] the issue is known about within the ruling relations and discursive practices of knowledge production” (Rankin, 2017_a, p. 5). Therefore, research that utilizes institutional ethnography includes a critical examination of the literature to identify traces of the ruling relations through the use of institutional discourse in academic work, and I discuss this in Chapter 3. Studies conducted with an institutional ethnography approach then draw on local knowledge and personal experiences to identify institutional forces that shape work processes, and in Chapter 4, I describe the research methods for the current study.

Chapter 3: Scientific and Public Discourse of Prevention Research and Practice

This chapter begins with an overview of findings from a review of the literature of current child abuse and neglect prevention practices, the effectiveness of commonly implemented interventions, and various intervention components that need additional attention and clarification. I will discuss the significance of this research within the broader context of the political, social, and economic culture of the U.S. I then present the need for attention to macro-level factors, particularly at the state level, that influence the prevention of child abuse and neglect, including the availability and implementation of services and supports, and the societal conditions in which prevention services are, or are not, implemented. I will situate this discussion within the historical context of child protection in the U.S. Then I discuss growing support for a public health approach to prevention, how this approach is fundamentally different from the current system of child protection, and existing political, social, and institutional factors that may prevent the implementation of a public health approach. I conclude with a brief overview of child abuse and neglect and child abuse and neglect prevention in the state of Alabama.

Individual and Family Approaches to Child Abuse and Neglect Prevention

Child abuse and neglect prevention services often take the form of parenting education (Mikton & Butchart, 2009). Although participation in parent education programs has been linked to a variety of positive outcomes, such as reductions in maternal depressive symptoms (Ammerman, et al, 2011); parenting behaviors (Avellar & Supplee, 2013); and improved developmental and behavioral outcomes of children (Caldera et al, 2007), among others, review of the parenting education literature reveals several challenges with a reliance on a parenting education approach to child abuse and neglect prevention. In the following section, I provide an

overview of these challenges and discuss the implications of the provision of parent education as a method of primary child abuse and neglect prevention. I then discuss how current challenges are linked to historical child welfare practices.

Home Visiting and Parent Education as Prevention

Children develop in a web of interrelated contexts (Bronfenbrenner, 1976), and successful child abuse and neglect prevention (CANP) efforts require intervention at multiple levels. Interventions designed to prevent child abuse and neglect, however, have largely targeted individuals and focused on the development of parenting skills, knowledge of child development, and quality of parent-child interactions (Daro & Dodge, 2009) and the parent education and child abuse and neglect prevention literature is dominated by research on home visiting (HV) programs (Mikton & Butchart, 2009; note, the terms ‘home visiting’ and ‘home-based parent education’ are used interchangeably in the literature). Despite the extensive research on parent education, this body of literature lacks attention to the larger contexts in which the parent-child relationship is embedded.

In an ecological-transactional model of child maltreatment, the macrosystem reflects the cultural beliefs and values that may contribute to the occurrence of child abuse and neglect (Cicchetti, Toth, & Maughan, 2000), such as racism, parenting norms, and social tolerance of violence (Cicchetti, et al, 2000). Protective factors at this level include belief in children’s rights, a national commitment to rehabilitating individuals that abuse substances, and national support for education. In the context of the current study, potential macro-level vulnerabilities include social acceptance of poverty and reliance on charity to meet basic needs; social tolerance of violence; fear and mistrust of the child protection system; and a socially deviant approach to substance use and mental health issues. Vulnerability factors for maltreatment that exist in the

exosystem include social isolation and community poverty, violence, and crime (Cicchetti, et al, 2000). In the context of the current study, these include widespread poverty, oppressive employment conditions, lack of access to social services and supports, and social isolation of groups within communities. Attention to protective factors and vulnerabilities that exist at these levels can shed light on how environmental conditions support, or harm, individuals at various social locations within the community, and, perhaps more importantly, where to target change efforts to equitably promote protective factors at all levels of the social ecology.

Access and Service Participation: Problems and Challenges

Referral Source

Research evaluations of parent education services reveal problems with access to parent education programs. For example, referrals typically come from a variety of sources including medical professionals, child welfare organizations, social service and community agencies, court mandates, community members or other service participants, and self-referrals (Ammerman, Putnam, Stevens, Bosse, Short, Bodley, & Ginkel, 2011; Ammerman, Putnam, Altaye, Teeters, Stevens, & Van Ginkel, 2013; Galanter, Self-Brown, Valente, Dorsey, Whitaker, Bertuglia-Haley, & Prieto, 2012; Rostad, Self-Brown, Jr., Boyd, Osborne, & Patterson, 2017). Child welfare case workers and dependency court judges frequently require parents under the supervision of the state to complete a parent education program, and therefore, are a common source of referral (Smith & Donovan, 2003). For example, Smith and Donovan (2003) report that case workers describe service plan requirements to complete parenting classes as “an unquestioned prerequisite to case progress” and “an unquestioned indicator of competent casework” (p. 556). Overreliance on home-based parent education programs warrants concern,

particularly in the context of high implementation costs and limited funding for prevention services.

Methodological Concerns

The variety of referral sources to parent education programs presents a methodological challenge in that it is difficult to distinguish parent education services delivered to child welfare-involved families (i.e., as an intervention) from parent education delivered to non-child welfare involved families (i.e., as a method of prevention). The inability to compare outcomes for child welfare-involved & non-child welfare involved parents limits our ability to confidently draw conclusions about the effectiveness of parent education programs as a means of primary prevention (Vilches, McDaniel, Sherman, & Burks, 2020). Attention to this aspect of service participation is needed to better understand the contexts of service referral and receipt that effectively facilitate the primary prevention of child abuse and neglect. Further, without evidence demonstrating that programs and services effectively prevent child abuse and neglect, it becomes difficult to secure funding for implementation as a prevention program.

It is also unclear if and how the referral source, and the motivations for referral, influence parent or worker program engagement or the benefits of participation. This warrants attention, particularly in light of child welfare worker reports that courts often mandate tasks, such as participation in a parent education program, for purposes other than strengthening parenting skills (e.g., as a punitive response to their involvement in the child welfare system) (Smith & Donovan, 2003). Similarly, in her address at the University of Minnesota's Center for Advanced Studies in Child Welfare conference, Cecelia Sudia (2000), suggests that the ways in which individuals are linked to services will impact the service experience:

a troubled family reported or identified by the justice system, or the mental health system, or by child welfare system, or because they personally asked for help, will receive quite different attention and services even though the presenting problem may be approximately the same (p. 7).

Although Sudia speaks from her experiences in the field, associations between the source of a program referral and the service experience have not, to my knowledge, been addressed in the research literature. These associations do warrant further discussion and review. Given the growing emphasis on outcomes-based results, and the frequency with which parent education is provided, it is surprising that this aspect of service provision has not been explored.

Characterization of Risk and Consequences of Limited Service Provision

Practitioners, medical professionals, and other social service workers often complete parent education program referrals for individuals identified as at-risk (Russell, Britner, & Woolard, 2007). Conceptualizations of risk vary across research studies, but often reflect conditions associated with the contexts in which individuals live and the social meanings attached. Commonly cited risk factors that result in referrals to parent education services often reflect demographic characteristics, (i.e., race, young age at time of birth, single-parent status, and educational attainment) (Ammerman, et al, 2011; Ammerman, et al, 2013; Rostad, et al, 2017); and challenging life circumstances, such as experiences of poverty (Ammerman, et al, 2011); low income levels (Rostad, et al, 2017); substance abuse and mental health problems (Adirim & Supplee, 2013); housing instability (Chaiyachati, Gaither, Hughes, Foley-Schain, & Levanthal, 2018); a lack of access to medical insurance (Eckenrode, et al, 2017); and unemployment (Adirim, et al, 2013). The limited provision of parent education referrals to individuals identified as at-risk is problematic for a number of reasons.

First, many of the above risk classifications reflect socially constructed categories and societal conditions (Robinson, 2001), rather than deficits of the individuals identified by them. Despite this, however, risks are framed as characteristics of the individual, without attention to the experiences associated with group membership or the conditions in which these experiences occur. This discourse obscures the social relations that give meaning to risk categories and can reinforce negative attributions about members of these groups. Similarly, over-representation of individuals that experience stigma and marginalization in parent education programs has the potential to reinforce perceptions that the child welfare system is designed to serve “people who have failed in some way” (Robinson, 2000). David Sanders (2000), director of Hennepin County Children and Family Services in Minnesota, reinforces the sentiment that the child welfare system is “designed for people who are seen as undeserving, or who are seen in some ways as losers in this society” (p. 36).

Secondly, this referral approach may stigmatize participation in a service that could universally benefit parents and create barriers to program recruitment (Barlow, et al, 2003), and many of the referral sources described above require engagement with a health or social service system to obtain access to a referral. This undermines attempts to adopt a public health approach to prevention and to increase access to, and delivery of, parent education. All caregivers, across contexts, are likely to experience parent-related stress, and to fully recognize the potential benefits of widespread access to and availability of parent education, there is a need to: (a) reframe how parent education is viewed and discussed in society; (b) normalize the use of parenting supports; and (c) increase knowledge of child development.

Outcomes of Home-Based Parent Education Services

Confidence in home-based parent education as a method of child abuse and neglect prevention is further muddied by the varying outcomes that researchers assess and report in evaluation research. For example, evaluations of home-based parent education programs assess a variety of program outcomes, including parenting behaviors (Casillas, Fauchier, Derkash, & Garrido, 2016); child cognitive, social, and behavioral development (Avellar & Supplee, 2013); risk (i.e., maternal depression) and protective (i.e., development of social network and social support) factors associated with maltreatment (Ammerman, et al, 2013); and health outcomes (Avellar, et al, 2013), and research has documented many positive benefits that result from participation. Claims that parent education effectively prevents child abuse and neglect, however, are not widely supported (DuMont, et al, 2008). Inconclusive effects on maltreatment outcomes may reflect inconsistencies in program assessments and evaluations or the inability for parent education programs to address the underlying challenges that families experience.

Assessment of Maltreatment Prevention

Research that evaluates the effects of parent education on child abuse and neglect often use proxy indicators of maltreatment, such as hospital or medical records data (Caldera, Burrell, Rodriguez, Crowne, Rohde, & Duggan, 2007; Chartier, et al, 2017; Dew & Breakey, 2014), instead of maltreatment outcomes. Studies that examine the effects of home-based parent education on maltreatment (e.g., maltreatment reports, maltreatment rates, and out-of-home placements) report inconsistent results (Chaiyachati, et al, 2018; Chartier, et al, 2017; DuMont, et al, 2008; Easterbrooks, et al, 2013; Eckenrode, at al, 2017). Further, it is unclear if and how state-level variation in definitions of maltreatment contribute to reported inconsistencies in research evaluations. Taken together, the diverse ways in which researchers assess the benefits of home-based parent education, and the inconsistent results that emerge, make it difficult to

confidently identify home-based parent education services as an effective method of maltreatment prevention. Nevertheless, home-based parent education services remain a widely used and heavily funded method of prevention (Avellar, et al, 2013), which runs counter to the growing emphasis on evidence-based results that is often required to receive service funding.

Underlying Reasons for Challenges

The underlying factors that place families at risk of maltreatment or that motivate program referrals often reflect poor economic conditions, experiences of poverty, or inequitable access to resources, such as physical or mental healthcare (WHO, 2016). As previously discussed, researchers evaluate the impact of home-based parent education programs on a variety of outcomes, such as parenting skills and knowledge of child development, but rarely evaluate or report if or how home visiting services address the underlying conditions that contributed to family challenges and led to service referral. In other words, societal factors that increase risk for child abuse and neglect are not included in traditional child abuse and neglect or maltreatment prevention discourse. The lack of discourse surrounding societal conditions that contribute to maltreatment risk may create an illusion that these problems do not exist and render it easier for individuals that do not experience these conditions to ignore them.

Service referrals and linkage to resources are a common component of home-based parent education programs, and of child welfare involvement, more generally; however, workers can only link parents to resources or services if these resources and services are available and accessible in the context in which home visiting services are implemented. Giovannoni (2000) describes the importance of the contexts in which child welfare services exist:

How well or how poorly the child welfare system can function is always interdependent with the broader societal context in which it exists, as are the children and the families it

serves. The infrastructure of societal supports for families and children is inseparable from the quality of child welfare services (p. 13).

This sentiment was echoed by case workers in a qualitative study that explored their ability to address the impoverished conditions that many families experienced (Carlson, 2017). Workers reported spending a large amount of time linking families to services and resources to meet basic needs, while recognizing that their efforts would not fundamentally change the conditions of their lives. Therefore, to successfully prevent child abuse and neglect, it is important to critically evaluate and understand the broader contexts in which prevention services are implemented, the social norms and expectations surrounding support for children and families, and the policies, practices, and resources in place that support, or fail to support, parents, children, and families.

Lastly, it is not clear if or how referring individuals and agencies use parent outcomes of parent education services. Clarity on how referral sources utilize this information would provide insight into the broader contexts in which parent education and child abuse and neglect prevention exists. According to case workers, parent completion of a court-mandated parent education service may have positive implications for future child welfare involvement, even if the participating parent did not demonstrate changes in parenting knowledge, behavior, or parent-child interactions as a result of program participation (Smith and Donovan, 2003). The lack of assessment and monitoring of how referral sources use this information is another example of the individualizing focus of child abuse and neglect discourse.

Surveillance and Service Providers in Child Abuse and Neglect Prevention

The child protection system relies on front line workers and program directors to meet institutional aims and ensure that the system functions as intended (Edwards, 2016). Prevention actors, such as service providers, have valuable insight into how child abuse and neglect

prevention systems operate because they interact directly with the families and community members that prevention programs serve and must operate within the contexts that these systems exist. The daily practices of prevention actors fulfill the missions of the organizations for which they work and the agencies through which they receive funding, and therefore, a greater understanding of these practices can yield knowledge about the social norms and expectations that underlie this work and the broader social policies that regulate it. For example, home visitors and parent educators make regular assessments and judgments about parents and their ability, of lack thereof, to care for their children, and this knowledge informs decisions about family separations. Therefore, it is important to understand the local knowledge that workers draw on to make these assessments, while at the same time recognizing the undocumented functions that these routine work practices (i.e., assessments of child safety and parenting ability) achieve, such as the surveillance and monitoring of poor and marginalized families.

Causes and Consequences of Surveillance in the System

While welfare policies and social services in the U.S. provide protection and support, they also provide opportunities for governmental surveillance, monitoring, and social control, particularly of poor, Black families (Edwards, 2016; Reich, 2005; Roberts, 2012; Roberts, 2014). The child protection system has been referred to as the primary means through which states attempt to exert social control over parents, monitor the welfare of children, and regulate parenting behaviors (Edwards, 2016), and social workers are instrumental in achieving these goals. In the context of child protection, surveillance often results from family involvement and interaction with multiple public and social service agencies, community organizations, and other entities that support families (Edwards, 2016), and the effects of surveillance and monitoring associated with service provision extend to child-welfare involved and non-involved families.

For example, child welfare workers sometimes provide differential response services to families who received a maltreatment report that was not indicated or substantiated for abuse and neglect (i.e., children were determined to be at low risk of maltreatment), and in instances in which children can safely remain in the home following a substantiated allegation of abuse or neglect (Child Welfare Information Gateway, 2016). Differential response services are intended to strengthen family functioning, ensure family preservation, and therefore, prevent future maltreatment reports (Child Welfare Information Gateway, 2016). Although these services are considered voluntary, they subject parents to surveillance, monitoring (Dumbrill, 2006), and power imbalances in their relationships with case workers or service providers (Dumbrill, 2006; Scott, Lonne, & Higgins, 2016). Further, parents report that their worker's use of power influences their perceptions of, and responses to, child welfare intervention (Dumbrill, 2006).

Further, in a qualitative exploration of the contexts of poverty that lead to child welfare involvement, multiple respondents reported that their interactions with service providers (e.g., visiting nurses, early intervention services for developmental delays, welfare assistance, Medicaid, and homeless shelters) lead to child welfare involvement after they voluntarily approached social service agencies for assistance with conditions that placed them at risk of abuse or neglect, such as substance abuse problems or lack of housing (Fong, 2017). Although families may rely on these entities to help meet basic needs, the individuals that represent these entities are often mandatory reporters who are required to report suspicions of abuse or neglect and trained to be cognizant of behaviors that deviate from socially accepted parenting and family norms (Roberts, 2012). Not surprisingly, heavy involvement with social service organizations often results in higher maltreatment report rates, and this may deter families from seeking needed support (Roberts 2014). The lack of attention to worker bias, cultural humility, and knowledge

and understanding of institutional conditions that increase risk for maltreatment (Roberts, 2012) may contribute to higher report rates among families connected to multiple institutions and is a topic that warrants further attention.

Historical Role of Surveillance in Child Protection

In the early 20th century, child welfare practices focused on lifestyle reform. During this period the goal of child welfare was family preservation, but only if child welfare workers, who were predominantly single, White, childless women, identified the mother as moral (Reich, 2005). Perceptions of morality were largely based on sexual norms and patriarchal views of the family. Financial assistance to single mothers also depended on a social worker's determination that the mother was moral and provided a suitable home (Reich, 2005), in which the mother did not violate sexual norms. This authority was regularly used to deny aid to Black mothers who violated sexual norms (Piven, 2003), which is just one instance in which the child welfare system has contributed to racial and economic inequity, injustice, and oppression.

Organizational Contexts in High Stress Systems

Organizational context can influence program effectiveness, and program implementation can influence organizational contexts (IOM, et al, 2014), both of which may impact the daily practices of prevention actors. Child welfare professionals experience large workloads and heavy paperwork requirements; have low perceived value to lawmakers and the general public; and earn salaries that are not comparable to salaries in other human and service agencies (Ellet, Ellis, Westbrook, & Dews, 2007). Increased pressure to implement evidence-based programs, monitor program participation and engagement, and assess program outcomes to document evidence of effectiveness, without additional monetary or administrative support, may over burden

community organizations that work to prevent child abuse and neglect and place additional stress on workers.

The importance of Service Workers

As can be seen above, social workers occupy a pivotal role in child welfare; they are tasked with executing and maintaining public agendas, operate with constrained resources, have low perceived value, and can be seen by clients as exerting undue power. Prevention actors that work to prevent child abuse and neglect have similar roles and work in similar conditions, often in organizations with fewer financial resources than those that provide intervention services after maltreatment has occurred. Despite the importance of their role, the experiences, agency, and voice of people that work to prevent child abuse and neglect are often missing from research evaluations. This is particularly important in a context in which prevention services often fail to address the underlying factors that place families in risk (i.e., poverty) and contribute to experiences that lead to service participation (Berry, Charlson, & Dawson, 2003).

Economic Conditions of Child Abuse and Neglect

Poverty is consistently identified as a risk factor for child abuse and neglect, and multiple studies document associations between economic conditions and maltreatment rates at the individual and community levels (Berger, 2004; Coulton, Korbin, Su, & Chow, 1995). Conrad-Hiebner & Byram (2018) conducted a systematic review of the associations between economic security and experiences of child maltreatment and found that cumulative material hardship, housing hardship, and income losses consistently predicted future maltreatment. Not surprisingly, families that experience multiple material hardships face elevated risks of maltreatment (Conrad-Hiebner, et al, 2018), and maternal depression often explains associations between economic insecurity and child maltreatment (Conrad-Hiebner, et al, 2018).

At the neighborhood and community level, researchers have documented links between economic conditions and a variety of child maltreatment outcomes, including associations between neighborhood poverty (vacant housing, single parent families, and unemployment rates) and child maltreatment report rates (Coulton, Richter, Crampton, Korbin, & Spilsbury, 2018); community-level job loss and severity of child maltreatment reports (Schenck-Fontaine, Gassman-Pines, Gibson-Davis, & Ananat, 2017); neighborhood impoverishment and maltreatment rates (Ernst, 2001; Maguire-Jack, 2014); and housing characteristics and the physical care of children (defined as adequate nutrition, clothing, and personal hygiene) (Ernst, Meyer, & DePanfilis, 2004). Similarly, researchers have documented links between county-level maltreatment rates and county-level economic conditions, including unemployment rates and mortgage foreclosure rates (Frioux, Wood, Fakeye, Luan, Localio, & Rubin, 2014) and income inequality (Eckenrode, et al, 2014), with associations in the anticipated directions.

Several studies have examined the role of economic supports, including Temporary Assistance for Needy Families (TANF) (Berrick, Frame, Langs, & Varchol, 2006) and housing supports (Cunningham, & Pergamit, 2015; Fowler & Schoeny, 2017; Pergamit, Cunningham, & Hanson, 2017) in promoting child and family well-being among child-welfare involved families, but little research has examined the impact of these supports as a primary mode of child maltreatment prevention. Given the consistent links between economic conditions and maltreatment described above, these explorations are warranted. The overwhelming paucity of research on the use of economic supports as a primary method of prevention reflects broader institutional values that deflect attention from the structural conditions that maintain poverty and oppression to perceived parental deficits (Reich, 2005; Roberts, 2012). This is particularly evident when one considers the provision of cash assistance in a historical context.

Oppressive Nature of Welfare in the U.S.

Historically, federal legislation has guided the provision of economic and social supports to families, but it has been structured to deny eligibility to members of certain groups. As early as the 1800's, physically and mentally disabled children, African American children, and children viewed as "incorrigible, who appeared to be sickly" were ineligible for placing out services (Reich, 2005, p. 30). Before the Civil Rights Movement, Black children and families were disproportionately excluded from social services and ineligible for financial assistance afforded to white families (Reich, 2005; Roberts, 2014). For example, The Mother's Pension gave preference to White widows and excluded most unmarried or abandoned women, as well as most women of color (Reich, 2005). As the number of black mothers and children receiving child welfare supports increased, the child welfare system became less supportive of families and more punitive in their response to child abuse and neglect. Funds for out-of-home placements increased, and funds for in-home support services decreased (Roberts, 2012). The passage of The Adoption and Safe Families Act (ASFA) caused destruction to Black families, as states were incentivized to terminate parental right in the name of permanency (Copeland, 2002; White, 2006). ASFA disproportionately impacted Black families, and as a result, Black children are over-represented in foster care (Copeland, 2002; Myers, 2008; White, 2006) and under-served (with in-home supports) in the child welfare system, more broadly (Simon, 2018).

Policy Contexts of Responses to Child Abuse and Neglect

Social policy "defines reality, orders behavior, and (sometimes) allocates resources accordingly," and the development of social policy can be seen as "a practice of wielding power" (Levinson, Sutton, & Winstead, 2009, p. 772). Unlike the U.S., many developed countries have clear comprehensive family policies in place (Duva & Metzger, 2010). In the U.S., the federal

government yields individual states the authority to: (1) define child maltreatment; (2) determine how they will respond to, and attempt to prevent, child abuse and neglect; and (3) allocate federal funds to services and resources to prevent maltreatment (Edwards, 2016). Similarly, states allocate federal funds to services that are not explicitly designed to prevent child abuse and neglect, but that nevertheless impact a family's financial well-being and ability to meet basic needs. Along these lines, state policy regimes "structure the scripts policymakers and bureaucrats use to design and implement child protection systems and a state's infrastructure for surveillance and case processing" (Edwards, 2016, p. 591). An understanding of state-specific policy regimes is critical to the successful implementation of a public health approach to maltreatment prevention.

State Control of Economic Supports

Block Grants Block Access

Following the elimination of Aid to Families with Dependent Children (AFDC), Congress implemented a new block grant system under the Personal Responsibility and Work Opportunity Reconciliation Act (PWORA) of 1996. Schott, Floyd, and Burnside (2019) explain that the block grant provides federal funds to support the four core purposes of TANF, as outlined by the federal government, which include:

- (1) assisting needy families so children can be cared for in their own homes or the homes of relatives;
- (2) reducing the dependency of needy parents by promoting job preparation, work, and marriage;
- (3) preventing out-of-wedlock pregnancies; and
- (4) encouraging the formation and maintenance of two-parent families (p. 4).

The block grant system increased the flexibility of states to allocate and utilize these funds and weakened federal oversight and regulations. The federal law requires recipients to work and

limits a family's receipt of federal funds to five years. However, states can impose shorter, more restrictive aid limits and determine how they will implement the mandatory work requirement. Further, the block grant system has built-in incentives for states to restrict benefits, because it allows states to save funds that are not spent on administering aid, or to spend remaining funds on other purposes (Piven, 2003). The fragmented nature of state child welfare systems provides an opportunity for states to deny that problems exist (Kydd, 2003), and therefore, save resources that may otherwise be designated to prevention efforts (Schott et al, 2019).

Policy Regimes

As expressed above, states have the authority to oversee the allocation of economic supports that could reduce the prevalence of child abuse and neglect, such as access to Temporary Assistance for Needy Families (TANF) benefits (Floyd, Burnside, & Schott, 2018), and decentralized policies that regulate safety net programs have contributed to inequality in access and level of benefits across states (Bruch, Meyers, & Gornick, 2018). For example, a large percentage of the nation's Black population reside in states with the lowest TANF-to-poverty (TPF) ratios. The TANF-to-poverty ratio reflect the number of families that receive TANF assistance for every 100 families that experience poverty (Floyd, et al, 2018). Black families are, therefore, less likely to have access to cash assistance than white families (Floyd, et al, 2018).

States with punitive social policy approaches utilize coercive strategies to address social problems and to respond to formal or informal violations of social norms (Edwards, 2016). Incarceration rates, police officers per capita, and rate of entry into foster care are indicators that reflect the punitiveness of a state's approach to social policy (Edwards, 2016). In contrast, redistributive regimes typically provide benefits more equitably and offer more generous

assistance and support to families with children. TANF benefits and child welfare workers per capita are indicators that reflect a redistributive approach to policy. Interestingly, although child protection systems in redistributive states generally facilitate fewer family disruptions than states with punitive policies, redistributive states with large welfare bureaucracies tend to report higher rates of foster care placement. This suggests that the administrative structure of the state child protection system may impact the state surveillance of families with low-income families that receive public assistance (Edwards, 2016).

State Economic Policies and Maltreatment

Access to public benefits (e.g., cash assistance, reduced-cost services, such as access to quality childcare) is necessary for many families to meet basic needs in their current contexts. However, the provision of these benefits, without simultaneous and intentional efforts to develop more supportive and equitable conditions for children and family, is not a long-term solution to child abuse and neglect prevention. Structural efforts that proactively foster supportive contexts for children and families is key. Conditions that prevent economic self-sufficiency and perpetuate reliance on welfare assistance to meet basic needs reinforce existing stereotypes and racist attitudes about individuals that rely on public assistance and maintain class divisions that allow dominant groups to maintain privilege and status. In doing so, it obscures realities surrounding the nature of public assistance, and specifically, that use is higher among White, than Black populations. Piven (2003) describes the effects of welfare reform:

The collapse of a rule-bound welfare system and the reconstruction of a discretionary regime obviously means a regime that gives much wider play to public attitudes, including the racist attitudes of line workers, their administrative supervisors, state officials, and the wider publics to whom state officials pander (p. 333).

Some research has examined associations between state-level economic and social policies and maltreatment outcomes, and this research demonstrates promising results. For example, Brown, Garrison, Bao, Qu, Jenny, and Rowhani-Rahbar (2019) compared changes in the number of screened in reports for abuse and neglect among states with and without Medicaid expansion. Medicaid expansion was associated with a significant reduction in the reported neglect rate but was not associated with change in the reported abuse rate. Additionally, Raissian and Bullinger (2017) evaluated associations between minimum wage increases and child maltreatment. They report that an increase in the minimum wage is significantly associated with a reduction in reports of child neglect, with the strongest effects among young and school-age children (Raissian, et al, 2017). Increases in the minimum wage were also associated with a reduction in teen pregnancy (Bullinger, 2017), which researchers commonly identify as a risk factor for child abuse and neglect (Ammerman et al, 2013; Chaiyachati et al, 2018). More specifically, a \$1 increase in the minimum wage resulted in a 2% decline in adolescent births per quarter (Bullinger, 2017).

Klevens, Barnett, Florence, and Moore (2015) explored the effects of eleven state policies on maltreatment rates and identified two policies that were significantly associated with rates of maltreatment investigations. More specifically, they found that the presence of wait lists for subsidized childcare was significantly associated with an increase in child abuse and neglect investigations, while continuous eligibility for Medicaid/SCHIP is associated with significantly lower rates of child abuse and neglect investigations. Both studies suggest a relationship between child maltreatment investigations and supportive (or non-supportive) conditions for families (i.e., access to Medicaid, childcare). Although these studies help to illuminate the importance of state-level policies on child maltreatment, they lack insight into the social, political, and economic

contexts in which these policies exist and the state-specific institutional processes that influence their availability, or lack thereof. Further, these studies do not shed light on how these policies influence child abuse and neglect prevention work or how, specifically, they contribute to maltreatment prevention. It is also not clear if and how state-level variation in definitions of, and responses to, maltreatment, as well as state-level differences in how these policies are implemented, influence these associations (Klevens, et al, 2015). Qualitative explorations of the state contexts in which policies are implemented would complement quantitative evaluations that explore the impacts of state-level policies on maltreatment and well-being outcomes.

Public Health Approach to Child Abuse and Neglect Prevention

Legal scholars suggest that fundamental system and legislative reform may be required to reduce existing racial disparities in the U. S. child welfare system (Simon, 2018). There is also increased recognition among researchers and child advocates that child maltreatment is preventable (Kydd, 2003) and growing advocacy to adopt a public health approach to maltreatment prevention (Prinz, 2016; Scott, et al, 2016; Richmond-Crum, et al, 2013). The use of a public health approach to child abuse and neglect prevention could help address many of the inequities that increase risk of child abuse and neglect and that are reflected in the child welfare system. The successful implementation of a public health approach, however, will require “changes in some of our traditions and deeply held values, our notions of risk and vulnerability, how we build service delivery infrastructure, and how we balance our political priorities” (Daro, 2016, p. 421) and intentional efforts to understand and recognize the ways in which political, social, and economic forces influence the availability of social services and family supports and shape how citizens perceive and utilize them. It will also require a shift in public discourse about existing and ideal social conditions and how conditions impact children and families, as well as a

growing sense of collective responsibility to promote the safety and well-being all children and youth across the state (Herrenkohl et al, 2015).

A public health approach targets change at individual, family, community, and societal levels (Arias, 2009), as all levels of society operate together to influence development (Covington, 2013). This approach emphasizes primary prevention and outreach efforts to educate the whole public (Merrick & Latzman, 2014; Zimmerman & Mercy, 2010), but also identifies more intensive services to meet the needs of families that experience greater levels of risk, via secondary and tertiary interventions. In the context of maltreatment prevention, secondary interventions target specific populations to reduce maltreatment risks, while tertiary interventions aim to strengthen and rehabilitate children and families that have experienced child abuse or neglect to prevent future recurrence (Kydd, 2003). Within a public health framework, interventions are considered most effective when they exhibit broad societal reach, address socioeconomic determinants of health, and require little individual effort (Covington, 2013). Ensuring universal access to parent education may help reduce the stigma associated with parenting education and provide an opportunity for family intervention before contact with the child welfare system occurs.

A public health approach to maltreatment prevention moves beyond a singular focus on available programs or a blaming approach to individuals. A public health approach engages people, policies, and programs to impact individual behavior, transform social norms, and foster public support for policy changes that nurture child well-being and healthy development (Greeley, 2009; Zimmerman, et al, 2010). The successful implementation of this approach requires a normative shift in thinking about relationships between states and families (Eichner, 2005), a collective commitment to protect children (Daro, 2016), and collaboration between

community-based organizations and service systems (Zimmerman, et al, 2010). A public health approach incorporates a systems level perspective and can be used to understand current contexts in which prevention services are implemented so as to help identify where to target efforts to develop the contexts needed for a successful public health approach.

Research on child abuse and neglect and its prevention often reinforces dominant narratives that focus on individuals as the problem that should be fixed, diverting attention away from the societal contexts that underlie challenges. For example, researchers often utilize contextual factors, such as exposure to criminal activity and violence or experiences of poverty as indicators of parental neglect, rather than as structural conditions that perpetuate inequity and division. Similarly, race is often identified as a risk factor of maltreatment, despite a lack of evidence that Black families engage in maltreatment at higher rates than White families. Further, researchers rarely acknowledge, meaningfully discuss, or assess the role of racism when discussing risk in maltreatment prevention research.

Risk assessments also place the burden of risk on families, rarely assessing the contexts and community conditions in which families live. This, too, perpetuates an individualizing blame and ignores the societal conditions that create communities characterized by poverty, economic inequity, and violence. Quantitative research that utilizes risk-categories to explore the prevention and treatment of child abuse and neglect often lack insight into the specific experiences of individuals associated with the risk category. Even within the contexts of federal funding guidelines, institutional discourse that fosters division, and reflects commonly held social norms, is present in program descriptions and funding guidelines to direct funds to “needy” families (Rosinski & Williams, 2018).

Social Norms and a Public Health Approach

Social norms surrounding child abuse and neglect, and the prevention of child maltreatment, are a key component of a public health model of prevention. Social norms and biases are influenced by broader environmental factors, such as policy and regulation, law, religion, culture, and economics (Lilleston, Goldmann, Verma, & McCleary-Sills, 2017), and it is important to understand the shared social norms surrounding violence towards children and existing biases across social groups within the contexts that interventions will be implemented. Historical and structural inequalities in the social environment perpetuate the existence of implicit racial biases in the United States (Payne, Vuletich, & Brown-Iannuzzi, 2019) and may be one way in which ruling relations exert influence. For example, states and counties that were heavily reliant on the institution of slavery in 1860 demonstrate greater levels of pro-White implicit bias among their White population, and lower levels of pro-White bias among their Black population today (Payne et al, 2019). Limited social mobility of the Black population and racial disparities in poverty partially explained this link, illustrating how social contexts influence individual cognition and racial stereotypes (Payne et al, 2019).

Some researchers have examined social norms surrounding child abuse and neglect in the U.S., and there are perceptions among the general public that child abuse does not occur in “normal” families or in individuals from “nice backgrounds” (Bourne, 2011, p. 12). This reflects an othering discourse in which some individuals view themselves as different from people that commit child abuse and neglect and presents a definition of ‘normal’ to which all others are contrasted and compared. Similarly, the social norms and beliefs surrounding “the deserving poor and undeserving poor” (Moffitt, 2017) dictate who should and should not receive financial assistance. Social norms of collective efficacy and responsibility for the well-being of children are critical to the success of community-based prevention programs (Daro & Dodge, 2009) and

will have to subsume social norms surrounding individual responsibility, belief in the myth/ideal of meritocracy, and the public private dichotomy (Sarri & Finn, 1992). These values allow individuals to ignore contextual factors that contribute to inequitable access to opportunities and that create the need for social services and supports in the current form (Augoustinos, Tuffin, & Every, 2005). As a result, individuals can effectively deny that these structural problems exist and deflect personal responsibility to build a more equitable society (Fortson, et al, 2016). In addition to maintaining economic inequalities, this discourse perpetuates racial inequities and ignorance surrounding the ways in which racism is embedded in our societal institutions (Valdez, 2015).

Looking Forward: Deeper Understanding of Societal Conditions

Researchers, advocates, service providers, and concerned community members must be aware of the political and social contexts in which governing bodies and elected representatives develop policies and allocate the funds and resources that determine access to services. Although many programs encourage families to utilize community supports and services, they do not address the conditions under which these services exist (e.g., availability of supports and services; public perception of services and individuals that utilize them; level of trust among institutions and citizens) and how these conditions may impact or contribute to successful prevention efforts. For example, evidence-based programs with a service referral component may be more successful in preventing neglect in states and communities with greater support for, and availability of, policies and practices that support family economic well-being and sufficiency or that have a public transportation system. Studies that have examined associations between state-level policies and child abuse and neglect lack insights into the specific state-level processes and social norms that influence the provision of prevention services and access to

resources that support the well-being of children and families. Further, contextual conditions, like poverty, are poorly linked to program development or outcome studies, and referrals and historical conditions continue to reflect deeply rooted inequities. A public health approach to maltreatment may address some of the institutional conditions that contribute to child abuse or neglect, but doing so will first require a comprehensive understanding of the current social, political, and economic climate in which prevention services exist, as well as the specific institutional processes that impact child abuse and neglect prevention practices in local settings.

Child Abuse and Neglect in Alabama

Many of the issues discussed in the review of the literature are readily observed in Alabama. On the other hand, Alabama has unique conditions and historical contexts that may be connected to the provision of prevention services, both of which make Alabama conducive to an exploration of links between state institutions and practices of child abuse and neglect prevention. Alabama operates a centralized, state-administered child protection system (Child Welfare Information Gateway, 2018). With support of the Governor, the State Department of Education, and CBCAP, in FFY 2014, the state of Alabama initiated mandatory online training course to teach education staff how to report child abuse and neglect (U.S. Department of Health and Human Services, 2019). It is important to note that all social services and supports in Alabama are implemented within the contexts of institutionalized white supremacy that was codified in the 1901 State Constitution and remains in effect (Journal of the Proceedings of the Constitutional Convention, 1901).

Prevalence of Child Abuse and Neglect in Alabama

In 2018, the Alabama Department of Human Resources received 28,748 maltreatment referrals (26 referrals for every 1,000 children) and screened in ninety-eight percent of referrals,

or reports, for investigation ($N = 28,121$). From 2014 – 2018, Alabama experienced a thirty-two percent increase in the number of investigated child abuse and neglect reports (U.S. Department of Health and Human Services, 2020). During the same period, there was a 40% increase in the total number of confirmed child victims ($N_{2014} = 8,697$; $N_{2018} = 12,158$); an increase in the rate of victimization among first-time victims ($N_{2014} = 6.5$ per 1,000; $N_{2018} = 9.2$ per 1,000); and an increase in child fatalities ($N_{2014} = 17$; $N_{2018} = 43$) (U.S. Department of Health and Human Services, 2020). The increase in the number of confirmed child victims is particularly notable in light of the decrease in Alabama's total child population that occurred during this time ($N_{2014} = 1,105,760$; $N_{2018} = 1,089,840$). Despite recent increases in confirmed victimization rates, in 2018, the investigation rate (35.4 per 1,000 children) remained substantially higher than the victimization rate (11.2 per 1,000 children) (U.S. Department of Health and Human Services, 2020). This discrepancy may reflect a surveillance effect or a disconnect between how members of the public view and understand child abuse and neglect and how representatives of the state child welfare agency identify child abuse and neglect.

Patterns of child abuse and neglect in Alabama differ from national trends. For example, in 2018, physical abuse was the leading cause of maltreatment in Alabama, impacting 42% of confirmed victims. This was followed by neglect (31%), sexual abuse (15%), medical neglect (< 1%), and psychological maltreatment (< 1%). Additionally, 12% of victims experienced multiple forms of maltreatment. The use of corporal punishment (Gershoff, 2002; Yang & Maguire-Jack, 2018) and social norms surrounding the use of physical discipline (Klevens & Whittaker, 2007), are considered risk factors for physical abuse, and corporal punishment remains a widely accepted and utilized form of discipline in Alabama. However, although the prevalence of confirmed physical abuse is higher in Alabama than in other states, the cause is not clearly

understood. While it may reflect the state's approach to corporal punishment, it may also reflect the state's approach to, and identification of, substance use as a form of abuse.

Child abuse and neglect occurs across racial groups in Alabama. For example, in 2018, African American children accounted for 29% of Alabama's child population and 29% of child victims ($N = 3,483$). That same year, White children accounted for 58% of the state's child population and 63% of child victims ($N = 7,632$). The victimization rate was higher among White children (12.1 per 1,000 children) than African American children (11.0 per 1,000 children) or children from any other reported racial group (U.S. Department of Health and Human Services, 2020). Consistent with national trends, the highest child victimization rate occurred among children under the age of 1 (35.7 per 1,000 children) ($N = 2,025$). Girls were victimized at a slightly higher rate than boys (12.2 per 1,000 versus 10.1 per 1,000). In 2018, 7% of victims were identified as having a caregiver drug abuse risk factor, up from 6% in 2016. The state of Alabama does not report on alcohol abuse caregiver risk factors. In 2018, there was one confirmed victim of sex trafficking in Alabama.

Alabama statutes do not permit individuals younger than 14 years old to be identified as a perpetrator of child abuse and neglect (U.S. Department of Health and Human Services, 2020). The number of perpetrators of child abuse or neglect increased from 2014 ($N = 6,278$) to 2018 ($N = 8,791$). In 2018, 71% of perpetrators were parents ($N = 6,253$). Further, 67% of perpetrators of child abuse and neglect were identified as White ($N = 5,851$) and 28% were identified as African American ($N = 2,424$); this same year, 52% of adult participants in services funded by the Alabama Department of Child Abuse and Neglect Prevention (ADCANP) were identified as European American, while 43% of adult participants were identified as African American. In other words, African American adults were over-represented in ADCANP-funded prevention

services, and European Americans were under-represented, compared to each group's actual rates of maltreatment.

The Current Dissertation

I grounded the inquiry of the study in the experiential knowledge of prevention actors across the state of Alabama. Experiential knowledge provides insight into the services, programs, and initiatives that currently exist to support children and families and how this work is coordinated, or how these services and supports become available, across the state of Alabama. Therefore, the study addressed the following question:

How are the social norms, perceptions, and values surrounding child abuse and neglect prevention reflected in, and coordinated by, institutional structures and practices of child abuse and neglect prevention within Alabama?

My use of institutional ethnography provided an opportunity to identify the specific institutional processes that influence the provision of child abuse and neglect prevention services and supports in Alabama and that dictate the daily experiences and practices of individuals engaged in child abuse and neglect prevention work across social locations. The current study can be viewed as a case study for researchers in other states that want to explore these conditions within their state context.

Chapter 4: Methods and Procedures

Rationale for Research Methods

Institutional ethnography (IE) is a critical form of social inquiry (Smith, 2005) that begins in the everyday experiences of people, to ground the inquiry in informants' experiential knowledge. The goal of institutional ethnography is to explicate the ruling relations that shape these experiences and connect them to the experiences of others (Smith, 2005). The current study adopted the standpoint of individuals engaged in child abuse and neglect prevention work in Alabama (also referred to as prevention actors). Researchers and practitioners often frame child abuse and neglect as an ecological issue, with causes and contributors at all levels of the social ecology (Bronfenbrenner, 1995), but little is known about how macro-level practices influence access to, and the availability of, child abuse and neglect prevention services in local communities. Prevention researchers can use institutional ethnography to identify organizational constraints that coordinate child abuse and neglect prevention work across social locations and limit the effectiveness of prevention work.

Selection of Standpoint

In the current study, I anchored my inquiry in the standpoint of individuals that work to prevent child abuse and neglect throughout Alabama. Although this standpoint does not provide insight into the experiences of individuals engaged in prevention services, who are most directly impacted by prevention policies and practices, prevention actors serve as a link between families and the ruling relations that organize prevention work. Therefore, research from this standpoint yields understanding into how prevention actors carry out institutional aims. Additionally, this standpoint affords comprehensive insight into how the system of child abuse and neglect prevention operates across individual actors, and, therefore, produces institutional knowledge

that may not be visible to individuals in other social locations or positions within the prevention system (Doll & Walby, 2019).

Previous Professional Experience

Institutional ethnography requires attention to the researcher's social positioning and reflection on the researcher's relation to the data. Before my graduate studies, I worked as a Social Worker in the child welfare field, in a variety of roles. Therefore, I bring insights from my own professional background to this work and have personal exposure to many of the experiences and challenges described by participants. This knowledge and experience enabled me to identify participant use of institutional language and encourage richer description that illuminated the experiences and practices of participants. Throughout my research, I remained aware of my social positioning to proactively ensure that my personal experiences did not cloud my assessment or analysis of prevention work in Alabama.

Gaining Access

I gained access to potential interview informants via my role as the Project Manager on the Social Indicators for Child Abuse and Neglect Prevention Project (hereafter referred to as the Social Indicators Project). The Social Indicators Project was a three-phase exploratory study to identify strengths and needs of existing child abuse and neglect prevention services throughout Alabama (Vilches, McDaniel, Sherman, & Burks, 2020). In my role as Project Manager, I actively participated in all aspects of the project, including planning and preparation; review and synthesis of the literature; IRB development, submission, and compliance; participant recruitment; data collection and analysis; and report writing. These experiences enhanced my understanding of current child abuse and neglect prevention practices in Alabama and provided insight into the discourse surrounding child abuse and neglect prevention work, both in the

academic literature and among practitioners in the field. Logistically, this role offered an entry point from which to begin my inquiry into child abuse and neglect prevention work in Alabama.

Research Design

In the current project, I drew on the local knowledge of individuals that work to prevent child abuse and neglect in Alabama to identify the ruling relations (i.e., institutional processes) that coordinate child abuse and neglect prevention work across the state. To achieve these goals, I utilized three primary types of data collection. These included: (1) secondary data from focus group discussions with individuals that work to prevent child abuse and neglect in Alabama, collected in the Social Indicators for Child Abuse and Neglect Prevention Project (data 1); (2) in-depth, semi-structured interviews with a subsample of focus group participants (data 2), and; (3) document review and textual analysis of institutional texts that coordinate child abuse and neglect prevention work (data 3). Data collection occurred in two related, yet distinct, phases. First, the Social Indicators for Child Abuse and Neglect Prevention Project research team conducted all focus group discussions from May to July 2019. Approximately one month following the completion of all focus group discussions, I began scheduling interviews. I completed all interviews ($N = 9$) across a four-month period, from September 2019 to December 2019.

Data Collection Methods

Focus Group Discussions (Data 1)

Transcripts of focus group discussions constitute the first data set for the current study. Focus group discussions were conducted as part of the Social Indicators of Child Abuse and Neglect Prevention Project, a three-phase project designed to solicit key stakeholder input on existing child abuse and neglect prevention efforts throughout the state of Alabama. (For an

overview of the project, see Table 1). More specifically, the project sponsor, the Alabama Department of Child Abuse and Neglect Prevention, tasked the Social Indicators for Child Abuse and Neglect Prevention team with identifying community strengths that contribute to successful child abuse and neglect prevention work, as well as unmet community needs and ways in which prevention work can be further supported.

The Alabama Department of Child Abuse and Neglect Prevention disburses prevention funding to seven service regions, also referred to as districts, across the state, and therefore, we conducted two focus group discussions in each service district to ensure representation of all service areas (see Figure 1). We hosted one in-person focus group discussion and one web-based focus group discussion, via Zoom, in each district. The provision of in-person and online focus group discussions afforded informants an opportunity to participate in a discussion that best fit within their existing schedule. We conducted an additional web-based focus group at the end of the data collection period for individuals that could not attend their region-specific discussion.

Focus group questions were designed using an Appreciative Inquiry methodology (Cockell & McArthur-Blair, 2012) and focus on strengths and opportunities. Focus group discussions yielded insight into child abuse and neglect prevention practices, discrepancies between community needs and the availability of resources to meet community needs, and the formal and informal work that is involved. Access to this local knowledge provided an opportunity to explore the institutional conditions that influence child abuse and neglect prevention practices. Additionally, focus group discussions afforded access to interview informants and an opportunity for more in-depth insight into the daily practices and experiences involved in child abuse and neglect prevention work.

The group format of focus group discussions yielded insight into child abuse and neglect prevention work from a variety of social locations and provided an opportunity to see how prevention actors interact within and across social locations. Further, institutional processes are standardized across settings and therefore, focus group discussions provided insights into shared and unique experiences, challenges, and tensions (Devault & McCoy, 2006) tensions that occur in child abuse and neglect prevention work in Alabama. In addition, this project was commissioned by representatives of the Alabama Department of Child Abuse and Neglect Prevention, the lead state agency that oversees and funds child abuse and neglect prevention work. Therefore, the primary project goals, research questions, recruitment guidelines, and other aspects of the project provided insight into institutional values and into the contexts in which prevention work occurs in Alabama.

Data 2: Informant Interviews

I conducted individual interviews with a sub-sample of individuals that participated in focus group discussions and consented to an additional interview for graduate student work. The purpose of individual interviews in the current study was to gain greater insight into the daily experiences and work practices involved in child abuse and neglect prevention work in Alabama. Doing so afforded additional insights into the ruling relations that coordinate prevention practices. I designed interview questions to elicit deeper insight into: (a) the tensions and challenges involved in child abuse and neglect prevention work; (b) the daily practices and actualities of people engaged in child abuse and neglect prevention work; (c) and texts that are instrumental to this work. More specifically, I structured questions to yield understanding into the initiation, provision, and termination of child abuse and neglect prevention work. Consistent with an institutional ethnography approach, I positioned study informants as the expert knowers

of their experiences (Campbell, et al, 2004) and treated informant accounts of their work practices and experiences as empirical resources in the context of this study (Smith, 2002).

Interviewing Approach in IE

Devault, et al (2006) describe interviewing in institutional ethnography as “talking with people” (p. 22). Inquiries are open-ended, and the primary goal of interviews is to facilitate an understanding of “how things work” (DeVault, et al, 2006, p. 23). More specifically, in the context of institutional ethnography, interviews help the researcher understand the informant’s location in the ruling relations and learn how informants utilize texts in their work (Walby, 2013). Interviews can take many forms, ranging from formal, planned interviews to informal discussions that occur in the context of observations (DeVault, et al, 2006). In this study, I conducted semi-structured interviews to elicit more in-depth discussion about the daily practices of informants. Informants often discuss their work using professional discourse, or institutional language. In institutional ethnography, interviewers pay close attention to the use of institutional language and, in the interview, support informants to describe the practices and experience that institutional language often masks (DeVault, et al, 2006). During the course of interviews, I regularly used follow-up questions and interview probes to uncover experiences masked by institutional language and to ensure that I understood how informants link one concept or experience to another. In addition, I regularly checked my understanding of informant accounts and experiences as it developed, rather than strictly adhering to the research script or preplanned set of questions (Campbell, et al, 2004). I audio recorded all interviews and transcribed each discussion, verbatim, for analysis. The Auburn University Institutional Review Board approved the study protocol in July 2019 (see Appendix A).

Data 3: Texts

Institutional ethnography moves beyond everyday experiences and practices to identify and analyze the social relations that structure and coordinate them (Travers, 1996). Therefore, in addition to focus group discussions and informant interviews, I utilized institutional texts to identify the institutional processes that influence child abuse and neglect prevention work across the state and understand how ruling relations coordinate prevention work across agencies, programs, and service systems in Alabama. My review of texts yielded insight into the identification of, and discourse surrounding, child abuse and neglect in Alabama and how child abuse and neglect prevention work is coordinated across social locations. Additionally, state regulatory texts provided insight into the state's orientation towards children and families; towards prevention services and other social services and supports, more broadly; and towards social conditions, such as poverty and racism.

During the interview process, I asked informants to discuss texts that they regularly utilize or reference in their daily work, and I documented all texts that informants mentioned. During analysis of focus group and interview discussions, I identified and documented references to key institutional texts and followed-up with informants to inquire about how they use texts in their daily work. These documents provide insights into the institutional processes that coordinate child abuse and neglect prevention work in Alabama, and therefore, I collected copies of institutional texts, when available, for further analysis. In addition to reading for context, I also reviewed texts to determine what prevention actors did with them.

I reviewed three primary types of texts: 1) regulatory, or boss, texts, such as legislation and funding guidelines, that outline departmental structure and the administration of services; 2) subordinate texts, such as mandated informational resources; reporting and evaluation forms; demographic assessments, needs assessments, and services plans; and 3) organizational texts

utilized by individual programs and agencies, such as service announcements, internal publications, training material, and contact reporting logs, among others. I also reviewed and analyzed institutional texts, media articles, and other relevant documents to gain insight into the history of child abuse and neglect prevention and the current contexts in which prevention currently exists (Marshall & Rossman, 2006). Lastly, because child abuse and neglect prevention work is impacted by other fields and service systems, throughout the data collection process, I frequently analyzed policies, practices, and internal documents of the multiple systems in which child abuse and neglect prevention work occurs and is embedded (Travers, 1996). For each group or individual interview, I documented the texts that individuals mentioned or identified as part of their work practices.

Sampling

Data 1: Focus Group Discussions

The project sponsor provided sampling criteria for the Social Indicators of Child Abuse and Neglect Prevention Project. All focus group participants had to meet three primary criteria for inclusion in the Social Indicators for Child Abuse and Neglect Prevention Project. Informants were 1) community leaders or service providers with insight into the needs of families that may be at risk of abuse or neglect; 2) age 19 or older, 3) in the state of Alabama. At the request of the project sponsor, we intentionally recruited service providers that formally implement child abuse and neglect prevention services in Alabama, as well as individuals that work in the community in other capacities but who are recognized as stakeholders in prevention work (referred to as community leaders). Additional sampling criteria and recruitment methods are described in detail elsewhere (Vilches, McDaniel, Sherman, & Burks, 2020).

We conducted fifteen focus group discussions with 99 informants that work to prevent child abuse and neglect across Alabama. As seen in Table 2, informants represented services that were and were not funded by the project sponsor, and informants served in rural and urban communities, and therefore, could speak to a range of experiences in prevention work. Further, informants serve families who are commonly identified as at-risk for child abuse and neglect and who experience environmental challenges and unsupportive conditions associated with their risk status (see Table 3). In addition to the demographic and regional diversity of focus group informants, informants performed in a variety of roles and capacities in prevention work that included parent educators, education personnel, church leaders, public safety representatives, and addiction counselors, among others. The variety of social locations represented in the Social Indicators sample made it ideal for use of institutional ethnography. During the screening process, we invited all eligible Social Indicators Project informants to engage in an additional interview for graduate student research. Individuals that agreed to participate in an additional one-on-one interview comprised the pool of potential interview informants for the current study. As shown in Table 4, a total of 92 focus group participants, or 93% of the Social Indicators Project sample, agreed to participate in an additional interview.

Data 2: Interview Informants

I drew interview informants from among Social Indicators Project focus group participants who were willing to participate in an individual interview for a follow-up project. I identified potential interview informants ($N = 9$) during the process of conducting and analyzing the Social Indicators Project focus group discussions (Campbell, et al, 2004). Researchers often aim to recruit diverse samples to ensure results are generalizable to a certain population. However, the analytic aim of institutional ethnography is to create a picture that depicts all

activity that sustains a “particular institutional nexus or arena” (DeVault, et al, 2006, p. 25). In other words, institutional ethnography sample recruitment is theoretically driven by interest in the work being studied and aims to ensure diversity of experience and social location relevant to the problematic (Bisallion & Rankin, 2013; Mykhalovskiy & McCoy, 2002). Therefore, in the current study, I utilized purposive sampling to select interview informants that occupied diverse roles within child abuse and neglect prevention work.

An underlying premise of institutional ethnography is that dominant ideologies recognize and support some work but ignore other forms of work (DeVault, 2006). Therefore, to acknowledge the formal and informal work processes involved in child abuse and neglect prevention work, I recruited individuals whose work is (e.g., director at a child abuse and neglect prevention organization) and is not (e.g., pastor) officially recognized or supported by the state of Alabama as child abuse and neglect prevention work. It should be noted, however, that many informants perform multiple roles, and therefore, are engaged in both formal and informal work processes. Finally, because institutional ethnography aims to identify factors that influence the work of a particular setting across sites, I recruited individuals from various geographic locations). I continued recruitment until informant recommendations for additional informants began to overlap with recruited informants.

In addition to my final sample ($N = 9$), I attempted to include an informant from the social location of law enforcement; however, only two law enforcement officers agreed to participate in an additional interview. I successfully scheduled an interview with one officer, but they did not show up for the interview on the scheduled date and time. After multiple unsuccessful attempts to reschedule the interview, I ceased efforts to contact them. I conducted all interviews in-person, at a time and location that was convenient to informants, and I audio

recorded all interviews. For further clarification into the unique contributions of data from transcripts of focus group and interview discussions, see Table 5.

Informant Characteristics

Interview informants represented diverse experiences within child abuse and neglect prevention work. Interview informants were, on average, 52 years of age, and as seen in Table 6, the majority of informants identified as female. Further, as seen in Table 7, informants reported a variety of training and knowledge that informs their work, with experiences of formal education ranging from some college to a Law degree. In addition, informants engaged in prevention work from a variety of social locations, often performed multiple roles, and represent diverse professional experiences, as shown in Table 8. During interview discussions, informants referenced texts that they utilize to carry out their work, each of which provide additional insight into how prevention work occurs across social locations in the state of Alabama; I documented these data sources across informants and present this information in Table 9.

Transcription

After each focus group discussion and informant interview, research assistants transcribed the discussions, verbatim, and proofed the transcripts. For quality control purposes, research assistants were not permitted to proof their own transcription work, and therefore, at least two independent research assistants contributed to the transcription of each discussion. Research assistants utilized a foot pedal to aid the transcription process and maintained a log of researcher contributions for each discussion.

Within each transcript, research assistants: 1) identified speaker changes using speaker pseudonyms; 2) reflected conversation dynamics using punctuation and descriptive phrases; and 3) indicated instances in which participants displayed a strong or cohesive reaction and/or a long

pause or silence. At the beginning of each transcript, the transcriber documented: 1) the team members in attendance at the focus group discussion; 2) assigned researcher roles; and 3) participant pseudonyms and associated transcript abbreviations. Research assistants referenced handwritten notes from the focus group discussion to clarify discrepancies and identify speaker changes. After each transcription was complete, an independent research assistant(s) listened to the audio recording and reviewed the transcript. During this process, they checked the transcript for accuracy, helped to clarify remaining discrepancies in the discussions, and formatted the text to better reflect discussion dynamics.

Data Analysis Plan

In institutional ethnography, data analysis occurs on two levels: (a) in local settings where daily practices and experiences occur (Level 1) and (b) in trans local settings that coordinate these practices (Level 2). In the present study, I engaged with transcripts from focus group and interview discussions for Level 1 analysis. At this stage, I focused analytic attention on aspects of people's lives that can be empirically investigated (Bisaillon, 2012) and searched for traces of how the ruling relations coordinate child abuse and neglect prevention work. Analysis at Level 1 has two primary goals. The first goal is to develop an understanding of and appreciation for the embodied experience of standpoint informants and their local knowledge of child abuse and neglect prevention (McCoy, 2006). The second goal is to identify the institutional landscape in which the informant and their experience are located so the researcher can identify institutional sites, practices, and processes for further evaluation (McCoy, 2006). To conduct Level 2 analysis, I engaged with texts identified as important to child abuse and neglect prevention work in Alabama to identify and map specific connections among institutional processes and work experiences in local settings.

Reading for the Institutional Organization of Child Abuse and Neglect Prevention Work

Researchers typically analyze interviews and focus group discussions to gain insight into the experiences of the participants. In institutional ethnography, however, interview and focus group discussions provided insight into “organizational and institutional processes” (DeVault & McCoy, 2006). The goal of analysis in institutional ethnography, however, is to identify the “social processes that have generalizing effects” across various social locations of prevention work (DeVault et al, 2006, p. 16). Analysis includes engaging in experiential dialogues with the data (Walby, 2005). The primary dialogue occurs between the researcher and informants, while secondary dialogue occurs between the researcher and analytic summaries and transcripts from focus group and interview discussions.

During data analysis, I read focus group and interview transcripts to explore the work involved in child abuse and neglect prevention in Alabama and to identify the ruling relations, or institutional forces, that coordinate this work across the state. It should be noted that, although I describe distinct phases of analysis, data analysis does not proceed linearly in institutional ethnography. I analyzed focus group discussions (Data) 1 to draw on local knowledge of child abuse and neglect prevention work in Alabama and identify the key elements of talk, texts, people, knowledge, and practices involved in child abuse and neglect prevention work in Alabama (McCoy, 2006). The analytic process involved repeated back-and-forth engagement with the data (i.e., transcripts from focus group discussions) to better understand what informant accounts reveal about how child abuse and neglect prevention occurs as it does in Alabama (Campbell, et al, 2004). More specifically, I paid particular attention to how informants describe their work; how informant practices are connected to the work of others; and how informants come to describe their work in this way. This work yielded insight into tensions and

contradictions that exist at the local level and helped to formulate the problematic. Consistent with an institutional ethnography approach, I used the following questions to guide the analysis of focus group and interview discussions (Benjamin, et al, 2014; Campbell, et al, 2004; & McCoy, 2006).

Engaging with these analytic questions (see Table 10) provided insight into the institutional factors that shape child abuse and neglect prevention practices. As I reviewed each focus group discussion, I documented how participants described the services they provide, the individuals they serve, and their role in prevention, as well as reported challenges that arise in prevention work. More specifically, I noted the specific challenges participants identify and the identified attribution or source of these challenges, when applicable (i.e., individual challenges, such as parent deficits or environmental challenges, such as unsupportive employment conditions). Additionally, I documented community partnerships and collaborations, and the nature and function of these relationships. Lastly, I documented public perceptions about individuals that engage in prevention work, as a reflection of the broader culture in which the work exists. Taken together, this analysis provides insight into the discourse and orientation to prevention work and how the social location of prevention work influences the social relations involved.

Interviews allowed for more in-depth discussion of the daily practice and experiences involved in child abuse and neglect prevention work in Alabama. Informants provided insight into organization-specific texts that regulate work, as well as state and federal-level conditions that coordinate this work across Alabama. Preliminary analysis of interview data followed the same process used to analyze focus group discussions. Additionally, I read interview transcripts again to identify and document the social relations described by each informant. Following initial

read-throughs of transcripts, I utilized additional analytic strategies to develop an institutional ethnographic account of how child abuse and neglect prevention work is socially organized for practitioners, within a context of limited financial support and resource constraints.

As I read and reviewed transcripts, I grouped data in clusters by their connection to the broader prevention system. Additionally, across social locations, I clustered work activities by task focus, with tasks focused on the service recipient(s), the organization, the community; and oneself. I further clustered tasks focused on service recipients into tasks that occurred with, for, or to the recipient. There were both consistencies and unique experiences in client-focused tasks across informants, but there was noticeable consistency across organizational tasks. This highlights the ways in which prevention actors perform tasks that help achieve organizational and institutional goals, in addition to client-oriented goals. In addition, I paid attention to how informants described their services as contributing to successful prevention efforts, noting when informant perceptions of success differ from institutional accounts of success.

Textual Analysis

The purpose of textual analysis is to reveal the institutional processes and forces outside of the local setting that coordinate child abuse and neglect prevention work across the state. During this stage of analysis, I reviewed regulatory texts that organize prevention work in Alabama, such as state legislative and administrative code, state service reports, and federal program descriptions and funding requirements; subordinate texts, such as referral forms, program evaluations, and budget reporting forms, and organizational documents, such as client tracking forms, among others. I noted the information included in the text, as well as how the texts reflect dominant discourse. Additionally, I explored how informants utilize and engage with

texts, a concept known as text-action-text sequence, asking what the texts are used for, what they accomplish, and who benefits from their use (Benjamin, et al, 2014).

Indexing

Throughout data analysis, I utilized indexing, an analytic tool to avoid thematic analysis (Rankin 2017_b), to cross-reference linked work activities across settings, role, and work processes and to organize data around empirical happenings (Rankin 2017_b). This helped maintain the institution at the center of analysis and avoid “institutional drift” that occurs when the focus shifts to standpoint informants (McCoy, 2006). For focus group informants I indexed work experiences, challenges in work, community partnerships and collaboration’s, and societal perceptions about the families they serve (Appendix E). This helped me to identify universal experiences and challenges in prevention work, as well as experiences unique to the social location of various prevention actors. I continued analysis until I could depict how institutional processes are connected to individual experiences in local settings. This is in line with the standard for rigor, which “comes not from technique – such as sampling or thematic analysis – but from the corrigibility of the developing map of social relations” (Devault & McCoy, 2002, p. 33). I followed a similar indexing process following my review of interview transcripts. When indexing the experiences of interview informants, I bolded texts that they use to carry out their work (see Table 16).

Institutional Mapping

Institutional mapping is an analytic procedure that helps make visible the ways in which texts organize the institution and influence individuals engaged in work of the institution (Underwood, Smith, & Martin, 2019). The diversity of experience in child abuse and neglect prevention work in Alabama, and the multiple agencies involved, made it important to

understand how these diverse actors are hooked into the work of prevention. Therefore, I mapped the primary responsibilities and activities of key systems involved in prevention work, documenting their structure and function. This allowed me to identify the specific points at which these systems are hooked into prevention work, as well as the regulatory texts that organize the work, the subordinate texts that activate them, and the prevention actors that carry out the work. I used different shapes to indicate the various social relations of prevention work.¹ Additionally, I documented the processing exchanges where interaction among these entities occurs. Perhaps more importantly, it allowed me to identify specific legislation that contribute to challenges described by informants, as well as the individuals that have influence and decision-making power within the service systems involved in prevention work. This information can be used to target strategies for change moving forward. After mapping the structure and function of individual agencies, I created an institutional map to document how prevention actors carry out child abuse and neglect prevention work across service systems and social locations in Alabama.

Reflective Analytic Summaries and Memos

Following each focus group and interview discussion, I created a focus group or interview summary, in which I documented highlights and key points; summarized the implications of the discussion; and recorded additional questions that the discussion evoked. Similarly, I created memos to document fieldwork experiences that contribute insight into, or raise questions about, how ruling relations organize the work of child abuse and neglect prevention in Alabama. Throughout analysis and data collection, I also created memos to

¹ organizations, programs, and people: ○; services: 0; regulatory requirements: [] regulatory texts: <>; subordinate and organizational texts: □).

summarize topics of interest, document tensions that arose in informant descriptions of work, and identify additional topics that required further investigation or follow-up. The creation of memos during my analysis of focus group and interview transcripts assisted me in identifying common work practices, challenges, and experiences that occur across informants. I conducted data analysis through the lens of my research problematic, discussed below, to help focus my work. I present the results of my analysis in the following chapter.

Chapter 5: Results

In institutional ethnography, discourse refers to the “systems of languages and conventions” that constitute knowledge of an experience, from a particular social location (Travers, 1996, p. 551). Although public discourse is shared by the majority of community members, discourse benefits a small few (Travers, 1996). Current prevention discourse pathologizes the need for social assistance and focuses attention on the individuals and families that receive prevention services and away from the societal institutions and environments that create family challenges, perpetuate social inequities, and contribute to the need for assistance in the current form. Interview informant, Linked In, explains that these contexts create challenges for prevention work and disbelief that child abuse and neglect is preventable:

The work is so important; there’s so much work to do. The successes they come; sometimes they’re small, but they’re real, so we celebrate those. Sometimes the work we do, there’s a lot of naysayers out there that say, “You’re never going to get this done.” And we just march on and work as hard as we can to get it done and do the best that we can for the children in our state (I 8).

For Linked In, as well as other prevention actors across the state, personal commitment and passion to the work, and to children and families throughout the state, outweighs the lack of public support and resistance they receive. The challenges that informants experienced and described in the focus group and interviews appear to undermine a public health approach to prevention.

The services and supports that informants describe largely reflect an individualized approach to prevention, with interventions and programs that target individual skills, knowledge, and resource assistance, without attention to the institutional conditions that underlie family

challenges. Analysis of focus group transcripts revealed both the diversity and complexity of prevention work in Alabama (McDaniel, Vilches, Jackson, & Sherman, 2020) as well as the shared challenges and conditions in which this work occurs. Child abuse and neglect prevention work involves actors that perform in a variety of capacities across service sectors to support families and protect children. Services are often initiated after institutional contact with a service system, and informant accounts indicate that prevention work consistently involves families that experience poverty and other social, physical, and environmental conditions that threaten family well-being and limit their ability to meet basic needs. As a result, a critical component of prevention work involves efforts to link families to resources to meet basic needs for shelter, food, and clothing, among others. Informants consistently identified collaborations and partnerships as critical to prevention work, particularly in the context of high community need and limited organizational resources that exist throughout the state.

All activities and experiences that constitute prevention work occur within broader economic, political, and social contexts that influence how this work occurs and how members of the public perceive and support this work. Informants readily acknowledged the unsupportive and judgmental contexts in which their prevention work occurs, explaining that members of the public lack understanding into the conditions that underlie family challenges and experiences. In Alabama, prevention work occurs within contexts of high levels of poverty and economic inequality (Talk Poverty, Center for American Progress, 2020); unacknowledged and entrenched racism (Ala. Const. of 1901); minimal state support for social supports and assistance and high reliance and dependency on federal funding and community contributions (Holcomb, Schlichter, Schmidt, Adams, & Leos-Urbel, 2001). However, the public discourse includes widespread misperceptions about the individuals that receive prevention services, with fault attributed to the

individuals. These public perceptions reflect and exemplify the discourse of risk, personal responsibility and employability, and retribution that pervades prevention work in Alabama.

Although prevention actors do not directly engage with state legislation or administrative codes in their daily work, these documents define child abuse and neglect in Alabama; describe the creation, structure, and function of the state agency dedicated to child abuse and neglect prevention; and guide how various service systems work together to support families and children across Alabama. As such, regulatory texts were critical to my analysis. Subordinate texts communicate, link, and coordinate services across social locations to carry out the work mandated in legislative documents. Informants use subordinate texts to conduct activities known as needs assessments, service planning and coordination; resource and referral; tracking, evaluation, and reporting; prevention education; and networking, among others, which hook prevention actors into relations of accountability with the families they serve; the organizations with which they work; outside community organizations and individuals with which they collaborate; program funders; and the state and federal government. For informants, tensions often emerged from relations of accountability, as they produce competing demands for limited resources. Below, I describe how state-level legislative documents organize daily work processes and experiences in local communities, across social locations, and provide a blueprint for how community members, more broadly, understand and respond to child maltreatment. State legislation, subordinate texts, and organizational documents that facilitate prevention work mirror, and work to coordinate, the individualized approach to prevention work that emerged in informant's descriptions of their work.

In this chapter, I interweave results that emerged at all levels of analysis, to present a comprehensive portrait of prevention work in Alabama. With that perspective in mind, I present

my results as follow. First, I provide a broad overview of Alabama’s approach to child protection and to child abuse and neglect prevention. I introduce state legislation that defines child abuse and neglect in Alabama and organizes the state’s approach to prevention, with attention to how diverse actors collaborate across social locations. I also describe the contexts and conditions in which prevention work occurs, grounded in experiences from diverse social locations, and highlight how current conditions undermine the implementation of a public health approach to prevention. I then present a more focused analysis of daily prevention practices, challenges, and the nature of work across social locations. Throughout this discussion, I highlight how prevention work achieves institutional goals across social locations. I conclude with a discussion of the shared challenges and conditions in which all prevention work occurs and the implications for the well-being of Alabama’s children and families. I aim to shed light on how federal and state-level regulatory texts, budgets and funding requirements, organizational texts, and public perceptions and discourse coordinate the work of diverse prevention actors and perpetuate the reactive nature of prevention work in Alabama.

Overview of Approach to Child Abuse and Neglect in Alabama

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 provides a base federal definition of abuse and neglect and grants states the authority to further define experiences of maltreatment. Societal expectations and social norms regarding children and parenting inform definitions of abuse and neglect (Yang & Ortega, 2016). Therefore, any analysis of state approaches to child abuse and neglect prevention require an initial exploration of state-specific definitions and the general approach to child protection. The CAPTA Reauthorization Act of 2010 outlines that, at a minimum, the term ‘child abuse and neglect’ includes:

any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm (42 U.S.C. § 5106g).

The state of Alabama provides separate definitions for abuse and neglect (see Appendix D).

More specifically, in Alabama, physical abuse is defined as:

harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare, which harm occurs or is threatened through nonaccidental physical or mental injury; sexual abuse, which includes a violation of any provision of Article 4, Chapter 6, Title 13A (Code of Ala. 1975, §26-16-2, 2006).

Physical acts of abuse that result in death, bone fractures, internal injuries, bruising, and other physical injuries; bizarre discipline; and tying or placing a child in confinement are considered acts of physical abuse (Al. Admin Code, §660-5-34, 2008). Additionally, child endangerment, defined as “exposure to a controlled substance that result in the inhalation of products used to manufacture meth,” and fetal alcohol syndrome and fetal withdrawal at birth due to the mother’s substance use are also classified as physical abuse (Al. Admin Code, §660-5-34, 2008).

Although CAPTA does not mandate that states document fetal withdrawal and exposure to alcohol as acts of abuse (Child Welfare Information Gateway, 2019), the state of Alabama mandates that hospital staff report these instances to DHR, reflective of the larger ideological approach to substance use in Alabama.

Child neglect is defined as “harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care” (Code of Ala. 1975, §26-16-2). In addition, neglect also includes acts of abandonment (Code of Ala. 1975, §12-15-301); failure to

thrive; and positive test for alcohol and/or drugs at birth (Al. Admin Code, §660-5-34, 2008). In other words, experiences associated with poverty, such as a lack of food or clean clothes, are individualized as indicators of neglect, creating an opportunity for the criminalization of neglect via the child welfare system. This is particularly important in light of the state's broader economic and social conditions that perpetuate experiences of poverty for many families.

In Alabama, child abuse and neglect legislation organize an individualized and punitive approach to child protection, in which the child welfare system is legislatively linked to the legal system, in criminal charges and penalties attached to acts of abuse (Code of Ala. 1975, §26-15) in law enforcement's role as 'a duly constituted authority' in accepting reports of abuse (Code of Ala. 1975, §12-15-306; Al. Admin Code, 660-5-34-.03) and in the legislative mandate that requires DHR staff to enter into written agreements with County law enforcement officials regarding how to respond to reports of abuse and neglect (Al. Admin Code, §660-5-34-.05, 2008). For example, as seen in Figure 2, the Alabama Child Abuse Act (Code of Ala. 1975, §26-15) identifies acts of torture or willful abuse, aggravated child abuse, aggravated child abuse of children under 6, and chemical endangerment as crimes that carry felony charges and the potential for lengthy prison sentences. More specifically, the crimes associated with the perpetration of the above abuses are, in some cases, equivalent to a murder charge, punishable with sentences ranging from a minimum of ten years up to 99 years or life in prison (Code of Ala. 1975, §13A-5-6, 2019). Additional acts of child abuse, and their associated criminal penalties, are described elsewhere in legislation, as shown in Table 11.

The treatment of substance use as an act of child abuse, with an associated criminal penalty, as opposed to a mental health or public health issue, reflects the state's broader approach to substance use, in which substance use is pathologized and viewed as socially deviant. Multiple

informants, such as Denise, reported that the majority of current foster care placements result from parental substance use: “I just completed our report and looked at our statistics, and 85% of the children in foster care in [county name] is due to the parent’s abuse of drugs (Oh yeah drugs is huge)” (FG 1). Further, child abuse legislation institutionalizes opportunity for class-based differences in likelihood of institutional exposure to the child welfare system (Code of Ala. 1975, §26-15-3.3, 2016). Consider the following excerpt from The Alabama Child Abuse Act (2016):

Section 26-15-3.3 Mother of unborn child taking, with good faith belief, controlled substance pursuant to a lawful prescription.

(a) No one shall violate Section 26-15-3.2, and no one shall be required to report under Chapter 14 of this title, the exposing of an unborn child to any of the following:

(1) A prescription medication if the responsible person was the mother of the unborn child, and she was, or there is a good faith belief that she was, taking that medication pursuant to a lawful prescription.

(b) No one shall be criminally liable under any Alabama law for the assistance or conduct of exposing the unborn child to a medication or substance if his or her assistance or conduct is allowed or accepted under subsection (a). (Act 2016-399, §1.)

The above legislation reflects more concern for the legality of the medication use than the impact of the medication on the child. The exception to reporting requirements for mothers who test positive for a controlled substance, but have a prescription, insulates families that have access to, and can afford the costs of, medical care, such as physiotherapy or surgery, from involvement with the state child welfare system. This creates a situation in which two mothers who exhibit the same behavior could have vastly different experiences and interactions with the child welfare and legal system: one mother could be arrested and charged for the same behavior that was

deemed acceptable for another mother, solely on the basis of a medication prescription. This reflects the state's approach to criminalizing illegal acts of drug use, without concern for the importance of the mother-child bond at birth and the potential consequences of parent-child separation. Rather than providing assistance to address the substance use, and the underlying causes of drug use, families risk separation as they are entered into the criminal and child welfare systems. This institutional response is particularly important in light of Alabama's poor system of health care and inequitable access to health services (National Academies of Sciences, Engineering, and Medicine, 2018).

Similarly, abuse of prescription medication creates challenges for service provision and provides another opportunity for differential class-based treatment of families that receive prevention services. For example, in a former role as a home visitor, Marie explains that parents often abused prescription medication, to the point that they were not functional or able to care for their children:

Prescription medicine was a big problem. Even if the parents weren't using street drugs and were testing clean on drug screens, they were still basically incapacitated to care for their kids because they were put on a cocktail of prescription drugs that were not illegal and that, you really couldn't do anything about. When we would do home visits, we would see the parents passed-out where we couldn't wake them up, not functioning very high, and the children were not supervised and really neglected. That posed a lot of problems for interventions because you can't skill build or work to help improve situations if the parent you're working with is not sober (I 5).

In Marie's experience, there were no consequences for parents that had a prescription for the medication they abused, and there was little that she could do to intervene, despite concerns for

the well-being of the children in their care. She further explains that the consequences would be much different, and more dire, for families if parents mirrored this behavior without a prescription. This is another instance in which a parent's ability to access and obtain medical care and a prescription diverted them from further institutional involvement with the child welfare system and protected them from potential family separation. Further, in her role as a home visitor, Marie helped meet institutional goals of surveillance and monitoring, via the use of drug screening practices. This highlights the invasive nature of prevention work and is an example of how prevention actors help achieve institutional goals via their daily practices.

Child Protection

The Department of Human Resources (DHR) is the state agency that investigates reports of alleged abuse and neglect, coordinates out-of-home shelter when a child cannot remain safely at home, and coordinates family services to prevent removal or ensure family stability and child safety after reunification occurs. In this role, DHR employees have a large amount of authority, discretion, and social control over families. Employees of the Department of Human Resources (DHR) work closely with members of local law enforcement to ensure the protection of children, and in each Alabama county, law enforcement officials and DHR representatives enter into written inter-agency agreements to formally coordinate the work of child protection (Al. Admin Code, §660-5-34-.05, 2008). Additionally, law enforcement officers in Alabama have legislative authority to remove children from the custody of their parent or legal guardian if they have “reasonable grounds” to believe that:

- (1) The child is suffering from an illness or injury or is in imminent danger from the surroundings of the child and that the removal of the child is necessary for the protection of the health and safety of the child.

(2) The child has no parent, legal guardian, legal custodian, or other suitable person able to provide supervision and care for the child (Code of Ala. 1975, §12-15-306, 2008).

Although child protection workers are required to participate in pre-service training, it is not clear what, if any, training law enforcement officials receive on how to assess risks for child safety, identify indicators of imminent risk, or intervene when a safety concern is present.

In the following exchange, Ned, a law enforcement officer, exemplifies the cultural acceptance of, and social tolerance for, corporal punishment and physical discipline that exists within Alabama, as he explains how members of the public often misunderstand what is and is not considered acceptable discipline under Alabama law:

A lot of people misunderstand what that law is. It is not illegal to whoop your kids if your kids need whooping (umhmm); it just needs to be done in the proper way. A lot of people don't understand that. They say, 'Well, DHR is going to get you.' Not if you are doing it correctly (yeah) (laughs). A kid has never been hurt by a good whooping (laughingly just not with a broom) (Multiple agreements and laughs). I mean, you don't take an electrical cord across the head, but there is nothing wrong with tearing up their rear end if they actually need it. (agreement). People misunderstand that law, I believe.

LA: That's discipline; you're teaching a child right from wrong. (FG 14)

Ned's approach to physical abuse is defined by what he does and does not view as appropriate forms of corporal punishment. He does not provide insight into the "proper way" to exert corporal punishment, nor is this defined in in Alabama statutes. As such, it allows for potential variability in the response to concerns of abuse and neglect and illuminates the authority and control that law enforcement officers hold, despite their lack of child welfare or child development training. Administrative code that outlines the screening guidelines that workers

use to evaluate allegations of physical abuse (Al. Admin Code, §660-5-2) indicates that evaluations of bruises and cuts, “including those received in corporal punishment,” account for “whether an instrument was used on the child,” among other factors (Al. Admin Code, §660-5-2). This suggests that the receipt of bruises obtained during corporal punishment would, in itself, constitute abuse.

Alabama’s response to child abuse and neglect is further complicated by the state’s dynamic definition of what a child is. More specifically, in Alabama, legislative definitions of a “child,” and associated age requirements, opportunities, and liabilities differ across contexts. For example, the age of majority in Alabama is 19 years old, at which time youth are “relieved of his or her disabilities of minority” and afforded the same legal rights as young adults age 21 and older (Code of Ala. 1975, §26-1-1, 1983). For child protection purposes, however, youth as young as 14 years of age can be listed as a perpetrator of child abuse on an intake report and investigated as such (Al. Admin Code, §660-5-34-.04, 2008). Further, although the state recognizes that “immature minors often lack the ability to make fully informed choices that take account of both immediate and long-range consequences” (Code of Ala. 1975, §26-21-1, 1983), at the age of 16 youth can be tried and sentenced as adults, in the adult criminal system, for certain crimes (Code of Ala. 1975, §12-15-204, 2008). At the same time, a parent or guardian of a child less than 18 years of age can be charged with, and prosecuted for, endangering the welfare of a child if they fail to prevent their child from becoming “delinquent” or “dependent” (Code of Ala. 1975, §13A-13-6, 1977). Further, although youth can be charged and tried as adults in criminal court, legislation regarding parental consent to perform an abortion for a minor (Code of Ala. 1975, §26-21-1, 2014) recognizes:

“as fact that: (1) immature minors often lack the ability to make fully informed choices that take account of both immediate and long-range consequences, (2) the medical, emotional, and psychological consequences of abortion are serious and can be lasting, particularly when the patient is immature, (3) the capacity to become pregnant and the capacity for mature judgment concerning the wisdom of an abortion are not necessarily related”

As such, legislation aims to further the state’s interest in “protecting minors against their own immaturity” (Code of Ala. 1975, §26-21-1, 2014). In this instance, a minor is identified as a person under the age of 18 (Code of Ala. 1975, §26-21-2, 2014), and legislation officially recognizes the developmental capacity of youth, and specifically, their enhanced capacity to make risky decisions and limited capacity to consider their consequences. In light of this recognition, this legislation aims to “protect” minors from the long-term consequences of seeking an abortion.

Taken together, these statutes reflect variable attention to and concern for the developmental capacity of youth and allow for variable and inconsistent responses to behaviors of youth and their parents in the contexts of the child welfare system and criminal court. Further, although 14-year-olds can be identified and treated as perpetrators of child abuse, young adults must be 21 years old to become a caregiver for a relative who is in the custody of the Department of Human Resources (Code of Ala. 1975, §12-15-301, 2019). In addition to these varying age requirements, state legislation allows for the use of leading questions during testimony from a child (Al. Admin Code, §660-5-34-.08, 2008), a practice that can result in false reporting. These differences in age statutes reflect the dynamic nature of how various systems approach and engage children and youth in Alabama; the state is reluctant to afford youth rights of full

participation and citizenship but affords prosecutors and courts the option to punish them as adults, irrespective of their acknowledged inability to assume responsibility. Further, the inconsistent treatment of children across contexts reflects a lack of understanding and/or regard for the developmental needs and abilities of children. With this context in mind, I shift focus to state's approach to the *prevention* of child abuse and neglect.

Child Abuse and Neglect Prevention in Alabama

Alabama's institution of child abuse and neglect prevention is comprised of actors from a variety of social locations, who each perform a certain function in relation to the broader prevention system. The unique contributions of each prevention actor are necessary to maintain the system's current functioning and to achieve the institutional goals of prevention that have been established. Across systems, prevention takes an individualized approach focusing, for example, on parents' behaviors rather than the broader determinants of those behaviors. Although informants consistently report that families experience system-level challenges that limit the availability of and access to services, resources, and opportunities that promote family well-being and safety, prevention efforts remain focused on the perceived deficits or skills of parents and caregivers, without attention the systems that create the challenging conditions in which families live. For example, common prevention services include parenting education; prevention education to increase recognition of potential abuse, awareness of resources for individuals that experienced abuse, and reporting processes to document concerns of abuse; life skills classes; and education and employment services designed to increase employability and reduce dependency on government assistance, among others.

The Alabama Department of Child Abuse and Neglect Prevention

The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) is the sole state agency dedicated to the prevention of child abuse and neglect in Alabama. As the lead child maltreatment prevention state agency, ADCANP secures, leverages, and allocates state and federal funds to programs and initiatives whose goal is to prevent the maltreatment of children. Notwithstanding this unique institutional position, however, ADCANP is a single, (and not well financially supported) component of the complex institution of child abuse and neglect prevention in Alabama.

Department Structure

The Child Abuse and Neglect Prevention Act (Code of Ala. 1975, §26-16-1, 1983) established the Child Abuse and Neglect Prevention Board, hereafter referred to as “Board,” to oversee the operations of the Department of Child Abuse and Neglect Prevention. Mapping the administrative structure and responsibilities of the Board, as seen in Figure 3 and Figure 4, revealed the power allotted to Board members that oversee department operations and illuminated potential points of intervention to influence prevention activities. More specifically, the 14-member Board is comprised of nine public members, as well as the Director of Department of Public Safety, or their designees, State Public Health and Mental Health Officers, The Commissioner of the State Department of Human Resources, and the State Superintendent of Education (Code of Ala. 1975, §26-16-3; §26-16-4, 2006). The Governor appoints all public representatives, and of these, selects one to serve as the Chair of the Board. Further, the Board provides the Governor with names of potential candidates to serve as the Executive Director of the Department of Child Abuse and Neglect Prevention; the Governor selects one of the candidates to serve as the Director; and the Board sets the Director’s annual salary (Al. Admin Code, §185-X-1-.06, 1992). In addition, the Board oversees the annual grantee selection process,

and has the authority to recommend that the Governor and/or Legislature make changes to state programs, statutes, or polices (Code of Ala. 1975, §26-16-7, 2006). In other words, Board members exert a large amount of authority and control over the Director and Department functions, more generally.

Function of Department

In 1983, the Alabama state legislature established The Alabama Department of Child Abuse and Neglect Prevention (ADCANP)/The Children’s Trust Fund (CTF) in response to growth in child abuse and neglect, and it remains the single state department solely devoted to the prevention of child abuse and neglect. The state legislature established the Children’s Trust Fund to secure, oversee, and distribute state and federal funds for primary prevention programs. Funds primarily support programs in the areas of home visiting, parenting education and support, public awareness, mentoring, non-school based, school-based/after school, fatherhood, and respite care (CTF), most of which primarily utilize an individualized approach to prevention. In the 2019-2020 program year, ADCANP funded 153 community-based programs across Alabama (Alabama Department of Child Abuse and Neglect Prevention, 2020), but the Department’s limited financial support restricts the amount of funds they can allocate for prevention services. Informants report difficulty responding to the high levels of community needs with the limited funds they receive. Multiple informants reported that prevention funding allocations have decreased in recent years, as the number of funded services has increased. This creates a funding climate in which organizations compete with more community partners, for smaller amounts of money.

As seen in Figure 5, funding to ADCANP flows from multiple sources, including federal funding from the Community Based Child Abuse Prevention (CBCAP); state revenue collected

from tobacco lawsuit settlements, via the Children’s First Trust Fund; and community contributions via tax donations (Code of Ala. 1975, §26-16-30, 1992) and car tag purchases (Code of Ala. 1975, §32-6-40, 1979). The current funding context reflects minimal state commitment to, and value of, prevention services, as well as the state’s broader lack of support for human and social services. For example, legislation authorizes the state board to receive federal funds, and gifts and donations from individuals and private organizations or foundations for prevention services, with the disclaimer that “acceptance and use of federal funds does not commit state funds and does not place an obligation on the Legislature to continue the purposes for which federal funds are available” (Code of Ala. 1975, §26-16-8, 1983). This disclaimer ensures that the state does not have to commit state funds for prevention efforts and can terminate federal funding sources at any time. This makes it difficult to ensure the continuity of service provision from year-to-year and reflects a lack of state commitment to supporting and protecting families and children across the state. Marie, a director of a community-based prevention agency, describes the state’s lack of commitment as at odds with public discourse about state support for children:

Alabama struggles; we’re awful compared to the rest of the country in overall child well-being, what we do for our kids, and what we invest in. We’re supposed to be a loving, family-tight state; the last thing we think about is our kids. It’s getting better in some areas, but it’s not like, as a state, we’ve said, “We’re going to stand up and do something for our kids,” and that’s what we need to do. Every time I hear somebody speak, it’s “We’re going to build more prisons, or we’re going to do this.” None of it is about getting to the front end of those problems. They make mandates to protect children, but they don’t fund them, like Erin’s Law. That’s a great mandate. It will trigger earlier

interventions for kids and teach kids safe boundaries for their body, but there's no funding behind that mandate. So, as a state, we need to put our money where our mouth is and invest in our children, invest in prevention and then we're going to see things get better. If we keep, on the back end, feeding into it once there's a crisis, or once people are going to jail or prison, then we're never going to have enough money to build enough prisons to put people. (I 5)

Marie highlights the stark contrasts in the state's broad support for the prison system and lack of investment in services and supports for children. This is in opposition to state discourse surrounding child well-being but reflective of the state's punitive response to crime, institutionalized reliance on mass incarceration and prison labor, and individualized approach to prevention efforts. She explains that when the state passes legislation without providing financial support to enact it, this legislative movement creates an illusion of support for prevention, without actions to back up widespread claims of concern for the well-being of Alabama's children.

According to Alabama legislative code (Code of Ala. 1975, §26-16-30), the state legislature established the Children's Trust Fund and the Child Abuse and Neglect Prevention Board Operations Fund to:

Encourage professional persons and groups to recognize and deal with problems of child abuse and neglect; to make information about the problems of child abuse and neglect available to the public and organizations and agencies which deal with problems of child abuse and neglect; and to encourage the development of community prevention programs.

The above text reflects the importance and value that the state places on the role of community ‘professionals’ in child protection. The Children’s Trust Fund legislation (Code of Ala. 1975, §26-16-30, 1992) engages professional community members and groups as active partners in responding to child maltreatment and commits to providing the public with information (education) on child abuse and neglect. In effect, it assigns professionals more responsibility for maltreatment prevention than members of the public and community organizations. Further, this legislation is written in vague and general terms that provides little insight into the dynamic nature of child abuse and neglect or what, specifically, it means to “deal” with child abuse and neglect (Code of Ala. 1975, §26-16-30, 1992). Perhaps more noticeable, however, is the lack of attention to the developmental impact of abuse and neglect on children or framing of abuse as an issue that impacts a child’s health, well-being, and development.

In addition to federal funding, The Children’s Trust Fund receives funds from the Children’s First Trust Fund, which is contingent on state receipt of revenues that result from tobacco settlements and litigation (Code of Ala. 1975, §41-15B-2, 1999), as seen in Figure 6. Therefore, this is another impermanent and uncertain funding source that has no guarantee of continuity from year to year. Further, it demonstrates reliance on revenues generated from litigation that results from the health consequences of tobacco consumption, a behavior documented as an issue of public health. Further, Alabamians have an opportunity to make annual tax contributions to the Department of Child Abuse and Neglect Prevention, and the Department of Human Resources provides ADCANP with TANF funding to support fatherhood programs that promote economic stability, parenting, and healthy relationships (Department of Human Resources, 2019_d).

In addition to the funding streams mentioned above, community member purchases of specialty car tags, referred to as distinctive tags, provide another source of prevention funding. Individuals can purchase a Children’s Trust Fund car tag for an additional \$50 on top of their annual registration at any state office that offers car registration services. These car tags, however, are a product of human exploitation, created with prison labor, an institutionalized system of modern-day slavery, at the hands of individuals who are incarcerated in Alabama’s prisons (Code of Ala. 1975, §32-6-68, 2016). More specifically, the Department of Corrections supplies all distinctive license plates (Code of Ala. 1975, §32-6-64, 2018), and the Department of Revenue collects the additional \$50 fee for these tags (Code of Ala. 1975, §32-6-68, 2016), such as the tag produced by the Alabama Children’s Trust Fund (Code of Ala. 1975, §32-6-450, 1996). Of that \$50, the Department of Revenue receives a 2.5% commission and a \$1.00 administration fee; the Department of Corrections receives \$1.50 for production; the state Comptroller receives \$5.00; and the Children’s Trust Fund, or other sponsoring agency, receives the remaining balance (Code of Ala. 1975, §32-6-68, 2016). Other key services, such as domestic violence services are also funded with the use of distinctive license tags (Code of Ala. 1975, §32-6-690, 2016).

While this practice does yield revenue for the provision of prevention services, it is problematic for many reasons, particularly in the contexts of Alabama’s reasonable efforts requirements. More specifically, when the juvenile court removes a child from their parent or guardian and places them in foster care or other form of state placement, the state must exhibit reasonable efforts to reunify families within a specific time frame. There are certain circumstances, however, where the state is exempt from reasonable efforts requirements. One exception is if “a parent is incarcerated, and the child is deprived of a safe, stable, and permanent

parent-child relationship” (Code of Ala. 1975, §12-15-312, 2019). In other words, the state can simultaneously separate families when a parent goes to prison and use revenues generated from prison labor to support services that prevent family separation.

The challenges that arise from the state’s limited institutional support for prevention services are compounded by the state’s broader approach to social assistance; limited state support for other service systems that could support families; and institutional reliance on block grant funding (discussed later).

The Role of Other Service Systems

Child abuse and neglect prevention work in Alabama is a diverse field comprised of a variety of prevention actors that support families in many capacities. Analysis indicates that prevention actors can be viewed as performing three unique, yet interrelated roles. First, individuals from DHR, law enforcement, the court system, juvenile probation, and the Department of Youth Services oversee, mandate, coordinate, and monitor service provision. This work is primarily reactive, typically engaging families after an incident or concern arises, and is performed by individuals who are often in a position of authority to exert social control over the families with which they work. These actors, referred to as enforcers, have the capacity to enact consequences for noncompliance with mandated tasks, many of which have long-term consequences for the family.

Second, professionals from community social service organizations, such as child abuse and neglect prevention organizations, Family Resource Centers, domestic violence service centers, and other non-profit organizations, among others, provide direct services to families, often in compliance with mandates from enforcers. These prevention actors, referred to as service providers, typically play a more supportive role than actors in group one (i.e., enforcers)

and have opportunities to connect to, and form relationships with, parents. Whereas community members often distrust individuals from Group 1, service providers are often viewed as “the good guys,” and regularly engage in intentional efforts to form relationships with the families they support. A key distinction between prevention actors in these two groups is that service providers do not have the authority to remove children from the home, and according to informants, families often perceived them as less of a threat. Further, actors in this role often, but not always, distrust, or are leery of, the work of enforcers. In addition to direct services, service providers often implement prevention education in a variety of community contexts, such as schools and community centers. The third group, referred to as community supporters, includes community representatives that support prevention work in some capacity, such as community volunteers, members of the business community, churches, school, professionals, and individuals that donate to prevention efforts. Community supporters aid service providers with financial and tangible donations to meet family needs; donations of space to conduct training and implement services; and service as volunteers within direct service organizations. In addition, community supporters include professionals who monitor for abuse and neglect via their role as mandatory reporters.

Prevention work occurs across and within each of these roles, yet prevention actors engage in social relations unique to their location within the institution of prevention. At the same time, actors across social locations are simultaneously drawn into processes that connect them across groups, such as mandatory reporting. Mapping the structure and function of individual service systems in prevention highlighted the centrality of DHR, the juvenile court, and law enforcement officers to prevention work and provided insight into the importance of being institutionally connected and engaged to have an opportunity to participate in a body of

authority, such as the Child Abuse and Neglect Prevention Board, that influences prevention work. For example, the presiding juvenile court judge in each county appoints community members to serve on an advisory board that makes recommendations about how to achieve department goals (Code of Ala. 1975, §12-15-104, 2008). Knowledge of these opportunities provides insight into how and where to direct efforts for change.

The Department of Human Resources (DHR). The Alabama Department of Human Resources is the state agency that investigates public concerns of child maltreatment and coordinates services to strengthen or reunify families and promote child safety and well-being. The Alabama Department of Human Resources was formed in 1935 to manage programs and supports enacted in the New Deal following World War II (Burson, 2008). In 1919, the state legislature created the Alabama Department of Child Welfare (ADCW) in response to advocacy groups that lobbied for adequate living conditions for Alabama’s children. In 1923, Loraine Bedsole Tunstall became the agency’s first director and as such, the first woman to lead a state agency in Alabama (Burson, 2008). At that time, the child welfare superintendent, or social worker, served multiple roles. More specifically, they worked to prevent juvenile delinquency; served as probation officers in juvenile court; and managed the school attendance law (Burson, 2008). In 1988, the Alabama Disability Advocacy Program (ADAP) filed a class action lawsuit against the Department of Human Resources in response to treatment of a child placed in a mental health institution (Southern Poverty Law Center, n.d.). This led to a federal injunction and oversight referred to as the R.C. Consent, which emphasized “the-prevention of placement, early intervention, family reunification, delivery of services in home-based and community-based settings, and child and parent involvement in planning and delivering services” and

required initiatives to address “service development, training, quality assurance, and rights protection” (R.C. v. Fuller, Action no. 88-H-1170-N, p. 2).

DHR child protection workers are in positions of authority and oversight and hold a large amount of social control over parents and families. Individuals that work in this area of prevention tend to mandate participation in and/or link families to services, and provide oversight and monitoring of family progress, rather than administer direct services. According to informants, referrals from the Department of Human Resources and the court system account for the majority of prevention referrals. Further, DHR engages in contracts with a variety of other service, community, and state organizations to provide services to families and coordinate the work of child protection and child abuse and neglect prevention, as seen in Figure 7_a and Figure 7_b, respectively (Alabama Department of Human Resources, 2019_{c,d}).

The Alabama Department of Human Resources has experienced rising challenges in recent years, as a higher number of children have entered care, specifically for substance use (Alabama Department of Human Resources, 2019_c). For example, from October 2016 to October 2017, the number of children in care increased by 14%, or 722 youth (Alabama Department of Human Resources, 2019_c). From October 2014 to October 2017, the number of children in care increased by 25%, or 1,211 youth, creating strain on the system and existing resources (Alabama Department of Human Resources, 2019_c). Interview informants, such as Tina, also expressed concern with high levels of substance use that contribute to removals.

It’s opioids. It’s opioids. And, and I am now told that virtually every family that we’re, the adoptive families notwithstanding, every family in crisis that we’re working with have some connection to substance use right now. It’s just, it’s that pervasive (I 7).

Despite this increase, and the documented understanding that substance abuse is a risk factor for maltreatment, substance abuse and mental health services are scarce throughout the state (Alabama Department of Human Resources, 2019_c). In response to behavior problems, foster parents and congregate care programs more frequently request removal of the youth from their care, and children experience an average of 5.1 moves during their time in care. The high number of placement disruptions and shortage of available foster placements create barriers to maintaining sibling groups. Additionally, supervisors voice concern that frontline staff are inexperienced and unprepared for required work, and annual staff turnover rates have been high in recent years, up to 41% per year (Alabama Department of Human Resources, 2019_c). According to the 2020-2024 Child and Family Services Review (CFSP), Alabama performed poorly on the outcome of enhancing families' capacity to meet their children's needs, attributed, in part, to barriers to transportation and inadequate mental services for children (Alabama Department of Human Resources, 2019_c). The general lack of available community services was also reported as a barrier to child and family well-being (Alabama Department of Human Resources, 2019_{c,d}), consistent with informant accounts.

In addition to child protection services, the governor appointed the Department of Human Resources as the lead agency to administer and oversee Social Services Block Grant (Title XX), Title IV-E, and Title IV-B Programs (Alabama Department of Human Resources, 2019_{c,d}). In this role, they ensure compliance with federal funding guidelines; identify state conditions and requirements under which assistance is distributed; facilitate the provision of supports and associated service requirements; and track and report target outcomes. For example, the Department of Human Resources determines eligibility and oversees the provision of Temporary Assistance for Needy Families (TANF), the cash assistance program for low-income families,

and administers the associated employability and training program, the JOBS program (Al. Admin Code, §660-2-20, 2009). In addition, DHR is responsible for licensing childcare facilities and for monitoring compliance with safety guidelines. As the lead agency of the Child Care and Development Fund (CCDF), DHR contracts with three Child Care Management Agencies in nine service regions to administer programs (Alabama Department of Human Resources, 2020_a). Taken together, these diverse responsibilities highlight the centrality of DHR to the work of child abuse and neglect prevention and child protection in Alabama.

Juvenile Court

In Alabama, the juvenile court oversees delinquency, dependency, and children in need of supervision (CHINS) cases, as shown in Figures 8 - 13, and as such, the juvenile court shares several goals with the Department of Human Resources. More specifically, the juvenile court aims to “preserve and strengthen the family of the child whenever possible, including improvement of the home environment of the child” and to “promote a continuum of services for children and their families from prevention services to aftercare,” among others (Code of Ala. 1975, §12-15-101, 2008) (see Figure 8). Legislation describing the function of the juvenile court clearly reflects Alabama’s individualizing approach to child abuse and neglect prevention, focused on perceived family deficits, without attention to systemic conditions that produce challenges and inequities for families and children. Juvenile probation officers (JPO) are hooked into prevention work in Alabama via the juvenile court and their role in connecting children and youth to community services and supports (see Figure 8). The interconnected work of DHR workers and juvenile probation officers become apparent in Marie’s account of her previous experience as a juvenile probation officer (JPO). In the following exchange, Marie revealed institutional language used to communicate within and across systems; highlights connection

between, and tensions among, DHR and juvenile probation; and yields another example of how funding constraints impact service provision, and ultimately, the well-being of families and youth:

I started working as a juvenile probation officer. Many of those children suffered abuse and neglect and got caught up between DHR and the juvenile probation office. It was always a struggle to see who was going to intervene because of funding, ironically. DHR would usually take the stance, “They’re a delinquent so we’re not gonna take them even if they are in need of supervision,” “We’re not gonna take em, y’all take em.” We would say “They’re not really delinquent; they’re not supervised, have no good role models, the parents are putting them up to doing these types of things, so y’all take them.” It would put the child in limbo. My first experience working in the field was really overwhelming because the child’s needs weren’t getting met. At such a young age, really inexperienced, you would try to advocate, not really knowing what the next steps were because funding was such an issue (I 5).

In her account, Marie describes the tensions that exist between child-serving agencies in the context of limited financial resources, reveals the overlap between child welfare and juvenile probation services, and provides an example of how various institutional contacts can hook families into relationships of accountability. Further, she provides insight into institutional labels and categories, such as “child in need of supervision” and “delinquent,” that guide how DHR and juvenile probation workers navigate service coordination for youth; the funding implications attached to these labels; and the invisibility of the experiences of youth assigned to them. Further, institutional goals surrounding funding, and levels of accountability attached to these identifying labels, guide service decisions and subsume the needs of the child. In addition,

Marie's account yields a concrete example of how real-world conditions (i.e., funding constraints) present challenges for new workers that undermine their ability to meet the needs of the youth they serve.

Law enforcement

Law enforcement officers serve an integral role in child abuse and neglect prevention work and often work alongside DHR to investigate and respond to child abuse and neglect. As seen in Table 13, legislative code mandates members of law enforcement to engage in partnerships with several child and family-serving organizations, including the Department of Human Resources, the Board of Child Abuse and Neglect Prevention, Child Advocacy Centers, the Children's Policy Council, the Children's Trust Fund, and DHR multidisciplinary teams. Interagency agreements between prevention actors document compliance with the institutional requirement for these collaborations. The central presence of law enforcement in these child serving agencies reflect the state's criminalized approach to child abuse and neglect prevention.

Other systems

In addition to the entities mentioned above, several other systems contribute to prevention work in Alabama and provide opportunities to hook families into prevention services. These systems include child advocacy centers, children's policy councils, the Department of Youth Services, Family Resource Centers, domestic violence centers, and Community Action Agencies, among others. Each of these systems are organized by authorities of power that dictate services that must be provided and required documentary and reporting practices.

Family Resource Centers (FRC) throughout the state consist of a variety of community-based services to promote self-sufficiency and independence (Alabama Network of Family Resource Centers, 2010), as shown in Figure 14. Family Resource Centers offer multiple

services in a centralized location to help families “address their complex issues” and encourage inter-agency collaboration and partnerships to support families (Alabama Network of Family Resource Centers, 2020). Centers “target prevention-based comprehensive services,” which include case management during intake and assessment, parenting education, early intervention services, and emergency services (Code of Ala. 1975, §30-8-1, 2000) (see Figure 14). Centers must maintain comprehensive files for each family that receives case management services that include written authorization to release information, signed case notes, and family goals and strengths (Code of Ala. 1975, §30-8-1, 2000) . The Department of Child Abuse and Neglect Prevention regularly funds services provided by Family Resources Centers across the state.

Certified domestic violence centers operate under the direction and supervision of the Alabama Department of Economic and Community Affairs (ADECA). As seen in Figure 15, the certification process for domestic violence centers requires center representatives to engage with multiple forms of texts, including a market analysis and plan, letters of community support, an organizational chart, board bylaws, personnel policies and procedures, operating policies and procedures, and service plans (Al. Admin Code, §305-4-4.05, 2018). The market analysis details need for domestic violence services within the community, and a center becomes eligible for funding once they complete the application process. Further, as seen in Figure 16, all certified centers must provide specific services, including information and referral, case management, child assessment, counseling, emergency shelter, hotline services, and community education (Al. Admin Code, §305-4-4.05, 2018). The service requirements for domestic violence centers facilitate institutional links and ongoing community partnerships with other prevention actors.

Community Actions Centers provide services and supports to low-income families across the state. As seen in Figures 17 and 18, the Alabama Department of Economic and Community

Affairs (ADECA) allocates Community Services Block Grant (CSBG) funding and Low-Income Home Energy Assistance (LIHEAP) funds to Community Action Centers to provide services and supports in low income communities. Through their partnership with Community Action Agencies, ADECA aims to:

improve the lives of low-income Alabama families by providing services to secure and retain meaningful employment, attain an adequate education, make better use of available income, obtain and maintain adequate housing and a suitable living environment, obtain emergency assistance, remove obstacles and solve problems which block the achievement of self-sufficiency, and achieve greater participation in the affairs of the community (Alabama Code of 1975, §11-96-5).

Embedded in this goal are assumptions that individuals who need economic assistance exhibit poor money management skills and spending habits and an inability to maintain employment or a “suitable” living environment. At the same time, stated program goals render community conditions, such as low wages and lack of full-time work that contribute to economic challenges and inequities, invisible. Despite ADECA’s stated goals to remove obstacles that block self-sufficiency, it is unclear how this goal is attainable without attempts to improve employment conditions throughout the state. In addition to the systems and organizations described above, other entities hooked into prevention work include the weatherization fund (Figure 19), the state (Figure 20) and County Children’s Policy Councils (Figure 21), state Child Advocacy Centers (Figure 22), and the Department of Early Childhood Education and School Readiness (Figure 23), among others.

System Collaborations

Although the above prevention actors each make unique contributions to the work of prevention, they also consistently collaborate with each other, and with other community organizations, to support the families with which they work and to achieve organizational and institutional goals. Collaborations across prevention actors are critical within the current contexts of high community need, inadequate access to services and opportunities to support family well-being and safety, and limited prevention funding. Prevention actors, across social locations, consistently reported that partnering with other agencies is critical to successful prevention work and identified this as something they do well. In the following exchange, Pam describes the effectiveness of collaborations in terms of resource utility:

Alabama, especially this area of Alabama, is very good at partnering and not duplicating services and making sure that we use the resources that are available to us instead of trying to reinvent or duplicate them, which is really good use of money and resources.” (FG 1).

Although collaboration across service sectors can enhance the quality of prevention services, Pam’s description of collaborations reflects the interests of the ruling relations that organize this work. In this account, collaborations serve an economic function and are considered an indicator of successful prevention efforts. While prevention actors experience these partnerships as an indicator of success, and as critical to the work of prevention, the above account obscures the reality that prevention services, and social services in related systems, are vastly underfunded and under-resourced. This is an important factor that reflects low institutional value of, and support for, prevention services in Alabama, and it should not be overlooked among individuals interested in strengthening prevention efforts and general supports for families. Moving beyond the field experience, this discourse mirrors that in legislation that

mandates providers to engage in collaborations and in agency documents that boast about the benefits of their organizational partnerships. For example, the Alabama Network of Family Resource Centers advertises their ability to “maximize funding dollars and prevent service duplication and overlap” (Alabama Network of Family Resource Centers, n.d., p. 1).

Additionally, the network assists the state of Alabama with meeting federal requirements to “receive federal funding dollars and to self- direct as a state, independent of intense federal involvement.” These descriptions reflect the state’s reliance on federal dollars to support prevention and human services work, as well as public disdain for government intervention into personal or family life and for services and supports that equitably aid children and families that experience poverty and .

Multiple Points of Institutional Contact.

The diversity of experience of prevention actors, the nature of system collaborations, and the common practice of referrals to other agencies, provide multiple points of institutional contact for individuals that receive prevention services. Some informants, such as K, describe this as a positive attribute of the system, in which greater organizational involvement yields greater outcomes, explaining, “We make referrals and then they work with them as a partner agency. The idea is that [the] more people the family’s involved with, [the] more services. They’re going to have better outcomes in terms of getting those needs met and having follow-up and that kind of thing” (FG 6). Inherent in K’s account is the belief that services universally support and assist the families that participate, without consideration that participation in mandated services may be unnecessary or cause additional parental stress. Further, her statement that greater service participation results in family’s needs being met appears to contradict and undermine the goal of self-sufficiency that many programs and supports aim to achieve.

Additionally, K's account does not consider how service participation functions as a system of surveillance in which individuals that face greater economic and social challenges experience greater system involvement and exposure to monitoring and social control. Further, each service or program has their own sets of service requirements and documentation processes, which can result in additional tasks as conditions of assistance. For example, as seen in Figure 24, individuals that need cash assistance must submit an application to DHR's family assistance division, meet with an eligibility specialist, provide all requested information and documentation, and complete three job applications during the TANF application process (Al. Admin Code, §660-2-20.04, 2009). In addition, eligibility specialists that process TANF applications must refer applicants to the appropriate service unit if they suspect of abuse or neglect (Al. Admin Code, §660-2-2.35, 2018). Similarly, all individuals that receive ADC assistance (TANF) "are referred to the Service Unit when problems or needs of individuals are evidenced or services are desired" (Al. Admin Code, §660-2-2.35, 2018). This provides an opportunity for TANF recipients to be hooked into multiple components of prevention work, based on the discretion of their eligibility workers and case managers. Upon approval for family assistance, the eligibility worker refers the TANF recipient to the JOBS program, where they are assigned a case manager and complete an assessment process. The case manager and recipient develop a Family Responsibility Plan. As part of this plan, recipients must complete a Family Responsibility Agreement (FRA) and Individual JOBS Participation Plan (IJP) that requires them to engage in job seeking services (Al. Admin Code, §660-2-20, 2009). The recipient is assigned to work or a work-related activity and must meet weekly employment requirements complete regular check-ins with their case manager. In addition to the JOBS referral, the eligibility specialist conducts a domestic violence screening tool and refers eligible individuals to the SAIL program for further

assessment, counseling, and safety planning assistance (Department of Human Resources, 2019_d).

Taken together, this provides one example of how diverse prevention actors become hooked into the work of prevention and how families that receive services may emerge with multiple points of institutional contact. Each new institutional contact provides an opportunity for additional service referrals and requirements and further submersion into the institutions of child protection and prevention and their associated surveillance, monitoring, and social control. Prevention actors facilitate a person's entry into, and coordinate their movement across, the institution with a variety of texts, such as those commonly referred to as service referrals, intake assessments, and case planning documents, that help achieve institutional goals and accountability by meeting requirements outlined in regulatory texts. At each point of contact, service providers and organizations complete agency-specific paperwork, service requirements, and measures of accountability, which creates multiple institutional accounts of each family hooked into the work of prevention.

The Critical Role of Regulatory and Subordinate Texts in Prevention Work

Texts produce institutional accounts of a person's experience within a system, and as stated above, child abuse and neglect prevention work relies on the use of texts to achieve institutional goals, document services, and organize experiences across social locations. Prevention actors regularly utilize a variety of texts, particularly when engaging the community and coordinating services across sites. Regulatory, or boss texts, such as state legislation and administrative code, organize prevention work across the state of Alabama by standardizing and regulating texts used in organizations, across settings (Smith, 2006). In Alabama, state legislation engages multiple service systems into what is known as prevention work. These regulatory

documents outline organizational structure, decision-making processes, available services, and levels of accountability required within that system. In addition, legislation mandates engagement in partnerships across service systems and prevention actors. At times, state legislation serves as subordinate texts that mediate the impact of federal legislation on local communities; in other words, state legislation often influences how federal legislation is enacted locally.

In child abuse and neglect prevention work, regulatory texts connect the activities of actors involved in a variety of service systems, including child protection, law enforcement, the prison system, mental health, social and community services, education, and the medical field, among others. Subordinate texts in the form of service referrals, reports, and evaluations, coordinate processes of surveillance across sites and actors. During this process, narratives about individual service recipients are condensed and standardized, removing traces of the individual's experiences and the environmental conditions that contribute to family challenges. In more technical terms, texts "transport the observations and discriminations of surveillance agents from one setting to another, at the same time that the particularities of the surveillance subject disappear into the discursive." (Walby, 2005).

Subordinate texts serve as a mechanism to coordinate and track a person's involvement within the prevention institution and ensure accountability to institutional requirements. Prevention actors use subordinate texts to initiate services; to assess needs and develop treatment goals and service plans; to meet documentation and reporting requirements of funders and organizations; to evaluate programs and assess outcomes of participation; to provide status reports and updates to referring agencies; and to formally document service collaborations via interagency agreements, among others. When prevention actors use subordinate texts, they

activate regulatory texts, such as state legislation, that mandate their use [of subordinate texts] and engage (become participants) in text-mediated relations. The work of the ruling relations is readily apparent in these practices and in the discourse embedded in them. These forms provide a standardized way to communicate about service recipients across sites, but rarely make visible the environmental conditions that contribute to family challenges. Instead, they reduce the experiences of individuals to labels and categories, which is critical to carrying out the work of the institution. Texts communicate what the institution identifies as important and ensure institutional language is utilized across sites. Informants, such as Max, often do not recognize how the discourse in these texts serves this institutional purpose. In the following exchange, I ask Max to explain the meaning of a category that she regularly utilized to describe certain youth in her work.

BM: When you say, 'neglected and delinquent,' how is that defined?

Max: Those children are usually identified by; they're on probation or they are; I don't feel like the neglected part is a good word. It's not, really. I don't know why they use that word, to be perfectly honest, but that's the way it's always been used. It's really more delinquency; it's about kids who are, well I guess it could be neglected if they've been allowed to, you know, not; perhaps they needed to be medicated or they had some kind of underlying health condition and it was not treated by their parents as it should have been, and they had to be hospitalized. I guess it could fall into that category, but most of the time when we think of 'neglected and delinquent,' we're talking about kids that have been sent off. But if you think about it, the way we see it as a school district, that's usually; they're not going to be delinquent unless they've been neglected. If you think about it.

Max's reflection highlights the ways in which discourse of the ruling relations routinely appears in work at local levels, often without thought or consideration of why we use certain language or the implications of such. It is apparent that Max has not often previously considered the distinction of these labels or why they are used simultaneously to identify youth. However, upon reflection, she verbally processes the meaning of this label and what it conveys, addressing their apparent interconnectedness and expressing that delinquent youth often experience neglect. Max does not, however, identify the conflation of delinquency and poverty as a potential explanation for the interchangeable use of these terms or for the dual involvement of youth in the juvenile probation and child welfare systems.

Shared Responsibilities as Mandatory Reporters

Mandatory reporting legislation is a key example of how texts coordinate the work of diverse actors across social locations and hook them into a common role. More specifically, it provides an overview of the process that occurs following a report of suspected child abuse or neglect. As seen in Figure 25, a report initiates a series of events that requires multiple points of contact and may result in prevention services. The Federal Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974, is the key piece of federal legislation that addresses child abuse and neglect (P.L. 93-247). More specifically, it outlines five assurances that states must adhere to regarding the reporting of child abuse and neglect and requires each state to implement mandatory reporting procedures that require individuals in certain capacities to report suspicions of child abuse and neglect (42 U.S.C. § 5106a(b)(2)(B)(i)). Although federal legislation requires states to implement mandatory reporting laws, it does not specify who states must identify as mandatory reporters, and states vary in their reporting laws. For example, 18 states and Puerto Rico designate all people that suspect abuse or neglect as mandatory reporters;

of these, three states require all people to report suspected abuse or neglect, without identifying specific professionals to fill this role, while the remaining fifteen identify members of specific professionals but also require any person, regardless of profession, to report (Child Welfare Information Gateway, 2019_b).

In Alabama, reporting legislation identifies the following individuals as mandatory reporters:

All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, physical therapists, nurses, public and private K-12 employees, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, employees of public and private institutions of postsecondary and higher education, members of the clergy as defined in Rule 505 of the Alabama Rules of Evidence, or any other person called upon to render aid or medical assistance to any child, when the child is known or suspected to be a victim of child abuse or neglect (Code of Ala. 1975, §26-14-3, 2017).

The reported purpose of establishing mandatory reporting laws is framed as a means of protecting children from the adverse consequences of exposure to maltreatment and enforcing their welfare:

In order to protect children whose health and welfare may be adversely affected through abuse and neglect, the Legislature hereby provides for the reporting of such cases to the appropriate authorities. It is the intent of the Legislature that, as a result of such efforts, and through the cooperation of state, county, local agencies and divisions of government, protective services shall be made available in an effort to prevent further abuses and

neglect, to safeguard and enforce the general welfare of such children, and to encourage cooperation among the states in dealing with the problems of child abuse (Code of Ala. 1975, §26-14-2, 1975).

However, Alabama's approach narrowly focuses on professional persons and groups, with little effort to encourage community-wide recognition and response to child abuse and neglect. As a result, individuals that interact with children in the following professional capacities exert a level of institutional accountability that individuals outside of these professions are not held to.

Reporting legislation goes on to clarify that in addition to reports from the "persons, firms, corporations, and officials" (Code of Ala. 1975, §26-14-4, 1975) identified as mandatory reporters in the previous section, "any person may make such a report" (Code of Ala. 1975, §26-14-4, 1975) if they have reasonable cause to believe a child is being mistreated. Referred to as "permissive reporting," (Code of Ala. 1975, §26-14-4, 1975) this legislation clarifies that any individual, regardless of their professional status or role, *can* report suspected abuse, but are not legally obligated to do so. In other words, Alabama's mandatory reporting laws generate a class-based system of surveillance in which professionals are legally mandated to report concerns about abuse or neglect to authorities or risk criminal charges and associated fines (Code of Ala. 1975, §26-14-13, 1975). Professionals identified as mandatory reporters interact with children in varying capacities, frequency, and intensity. Some professionals, such as pediatricians, have minimal interaction with children, but may have more intimate contact in their limited interactions. Other mandated professionals, such as case workers in social service organizations, primarily interact with families during times of stress, challenge, and hardship and may be legally required to report concerns of abuse and neglect as a function of their job responsibilities, in addition to their duties as a mandated reporter. In addition, state legislation requires medical

personnel to notify child protection workers when a child or mother test positive for drugs at birth.

Mandated reporters complete annual administrative requirements, including the completion of online mandatory reporter training and educational seminars on the role of mandated reporters. In line with federal requirements, there are no institutional consequences for individuals that make a report that results in unsubstantiated findings. However, a DHR worker must enter all names of individual(s) allegedly responsible for abuse or neglect into the statewide central registry within three days of receipt of the report, along with details of the alleged abuse (Al. Admin Code, §660-5-34-.09). If the disposition of the investigation is not indicated, the individual that was the subject of the report can make a written request that their name be removed from the registry after a period of five years, if they have had no additional allegations of abuse or neglect. In other words, a single unsubstantiated allegation of abuse or neglect has the power to institutionally connect an individual to the work of child protection and maltreatment prevention for a minimum of five years, via the central abuse registry.

Public Perceptions and Culture of Prevention Work

Focus group and interview informants frequently reported that the public holds unfounded misperceptions about individuals that receive prevention services. Additionally, they discussed the fear of DHR and resistance among community members to seek services, particularly in the context of mandatory reporting laws. These social norms surrounding prevention, and prevention supports, undermine a public health approach to prevention. More specifically, community members largely view child abuse and neglect as an individual problem and regularly mischaracterize individuals that receive supports and services as socially deviant. With the exception of one focus group discussion, informants consistently identified public

misperceptions about parents and youth that receive economic assistance and other prevention supports that place blame on parents and attribute their life circumstances to the parent's own behaviors, or lack thereof. Legislative texts that regulate child abuse and neglect prevention work, and the work of service systems, further reinforce public stereotypes and misperceptions. Perceptions of individuals that work in partner organizations often mimic the perceptions held by members of the public and emerge in their interactions with families. Marie (I 5) explains that this creates challenges to service receipt:

So, families that need help with food even, 'We don't have any food! No! You're just going to have to come in on Tuesdays like everybody else!' It's like, "Well, this is an emergency situation. I have a 3 and 4-year-old, and I have no food because of an extenuating circumstance." There are always exceptions to the rule. But, if *I* call, they'll be like, "Oh yeah, just come by here and get them a box of food." But if the client calls, they don't even like to listen because they're so burnt out, and I get that, but this is our field, and this is not how we treat people (I 5).

In the above exchange, Marie expresses her frustration with the ways in which community partners treat clients and explains that when she steps into advocate, she receives a different response. The exchange that Marie described is reflective of the broader culture towards poverty, dependency, and social assistance that exists throughout the state. The consensus among informants is that, in general, members of the public view receipt of social services as socially deviant behavior, reflective of individual deficits and flawed character traits, such as laziness. However, when prevention actors arrange for service assistance on behalf of the parents, they receive a different, more civil response, reflecting differential ways in which community

members perceive prevention actors and individuals that receive prevention supports and social assistance.

The realities that contradict these perceptions are not reflected in official paperwork, such as referral forms, needs assessments, and program evaluations. Therefore, they are not incorporated into the institutional discourse or accounted for or addressed in prevention work.

Papa T explains:

I've been to two different prayer breakfasts and older men, probably 70-90s, and came in and [one] said, 'I'm sick and tired of paying my taxes to keep these women laid up in public houses, just having babies.' So, I asked him, in front of everybody, 'How many mothers do you know that are living in public housing?' He said, 'None.'

I said, 'Let me tell you about some of them. This mother has two children, and both are in school doing well. She goes to work every day at a fast food restaurant. They won't let her make over 32 hours a week, and if it weren't for public housing, they'd be homeless.'

Some of these people at this table are businesspeople. You are going to pay your people minimum wage, so when we pay our taxes, we're subsidizing their profits. We're subsidizing their profits. It's not that people don't care. (FG 8)

Rick not only challenges the common narratives about women that receive social assistance, he identifies businesspeople that compensate employees with a minimum wage rate as a fundamental part of the problem. At the same time, Rick highlights systemic issues around employment that contribute to and compound these challenges and suggests that, instead of recognizing these systemic challenges and inequalities, members of the public interpret them as parental deficiencies and character flaws. In this instance, low wages and the part-time nature of employment result in the need for parents to work multiple jobs. Marie (I 5) explains that these

employment conditions, coupled with a lack of access to childcare, can exaggerate the consequences of seemingly typical experiences, such as having a sick child.

Informants also identified community perceptions of the Department of Human Resources as a challenge to prevention work. Informants explain that community members who are not involved with the Department of Human Resources are often hesitant to seek help from community organizations because they fear a request for support may result in Department involvement. These fears and concerns seem reasonable in the context of how neglect is operationalized and understood in Alabama, where a request for assistance for tangible supports may be perceived as evidence that the caregiver is unable to meet the child's needs. Dani provides an example of a recent interaction that occurred the week before our interview, explaining:

Last week there was a client who called again. She said that she got her child out of DHR and that she had been giving money to the foster family, not knowing that the foster family got income on their own. She got the baby back but had just started working and didn't have money for diapers. She didn't want to call DHR because she thought they would take her baby back, so she called here. I made some calls and got something from our shelter services (I 2).

In this example, despite her economic challenges, a mother provided financial support to the foster family that cared for her child, unaware that foster families receive financial assistance from the state. (It is important to note that the same level of financial assistance is not offered to parents as a means to prevent removal and avoid a foster care placement; nor is transferred to biological parents to support reunification). Her fear of losing her child prevented her from contacting DHR when she needed help obtaining diapers. Because she was connected to Dani's

organization, she was able to turn to them as a resource to obtain the assistance she needed. However, this example reflects the punitive nature of the child protection and prevention systems; the ways in which poverty is criminalized and punished; and in the lack of transparency that exists between various aspects of the system (i.e., between foster care and parents, in this context). Public fear of the Department of Human Resources and other social service agencies undermine a public health approach to prevention and may serve as a barrier to requests for assistance.

Disconnect between People Mandating Services and Receiving Services

The fragmented nature of the prevention system limits any single prevention actor from understanding how the system functions in its' entirety, and their role in it. This can cause tension among providers and potential safety concerns for the families shuffled throughout the system. Informants, across social locations, expressed frustration with mandates for families to participate in what they perceived as unnecessary tasks that were not relevant or beneficial to the families. Further, multiple informants reported that the court often mandates service requirements that do not apply to family situations, in an effort to make families jump through hoops. In the following exchange, Elvis 2 describes how this system characteristic impacts how she approaches parents in her work:

I think going toward that “This is what you need to do,” it’s “How can we help you accomplish what you need to accomplish?” (Mhmm). We know with the legalities of things sometimes there are hoops people have to jump through, but you still can approach it from them “manning the ship” so to speak, because we all want to be in control really, we don’t want somebody telling us what to do (FG 9).

Elvis 2 accepts that the courts require parents to participate in meaningless tasks that may not necessarily yield benefits to the family or improve their family conditions. Therefore, she responds in a way she feels is in her control and attempts to empower families to take control of their service experience. Although Elvis 2 explains that this improves the quality of the service experience, it does not address the underlying system that normalizes service engagement as punishment for families that become involved in the child welfare system, despite the underlying systemic causes for system involvement.

Susan also suggests that workers regularly mandate and refer families to participate in a variety of services, often without providing a clear justification for this link. In the following exchange, traces of the institution emerge when Susan explains her experience with service referrals and the frequency with which courts require parents to engage in parenting education:

Most are going to be either what we call ‘DHR,’ or referred by [DHR], or they’re getting a divorce and their lawyer says, ‘You might as well do it, because the judge is going to tell you that you got to go to parenting.’ (I 1).

Susan explains that many parents have to participate in parenting, not because of specific concerns that arise in the context of their parenting ability, but because it is standard procedure. This appears to be an economically irresponsible use of prevention funds, particularly in the context of funding constraints, that perpetuates stigmas about parenting supports and the families who engage in them.

Analysis made it clear that prevention work is connected by shared experiences and challenges across social locations, many of which undermine the successful implementation of a public health approach to prevention. Given the disjuncture between primary prevention services, the goals of a public health approach to prevention, increasingly recognized as an ideal

approach, and services as implemented in Alabama, it is important to understand how child maltreatment, and child maltreatment prevention, is understood and implemented within the state of Alabama. Therefore, in the current study, the problematic that I investigated was the disconnect between the identification of child abuse and neglect prevention as a public health issue and the targeted nature of prevention services, implemented within contexts of limited public understanding and support.

Service Initiation and Recipients

The variety in prevention roles was matched by a lack of socio and economic diversity of service recipients. Although informants described services as open and available to the public, service providers consistently reported that they receive referrals for services from DHR workers and court-representatives, as evidenced in indexing documents (see Appendix E). Similarly, prevention services in Alabama overwhelmingly serve individuals that experience poverty and reside in high poverty communities. For example, Rick (I 3) explains that, according to the 2010 census, 81% of households in his community lived in poverty. Individuals that receive support in one form are often engaged in other services, as a result of legislative or court mandates; commonly accepted work practices; and/or organization service contracts that coordinate cross-agency collaboration. Therefore, the prevention system increases institutional contact for families that experience economic challenges and other environmental stressors, and each point of contact provides an opportunity to monitor and surveil [overwhelmingly] low income families. This helps to ensure these families adhere to socially proscribed and accepted norms and behaviors and to engage in parenting practices deemed to be acceptable and of value to members of the ruling relations. Further, each point of contact requires the parent, family member, or other service recipient to participate in additional processing interchanges and

service requirements and presents another opportunity for formal engagement in the child welfare system, for families not already involved.

In addition to increasing the surveillance of individuals that experience economic challenges, participation in multiple services, often in different locations, can create additional stressors for parents, particularly in the context of resource and service constraints, such as transportation barriers. Marie, who provides translation services for non-English speaking families, expresses her frustration (with a multiple services approach), saying, “We have separated everything so much. Everything is separate. That is not for the benefit of the integrity of the family” (FG 13). In this statement, Marie concisely reflects the fragmented nature of social service systems, a common way in which the ruling relations maintain social control and standardize an individual’s experiences across social locations. The reality that services are readily accessible to individuals that are under the supervision and jurisdiction of other institutions, such as child welfare and the juvenile court, and that many individuals become engaged in prevention services via their involvement in other institutions (of monitoring and control), undermines a public health approach to prevention and limits the potential reach of potential parenting education. Further, the overrepresentation of individuals that experience economic challenges in prevention services indicate that the current prevention system does not reach all segments of the population.

Service Initiation via DHR

It was not readily apparent from informant interviews or focus group discussions how services provided by the Department of Human Resources (DHR) contributed to prevention work, and prevention services appeared virtually indistinguishable from child welfare. However, examination of legislative and administrative code helped clarify this link. Confusion is due, in

part, to institutional discourse surrounding prevention work. The term “prevention” is broadly applied to services and supports that aim to keep a family in-tact and prevent official Department involvement; to reunify a family, with a low chance of future removal; and to support families to prevent a future removal after reunification occurs. Additionally, it is also used to refer to services provided to relative caregivers to maintain placement stability after they obtain custody of a relative child. Further, according to the 2020-2024 Child and Family Services Plan (Department of Human Resources, 2019c), in 2018-2019, the Alabama Department of Child Abuse and Neglect Prevention awarded over \$6 million to 149 programs that support at-risk youth.

In each of these instances, the term “prevention” describes work that occurs after a family is already involved, in some capacity, with an institutional system that has the authority to regulate family life in some capacity, such as DHR, the juvenile court, or divorce court. The use of the term in this manner stigmatizes receipt of parenting supports and obscures the potential benefits of parenting supports to the broader public. Analysis of administrative code that outlines child protection procedures shed light on how DHR hooks families into prevention work (Al. Admin Code, §660-5-34, 2008). More specifically, a report of suspected child abuse and neglect initiates DHR preventative services via one of two pathways, each of which begins with mandatory reporter legislation. In this example, state-level mandatory reporting legislation requires certain professionals and community members to report suspected incidents of child abuse and neglect and to undergo annual mandatory reporting training. As such, state mandatory reporting legislation hooks health professionals, educators, community service providers, and other community professionals into prevention work, across locations, via subordinate texts such as training material and reporting forms.

After an individual makes a report of suspected abuse or neglect, the DHR intake worker must determine if the reported concerns present a safety threat that warrants a child abuse and neglect investigation. If the worker determines that the level or risk does not reflect child abuse or neglect according to Departmental or statutory definitions, or if there is inadequate information to determine if allegations warrant a child abuse and neglect report, and children may be at risk of child abuse or neglect, the intake worker identifies the report as a prevention referral. As such, a DHR investigator conducts a prevention assessment to determine if the family needs ongoing services to prevent maltreatment (Department of Human Resources, 2019_d). If, during the process of the prevention assessment, child welfare staff document safety concerns or incidents of child abuse or neglect, staff begin to implement the child abuse and neglect assessment procedures (as opposed to prevention assessment). In FY 2018, the Department of Human Resources conducted 10,996 prevention assessments involving 15,966 children across the state of Alabama (Department of Human Resources, 2019_d). This was a decrease in the number of prevention assessments from FY 2017 ($N = 11,329$). Following a prevention assessment, if a worker concludes that a family is at-risk of abuse or neglect, the worker arranges prevention services to keep the children in the home and the family intact. It is important to note, however, that to receive these prevention services offered by DHR, the family is subjected to an invasive interview and investigation process, and it is not clear how this impacts service engagement.

Marie provides another example of how the work of prevention becomes interwoven with the work of DHR. In the following exchange, Marie explains how her organization agreed to facilitate an intake and referral process, in response to the demanding job demands at DHR and the inability of DHR workers to promptly initiate services:

The [DHR] social workers, a lot of the time, are just graduating college; they've never worked in the field before, and six weeks later you've got another person that's never [worked in the field]. We saw a lot of families not getting matched with the resources and support they needed, or they were only matching them with one thing because that's all that that person knew about; they had not been there long enough to learn the resources. We created this assessment referral program so DHR sends their clients here. They do an intake and automatically refer them to us. We do a complete psychosocial; we do a parenting assessment; we do whatever assessment tools we—if they [DHR] flag something as high risk. Then we not only make the referrals, but we make that appointment for them and take off that barrier because I don't know if you've had a lot of interactions with trying to get resources for families, but not all social service agencies are nice. (laughs)

Above, Marie describes how her agency engages parents in prevention work as a result of multiple institutional challenges that workers experience at DHR, such as limited community resources, limited knowledge of community resources, and community attitudes towards parents. As a result, a DHR workers conducts what is referred to as an intake, where they gather information about the parent to help determine the services that will be required. The worker then completes a referral form, which they send to Marie's organization. The referral form contains an abbreviated and summarized account of information obtained during the 'intake' process. It also provides information on the services that the parent needs, which dictates how Marie will work with that parent, and how she [Marie] will refer the parent to other service organizations. When Marie contacts the parent to coordinate the initial meeting, she engages in a text-action sequence that activates the referral that she received from DHR.

Marie's agency also engages the parent in an intake and assessment process that consists of a psychosocial assessment, parenting assessments, such as the Parenting Stress Index, and other assessments (all official forms), to identify challenges and parenting deficits that can be strengthened with services. All of these documents become part of the parent's case file, as they chronicle the parent's institutional involvement with various actors in the prevention system. Marie uses the information she gathers, along with input from DHR, to refer the parent out to additional services. At Marie's agency, she contacts the referring agencies to personally schedule appointments for parents. Each of these outside agencies also engage in the parent in their own processes of assessment and documentation, and the agencies communicate amongst each other to discuss parent progress and concerns that arise. Each of these institutional points of contact add another layer of presumable support, as well as surveillance, social control and monitoring, to the lives of the families involved.

Juvenile Probation as a Point of Entry

Similarly, the prevention system is linked, legislatively and in practice, to the court system and to juvenile services, and informants consistently reported that court referrals and attorney recommendations (e.g., amid divorce proceedings) commonly facilitate prevention services. As Scar explains, involvement with the juvenile court "opens the door" for workers to put services in the home (FG 9). Scar further explains that when youth come before the court as a result of a delinquency or Child in Need of Supervision (CHINS) charge, it provides the juvenile court an opportunity to refer the family to services via organizations such as a Family Services Center or Youth Advocate Program. These organizations provide or coordinate services such as parenting education, basic living skills, or equine therapy. Scar describes this practice as a result of the state's shift away from a punitive approach to juvenile services to one that provides

“resources in the home and for the families and children” (FG 9). Although this approach may be less punitive than prior practices, it subjects families involved in the juvenile court to additional monitoring, surveillance, and social control, often within the privacy of their home environment. Further, this practice reflects perceived associations between juvenile delinquency and poor parenting skills and the assumption that family challenges can be addressed and alleviated with in-home supports and other services that target families, rather than the conditions in which families live.

Similarly, Elvis explains how her organization uses the court to engage parents of youth involved with juvenile court in parenting education:

It’s the [parenting education] program that S was talking about. It’s a new program. We have struggled to get parental involvement, so we came up with an idea; kids that are already in our juvenile program that are court ordered, we also have the parents court ordered- or the guardians, maybe grandparents, whomever to also attend (FG 9).

To increase parental involvement, the juvenile court orders parents to engage in a parenting education program, officially drawing them into a legal context, via the court, where parents face legal consequences for non-compliance. This practice ignores the possibility that limited parent engagement reflects the environmental and social conditions in which the parent lives and works, as opposed to the parent’s concern or care for the child, and presents a stark contrast to widely accepted social norms of limited government involvement in personal and family life. Further, Elvis goes on to explain that, in her organization, they “work with providers or parental authorities that send us a referral [with] their goals and objectives, so we try to create a plan [so] that we’re accomplishing what they’re wanting us to do with their client.” In other words, the

referral source, and not the individual that receives services, identifies service needs and target goals, and sets the standard by which the prevention actor measures success.

Documented racial disparities in Alabama’s juvenile court system (Alabama Juvenile Justice Task Force, 2017) mirror racial disparities in the criminal court system. More specifically, Black youth are over-represented in detention, out-of-home diversion, and Department of Youth Services (DYS) custody compared to the population of youth. Whereas many counties have juvenile diversion services and family drug courts, these services are often absent from primarily Black communities. A lack of equitable access to community-based services and supports in Black communities increases opportunities for disproportionate institutional contact and involvement with the child welfare and criminal systems for Black youth.

Service Provision

State legislation establishes service mandates and required collaborative partnerships for many social service and child protection organizations. Through the lens of institutional ethnography, legislative and administrative codes that dictate the services that organizations provide coordinate the social relations of prevention actors across social locations. Although this helps create a uniform process of service provision across the state, it can limit responsiveness to individual family needs and result in the provision of unnecessary or unhelpful services. In addition to the regulatory texts that organize prevention services, prevention work is influenced by the nature of provider interactions with parents, caregivers, community partners, and stakeholders; the language that informants use to discuss their work and the challenges that arise; and the function of that role within the broader system of prevention in Alabama.

Social Location and Orientation of Prevention Work

The importance of social location in prevention work became evident during the process of data analysis. The specific roles, responsibilities, and knowledge of informants, and their associated work goals, practices, and organizational processes, vary across social locations within the broader prevention system. Each informant holds limited knowledge of prevention, from their specific location within the field. Varying organizational goals and practices, and limited knowledge of organizational processes beyond one's own social location, can cause tension among community partners. Further, the social location from which prevention work occurs influences the nature of provider interactions with parents, caregivers, community partners, and stakeholders, and the function of that work within the prevention system. What individual informants know and understand about prevention work, and the families that receive prevention services, differ across these experiences.

Service providers, such as in-home workers, for example, have direct contact with parents, and this form of prevention typically affords workers with greater opportunity to develop relationships with clients, in an intimate and familiar setting. Similarly, some prevention services implemented within the community setting offer opportunities for direct contact and interaction with parents (e.g., group-based parenting education, parent cafes). These interactions often expose workers to the structural barriers that families experience, provide insight into how difficult it is to become and remain self-sufficient within current employment and social conditions, and offer opportunities to develop trusting relationships and social connections with them. In their work, they help parents apply for public assistance and access other basic resources; make service referrals and provide transportation so parents can meet the requirements of court mandated case plans; and help build parenting skills and develop routines within the

home environment. Their knowledge of prevention is informed by their direct interactions with parents, families, communities, and the prevention system.

In contrast, individuals that work within the school system have less direct interaction, communication, and personal relationships with parents than those in direct service roles. Their limited interactions with parents primarily occur in an institutional and controlled environment (the school) and provides educators with less insight into the personal lives and challenges of families. The knowledge of prevention actors in the school setting is informed by daily interactions with their students and by their legal duties as mandatory reporters, communicated via legislation, mandatory training requirements, and training material. In this role, actors such as Max are attentive to the needs and behaviors of their students and always looking for signs of abuse.

I work for a school district. Inherently we are mandatory reporters, so we're always looking for things. Ultimately, a child cannot learn until their basic needs are met. That's that whole Maslow's Hierarchy of Needs. That's big in the education world. They're not going to worry about a math problem if they're hungry, or just got the crap beat out of them the night before. Or their parents beat the crap out of each other the night before. Those things are always in the back of the mind of a person in education; we are, as a school district, the first line of defense. We see those children more than anybody else, most of the time even their parents, so the teachers get to know their kids, and they know when something is wrong. We're the first line of defense, ultimately (I 9).

In the above exchange, Max describes her role as a mandatory reporter as the primary way that she prevents child abuse and neglect. Although she recognizes the fundamental importance of ensuring a child's basic needs are met, she does not identify this as a family challenge or

recognize that structural factors may contribute, at least in part, to a family's economic status and ability to meet basic needs. Instead, she attributes difficulty meeting needs to parent deficiencies. Max later follows-up by saying, "We could save them all if we didn't have to send them home." (I 9). Her institutional commitment is to ensure the safety of the children with which she interacts, and her passion and seriousness for her role is evident in her dialogue. However, she performs her institutional duties from a social location that limits her insights and understanding of how social conditions may contribute to the challenges she witnesses at school.

In an equally passionate account, LO on the other hand, explains that teachers and educators often lack insight into the social conditions and challenges that students experience outside of the classroom and misinterpret their behaviors as discipline problems:

LO: Most people look at them [children acting out] ,and it's just a stereotype. Either they're constantly getting discipline reports at school, they're skipping, they're a troublemaker, or they're influencing other kids to do the wrong things. When you have people like us, youth advocates, social workers, and social services, who advocate for them and say, "No, they're not. The dad's incarcerated. Mom is on drugs. They're having to stay up half the night to watch after their 2-year-old sibling and then try to go steal food from the store to feed themselves. They come to school, they sleep in class because it's the only safe place they can sleep. Or they start trouble at school because the kids pick on them for being dirty, because the lights and water are off at home. My hope is that we would get more of our teachers and people who are daily involved with these kids to know and understand, even just the basics of social work, to understand the worth and dignity of a person and not just see "Oh, this person is disrupting my class," but "Why is this kid disrupting my class?" (FG 12).

The disconnect and lack of understanding that LO describes often results in the mislabeling of youth as troublemakers and in the creation of disciplinary reports for behaviors that, in reality, stem from experiences beyond the youth's control, each of which may exacerbate experiences of stress for the youth. In other words, educators cannot provide the supportive responses that youth in these circumstances may need if they do not understand the conditions that underlie their behaviors, are not empathetic to their experiences as people, or are not willing to recognize the ways in which they have

As seen in Table 16, informants engage in various activities that include work with, for, or to parents, or their specified client, as well as tasks centered around their organization and the communities with which they work. Although there is variability in client-centered tasks, across all social locations, informants consistently engage in organizational tasks that help ensure they achieve institutional goals and meet requirements that allow continued provision of services, such as securing funds for service and completing mandated reports and documentation. Informants also describe differing relations with the Department of Human Resources, depending on their role in prevention and interaction with the institution. For example, informants that work directly with parents often report concerns with Department practices, the way they work with families, and the consequences of involvement. These feelings are in tension to their legal responsibility as mandated reporters. Max, who works in the school setting, however, is on a first-name basis with her local DHR director and regularly contacts them with concerns. She often described her role in prevention as “the first line of defense,” which is communicated to educational professionals via mandatory reporter training. Nicole, on the other hand, has a skeptical and non-trusting perspective about DHR, informed by her previous experience as a DHR case worker:

[Referring to the Department of Human Resources] How do [you] remove the stigma that's been there or been around for forever, right? Even I say, 'You don't want DHR in your business because the moment they're in your business, things can go bad.' (I 5)

In the above statement, Nicole honestly reflects her extensive lack of mistrust of the state's child welfare system and her attempts to help parents avoid contact with DHR. In her statement, she highlights the long-term nature of stigma towards the institution that is embedded within communities, and the difficulty with eradicating the stigma. Max, on the other hand, views DHR as her closest partner in prevention work and views her own role in prevention as an extension of DHR's community surveillance. The contrasting views presented above are an example of how a prevention actor's social location influences their experiences of prevention work.

Challenges of Prevention Work

Analysis of the social location of prevention work reveals challenges, not only in terms of tasks, but in terms of systemic barriers. In this case, it was evidence that challenges exist at multiple levels of prevention work. While some challenges were universally acknowledged by informants, others were specific to the social location in which the prevention work occurred. Nonetheless, systemic challenges emerged as influential in shaping how prevention actors engage in work across the state.

Organizational Challenges and Constraints

Prevention work occurs in the context of high work demands and long work hours, low employee pay; and high stress, turnover, and burnout. These conditions place stress on workers, but also impact children who they serve. As a result of these conditions, workers are unable to perform all required tasks, families experience delays in service initiation, and high turnover rate among staff leads to a lack of continuity in case workers, which can prolong family separation or

system involvement. More importantly, these challenges often occur during a time of separation, upheaval, and loss for children that have been removed from the home or are at risk of being removed. Several texts used in prevention work also reflect the conditions that informants described. For example, applicants for case worker positions at The Department of Human Resources and other state agencies requires applicants to complete a ‘Willingness questionnaire’ as part of their application packet. With questions such as, “Are you willing and able to work in situations where children or adults are deprived of basic living needs (i.e., food, shelter, education, medical services, clothing, etc.),” this form communicates the challenging nature of the job, highlights system deficiencies that often lead to system involvement, and identifies vulnerabilities in the conditions in which children and families in Alabama live (State of Alabama Department of Personnel, 2019). Additionally, it reflects the extent of challenging and unsupportive social, physical, and environmental conditions that children and families experience across Alabama. Further, these conditions are in tension with widespread claims, among policymakers, elected representatives, and community members, that the state of Alabama, values, respects, and supports the rights of children and their health and well-being.

Multiple informants, such as Marie, also report a lack of capacity to respond to high levels of need within their communities. As a result, informants must often turn down opportunities to provide services.

Marie: I hate to say funding, but I’m gonna say it because (City) has a lot of resources; we’re very resource rich. But that’s because we hustle to fundraise. It’s not because we have government funding, it’s not because of that. We hustle to do fundraisers that fund our non-profit, or our prevention programs. We’re very resource rich. When we get outside of (City), there’s nothing. (County 1), literally, has nothing for

their families. DHR has nothing to refer their families to; not a parenting class; not in-home services; not a support group; nothing. We went to (County 2); same thing. How do you provide interventions for children being abused and/or at risk of being abused if there's no resources? Our agency goes into (County 1) [to] do a parenting class once a quarter. That's all we can afford to do. We can't do in-home services in (County 1); it's too expensive to pay mileage, and there's nobody locally that we could hire. It's crazy, and it's scary. What do you [do] if you've got nothing to offer? There's guidelines about the services you're supposed to put into place when you have interventions, but there's zero funding for it. Programs have been developed that are effective in preventing child abuse, and even intervening and allowing children to safely stay in their home, but there is not any funding to provide those services across our state. If you're not in a city, it's probably not happening. The funding [and] resources available in a city are mostly funded by fundraisers, local donors, businesses, or foundations investing in your prevention work.

Marie openly discusses her frustration with the lack of funding support for prevention services, especially given mandates to provide these services. When services are not available or accessible, it delays or prevents access to services and presents challenges for both families and prevention. More specifically, it limits the ability of families to complete mandated tasks, prevents caseworker compliance with service requirements, and creates additional pressures for prevention actors to raise funds to implement services. In other words, prevention actors, who, by informant accounts, are already overworked and underpaid, must compensate for the state's lack of commitment to children and families by engaging in additional work to obtain resources to provide basic services for families. Additionally, even if a service is available within the

community, many services have waitlists, which can also be problematic. For example, Denise, a supervisor at a child protection organization, explains that a local parenting program for grandparents has a waitlist in her area, which creates “ a barrier for us to try to prevent or reunify because this is the only one that we have that we can use within the Dept.” This puts families in limbo as they wait for an opening and may prolong periods of family separation, to the detriment of child and family well-being. Parents cannot participate in services that do not exist, that are not available, or that they cannot otherwise access, and when courts require parents to participate in services that are not available or accessible, they could strain already overburdened foster care systems and cause undue harm to children and families.

Practice Challenges

Mandatory reporting. In the state of Alabama, prevention actors are mandated reporters, required to report any suspected instances of abuse or neglect to DHR for investigation. This responsibility creates a dilemma for many prevention actors that recognize the negative implications of DHR involvement and the additional trauma that family separation causes parents and children. Rick highlights the tension between his duty as a mandatory reporter and his lack of trust and confidence in DHR.

There have been cases where a child has been abused or one of our staff has witnessed a child being abused. There’s an issue with not having enough, in some cases, enough confidence in the past of DHR, that, serious enough cases we report to DHR and that brings on a whole other set of problems (I 3).

Rick navigates this tension by using his personal judgment to weigh the perceived level of threat to safety against the consequences of DHR involvement. He explains that families often become involved due to economic reasons, and his church tries to intervene before that occurs.

Evaluation, outcomes, and success. Multiple informants reported that it is increasingly common for funding sources to require the use of evidence-based programs and to demonstrate effectiveness to maintain program funding. This presents a major challenge for continued program implementation because it is difficult to assess prevention and how programs contribute to the absence of maltreatment. Marie, for example, describes the challenges surrounding evaluation, “Those kinds of things just can’t be measured. That’s a big barrier for all of our prevention programs, the biggest barrier. How do you prove that you prevented abuse?” She finds herself in a situation in which she is required to produce evidence that her programs prevent abuse and yield positive outcomes, yet she views this as an impossible feat.

Pam explains the difficulty associated with providing prevention services, in the context of inadequate funding and enhanced focus on evidence-based programs and outcomes-focused results: Pam: “We can’t be funded for prevention because it can’t be measured.” Several other focus group participants voice agreement. They continue to discuss difficulty providing mandatory child sexual abuse prevention education, required under Erin’s Law. Two focus group participants report that children consistently disclose experiences of sexual abuse following the implementation of a program, providing this as an indicator of the program’s success. Despite this success, the state does not provide funding to implement the mandated education requirements. Participants recognize this is not true prevention work but acknowledge this programming does often lead to earlier intervention and treatment. Rick mirrors Marie’s claims that it is difficult to measure the success of his work with children and families, explaining, “You can’t; it’s hard to really measure the work with the children and youth. We can measure by those that finish high school or go on and get trained in a good job or go to college.” To Rick, success

is associated with opportunity, the attainment of education, and the long-term support relationships that develop during their regular interactions.

Institutional Utility of Assessment Documents

To meet institutional requirements for evidence, prevention actors commonly use texts in the form of pre-post evaluations to assess and communicate a person's success or failure in achieving the institutional goals of prevention programs. Commonly used assessments often lack insight into the aspects of program participation that informants identify as meaningful indicators of success, such as the development of relationships, abstinence from gang involvement, and completion of high school, among others. Instead, they assess surface level outcomes, such as knowledge of available resources, which are not necessarily indicative of increased safety. Across social locations, informants report a disconnect between how evaluations measure program success and how they experience success. Informants did not necessarily or always perceive program outcome assessments as actually indicative of personal benefit to the families, but informants admitted that they satisfied funding or program reporting requirements and are an accepted component of prevention work. As Tina said, in this sense, assessments are "self-serving for the agency" in that they function as a way to obtain funding.

An individualized approach to service provision was evident in how many informants described their role in prevention and in how evaluations are used to document evidence of success. For example, Denise explains that home visiting services are best suited to prevent child abuse and neglect because service recipients often experience life stressors, and home-based services help parents become "more focused on what needs to be done [to meet the needs of the child] and they are able to portray it back to us." (FG 1) Implied in this statement is the notion that the home visitor can accurately assess, identify, and understand the needs of families and

that home visiting participation increases parental attention to children's needs. This statement also suggests that parents can identify and express institutionally identified program expectations, as conveyed by home visitors. This does not, however, provide insight into how engaging in these institutionally supported practices decrease risk for, or occurrence of, maltreatment, or more broadly, whether they have a net positive effect on all involved (i.e., do more good than harm).

Implications of Outcomes. Participant tracking, reporting and program evaluation helps ensure achieve institutional goals and meet funding and service requirements; the practical utility of these evaluations, however, is unclear. For example, Tina explains that parents may actively engage in their parenting education program and demonstrate successful program outcomes; however, these outcomes may not be viewed as success by the court:

As far as the courts go, a family at-risk of losing their children or who have already lost their children can get certification that they've attended this program, and if they evidenced the correct skills based on the court and DHR's assessment, they may be reunified with their children, or they may not lose their children....

We are *servicing* another agency that is making the decision about the success for that family, so it is a little bit subjective. But a family that is identified by DHR as at-risk of losing their children whose parents can come to our classes and be re-evaluated and keep their children in the home, that is a measure of success, and we have to take some portion of the credit for that success, in that there's a clear before and after. By the same token, a family at risk of losing their children or who has lost their children that doesn't regain custody or permanency with their children, it's not necessarily a failure. Were they better

skilled than they were beforehand? There just may be more circumstances that prevent, again, through someone else's judgment, prevent the family from reunifying (I 7).

Tina makes clear that, although her agency provides a prevention service, in the form of parenting, and administers evaluations to assess outcomes of participation, the agency's outcome evaluations do not bear much weight on the family's success or failure from the perspective of the court. Her statement highlights the power and control that court officials have over family functioning and stability. At the same time, it highlights how representatives of prevention organizations are trained to view DHR as the client that they serve and are accountable to.

In addition, although parents may complete all service requirements, and perform well on outcome measures, one should be cautious in interpreting this as indicative of a family's long-term ability to be successful or self-sufficient. The state of Alabama places great emphasis on self-sufficiency and parental ability to meet basic needs, reflected in the state's definition of child neglect and program goals, but program assessments do not evaluate the environmental conditions that promote or prohibit parental ability to meet these needs. More specifically, no informant reported assessing or reporting on environmental conditions associated with family challenges, such as employment conditions, the availability of high-quality, affordable childcare, exposure to concentrated poverty and other forms of community violence; and access to transportation, among others. Environmental conditions are important contributors to family and child safety and well-being and to a successful public health approach to prevention. Therefore, it is important to assess, evaluate, and report on environmental contributors to family challenges, particularly in light of how the state of Alabama defines neglect. Prevention actors can use these reports and assessments to motivate improvement efforts in communities with poor conditions and ensure accountability to develop supportive community contexts for children and families. In

contrast, current outcome evaluations assess and compare parent awareness of resources, before and after service completion, a shallow indicator of success that does not provide insight into a parent's ability to access these services or contribute to a family's ability to become self-sufficient.

Demographic Reporting and Participant Characteristics. Prevention actors commonly utilize survey instruments to collect demographic information, such as race, income, level of education, and marital status. As presented in institutional maps, various legislative and funding mandates often require service providers and funding recipients to report information on the number of people served, along with the demographic characteristics of service recipients. In the following exchange, we see Marie, a parenting educator, defy the institutional requirement to collect demographic information with her refusal to collect data required by her project funder, expressing that this information was irrelevant, unnecessary, and inappropriate within the context of the specific service she provides:

We said, 'We're not going to do that. We don't feel comfortable doing that.' We've got a very limited amount of time, at a very vulnerable time in these family's lives to come in their [hospital] room, which is already uncomfortable, and try to talk to them about really important things. If we come in drilling them with personal questions about how much they make, if they have a drug history, all these things that are irrelevant, really, if you are true to saying that abuse knows no bounds, and that it crosses all racial boundaries, socioeconomic boundaries, all those types of things, religious boundaries, then why is that the important thing to find out? (I 5).

She not only challenges what is considered a standard practice in prevention work (collection of demographic information), she calls into question the legitimacy of their belief in claims that

child abuse and neglect can occur in any family. This example exemplifies the power that people have to challenge systems and motivate change.

Although Marie effectively challenged the practice of assessing and reporting demographic information, demographic reporting is a common practice in prevention work, and prevention actors across social locations regularly engage in this institutional task. For example, Family Resource Centers track and report demographic information of individuals that receive case management services (§Code of Ala. 1975, 30-8-1), and certified domestic violence centers must track and report the demographic characteristics of the individuals they serve (Al. Admin Code, §305-4-4.05, 2018). Further, outreach specialists also track and report the demographic characteristics of service recipients and must meet mandatory service targets to ensure they reach members of “underserved populations” (I 1, FG 14). The notion of underserved populations reflects a socially accepted level of inequity and again diverts attention, discourse, and practice from the conditions that create them.

Taken together, demographic service targets and reporting requirements reflect the state’s approach to prevention in which programs and services target specific groups of people identified to be “at-risk,” an approach that undermines a public health approach to prevention. More specifically, the identification of “at-risk” groups perpetuates the individualistic approach to prevention by attaching perceived deficits to the individuals who are members of these groups, and ignores the social conditions that create challenges and inequities that group members experience.

Unattainable Program Goals. Goals for many existing programs and supports are unattainable within current social conditions. For example, programs with a stated goal “to increase self-sufficiency” often provide employment and job training services or emergency

financial assistance (e.g., Community Action Agencies, JOBS program). This implies that employment will result in the ability to become self-sufficient or that barriers to self-sufficiency are isolated experiences of financial stress that can be remedied by one-time assistance. Implied links between service provision and self-sufficiency, however, do not account for current employment conditions that, themselves, are barriers to self-sufficiency. Although job training programs do provide training skills, these programs cannot guarantee that job opportunities that arise following program participation will pay a living wage. These programs do, however, increase the monitoring and surveillance of individuals that experience economic challenges and obscure the conditions that create the initial need for assistance and the reality that fundamental family conditions rarely change as a result of prevention service.

Meaningful v Documented. Institutionally mandated tasks often differ from services that informants identify as key components of prevention work. In other words, prevention actors often engage in work due to institutional requirements that will allow them to continue to receive funding support and provide services in the future, which reflects the disconnect between what evaluations measure and what informants identify as success. For example, Rick must provide youth that attend his summer and after school programs with information on “good touch, bad touch.” However, he does not identify this information as a contributor to positive program outcomes or individual outcomes for youth that attend their programs. Instead, he focuses on relational aspects of service participation, such as the support he and staff can provide to youth and their families.

Additionally, one component of service provision that several informants identified as an important contributor to engagement in services and to successful outcomes is the trust and relationship quality among the person providing the service and the person receiving it. Rick said

that the children that attend their camp and after-school programs taught him that “children don’t care how much you know until they know how much you care” (I 3). Informants explained that the process of forming a relationship and developing trust occurs over time; may appear differently across relationships, and at different points within them; and is not easily captured in evaluation assessments. Similarly, organizational requirements often dictate that informants complete a standardized needs assessment prior to service provision. However, informants explain they use communication and rapport building to informally assess needs, initially and on an ongoing basis. The formal process of needs assessment does not capture the development of relationships that occur during informal needs assessments.

System Challenges

Service availability. Although DHR and the court system regularly mandate families to participate in services, such as parenting education or substance abuse treatment, informants explain that communities often lack adequate access to mandated services, preventing parents from completing service requirements. Services that are available often have a waitlist, delaying progress towards reunification and prolonging child welfare involvement. In other words, when parents are mandated to engage in services that are not available within their community, they become at risk of non-compliance, which threatens the separation of the family unit and can result in trauma and emotional harm to children. This is particularly important in light of the reduced timeline to permanency in Alabama, in which parents are required to achieve permanence in 12 months.

‘Susan’ explains that DHR workers regularly contact her to provide parenting education services for families mandated to participate. Her decision on whether or not she can accept the referral often depends on economic factors, such as her available travel allowance. She is bound

by service requirements (i.e., required to serve a certain number of people) but limited in funds to provide the services. If she does not meet her target service requirement, this negatively reflects on her during performance reviews. Therefore, she must justify the use of her travel funds to serve individuals that require parenting education, and she often has to refuse services because, for her, the costs outweigh the benefits. This is a key example of the ways in which the interests of the ruling relations, and not the children and families that services are intended to support, guide prevention work, a characteristic largely absent in academic research on parenting education and other forms of prevention.

In addition to accounts from prevention actors, service availability, or the lack thereof, is identified as a challenge in the 2019 annual Child and Family Services report and the 2020-2024 Child and Family Services plan. This practice reflects a disconnect between perceived service need, identified by the court, and community capacity to meet these needs, with potentially devastating consequences for children, parents, and families. For example, a judge that perceives lack of service participation as “extreme disinterest in the child,” could order the termination of parental rights (Code of Ala. 1975, §12-15-312, 2019). This is particularly concerning in light of the emphasis on achieving permanency, and more specifically, the pressure to finalize the permanency plan within a twelve-month period (Code of Ala. 1975, §12-15-312, 2019).

Dani explains the consequences that may emerge among prevention actors as a result of the disconnects between an actor’s perception of service availability and actual service availability:

Places like DHR say, “Well, you need to go get shelter,” but getting shelter is easier said than done. I work with [organization that operates shelter], and that doesn’t mean that the client I see is automatically going to get into shelter; they have their own. processes they

have to go through. Sometimes it's easier said than done. They're like, "DV automatically means shelter," [but] shelter is not always an option. Even if they can get shelter, if the shelter is full, that's a problem. There's limited knowledge of community resources, and there's other ways to support the victim than saying, "Get out of the situation." Sometimes that can be more dangerous than not.

Dani's account provides an example of the ways in which competing goals, service mandates, and approaches to prevention often cause tension among prevention actors. In the above example, DHR and other entities may order parents to leave domestic violence situations to obtain shelter elsewhere. However, informed by her experience working with individuals that experience sexual assault and domestic violence, Dani recognizes that this mandate may be unachievable and could increase the risk of violence or harm for the individual leaving the abuse. This mandate is often inconsistent with the available community resources and supports necessary to meet this need, which creates challenges in terms of safety and DHR non-compliance. In this example, one can see how the limited perspective and understanding of individual prevention actors that work in different social locations can create tensions in prevention work.

At other times, services are only available to parents that agree to participate in additional services mandated by that organization. In other words, services are conditional on parent engagement in other service systems. Nicole explains how this unfolds at her service agency:

When an individual comes into the shelter, they have the option of entering into a shelter program, right? Entering into a shelter program means that you work with the case manager to obtain certain goals; it means that you're agreeing to find employment, to get involved in drug treatment, educational participation, whatever your service needs are

from the shelter perspective, right? You will have people who opt out because they feel like they're being forced into something that they don't want, don't need, or that they aren't ready for. But somehow, they'll communicate with other people who are currently involved in programs in my department and, um, they'll come up just to see what's going on and they find themselves in one of my programs. *Well*, because they've said that, from the shelter side, they did not want to participate in any programs, that automatically limited the number of days that they can stay within the shelter. Right? So, they're making strides in my department, and they're feeling good about where they are, what they're doing, what they're accomplishing, the various seminars they're attending, or what have you, but there's the stress of 'I'm going to lose my bed in a few days. What am I going to do? I only have 14 left. I only have 5 days left.' So, the biggest struggle for me is seeing a person go from that neutral, unemotional, uncaring somebody to "*Oh!* There is light at the end of the tunnel. There is help out there for me, and being in these programs actually do help." But then realizing "Oh my god. I told them I didn't want a program so now my days are numbered.' ...[They are] flatlined again because they made a bad decision on the front end.

Although she does not refer to it as such, Nicole describes a legislative mandate that requires individuals that receive shelter services to also participate in case management services. In this instance, the shelter case manager dictates the services that the parent must participate in, leaving little control or autonomy to the parent. Because the parent has no control in this situation, and often feels like services are not in their best interest, they decline participation. As a result, their ability to engage in services that do benefit them are limited. This is another instance in which service participation is conditional on institutional contact and involvement, and the sadness and

despair is evident in Nicole's voice as she describes the feelings of defeat that she and the parents share when parents realize that their access to services will be limited.

Funding. A similar challenge is inadequate funding for prevention services. Rick describes his personal struggles with funding, in the broader funding climate of the state:

One of the biggest challenges is funding to operate the programs. We have a contract with the city to operate the park, but it is bare bones funding from them. For our tutorial program, and our other programs, we have to raise the funding through grants and all.

And you have agencies going after a smaller slice of a smaller pie. The biggest challenge is funding ...It's like a jigsaw puzzle; there are a lot of pieces to it. There is no one single silver bullet, but there needs to be more of a holistic approach to addressing the issues.

There's an old saying, "Somebody's penny-wise and dollar foolish," and that's the way that the system is being run now. They are more concerned about maintain the status quo than they are in making the systemic changes that have to be made in order to have a truly safer society for our children, for adults, for everybody. When it comes to the children, they need to take a holistic approach.

Rick explains that a lack of state funding and support for prevention work results in the need for his organization to engage in grant writing and fundraising efforts to supplement what they receive from their city contract. The limited funding they receive from their city contract allows them to provide services for youth who otherwise have nowhere to go during times when school is out. For example, when asked how they would spend \$1million dollars, Mimi, who works with Rick, said she would spend it on programming for older children. She explained that local regulations make it difficult for many youths to participate in structured activities:

Programming for older children. That's one of the reasons why we haven't turned, I've been trying to hold on to as many of the high school kids that want to come... Because the Parks and Recreation stops them from playing when they 13. If they don't have activities at school, or can't afford to pay for activities, when they get 13 and 14 it's almost like they want to treat them as young adults, but they have no skills to be young adults. They can't get a job; day cares don't want them, summer programs don't want them past 12, they can't participate in structured, organized sports or anything past 13, and if they don't make the school team, they don't really have a lot to do. I think a lot of focus needs to be on that group.

Mimi later explained how influential parks and recreation funding for afterschool programming could be, even if receipt of this funding would require the use of volunteer staff:

Even if the programs had to be on some volunteer staffing, just a minimum amount to each park and program that they would give them \$40-50,000 dollars a year, it would go a long way to help give those children somewhere to be. (FG 8)

Mimi's primary concern is having the ability to provide community youth a safe space to gather together after school and during the summer. Her exchange also reflects Alabama's broader approach to children and teenagers. It is at the same age (14 years old) that a child can be considered and treated as a suspected perpetrator of child abuse or neglect and investigated as such, and just two years later (at age 16) can be tried as an adult for certain crimes. Without constructive activities for youth to engage in, there is increased opportunity for institutional engagement via the juvenile justice and criminal justice systems.

Reliance on volunteers and community donations. In contexts of inadequate service funding for prevention services, agencies often rely on community volunteers to meet service

needs, and multiple state service systems mandate or encourage the use of volunteers in the provision of prevention services and family supports. For example, state systems institutionalize the use of volunteers in prevention work via legislation and grant funding scoring guidelines which works to conserve and maximize the use of financial resources. Legislative code that describes the Child Abuse and Neglect Prevention Board criteria for making grants to local councils indicates, “The prevention program shall utilize trained volunteers and existing community resources wherever practicable” (Child Abuse and Neglect Prevention Act, 1983; §26-16-10). Additionally, The Department of Child Abuse and Neglect Prevention includes the use of volunteers as a factor in the grant scoring process, increasing the likelihood that agencies comply in an attempt to secure funding (Alabama Department of Child Abuse and Neglect Prevention, 2020). Similarly, as a condition of the receipt of Children’s First Trust Fund money, each chief juvenile probation officer and juvenile court judge must file a detailed list of services that juvenile probation staff provide to children under their supervision, to include, “Programs utilizing trained volunteers including mentor programs, volunteers in probation, and other programs” (Code of Ala. 1975, §41-15B-2.2, 1999). Additionally, the presiding juvenile court judge appoints 5 – 25 citizens, who are “known for their interest in the welfare of children” and reflect the diversity of the county, to serve, without compensation, on an advisory board to the juvenile court. In their role on the advisory board, board members help secure services of volunteer juvenile probation officers, when necessary or desirable; visit institutions “charged with caring for children;” and recommend actions necessary to carry out the work of the court (Code of Ala. 1975, §12-15-104). This are a few examples, among others, of how the state of Alabama relies on volunteer labor in child abuse and neglect prevention work and in many cases, highlights the power afforded to the volunteers that fulfill these roles.

Although this engages community members in the work of prevention, and stretches resources, it is problematic for several reasons. First, it shifts the responsibility to adequately support prevention services from the state to community organizations, who are already underfunded and overworked. As a result, community organizations expend time and resources to recruit and train volunteers to assist in prevention work and rely on volunteers to follow-through with service commitments to families. This practice may stretch already-thin organizational resources to extend program reach, but it is not family-centered and could cause delay in receipt of services and setbacks to service completion. This commonly utilized and accepted practice is oriented to the financial needs of the state, as opposed to the needs of families the institution is designed to serve. In the following exchange, Marie expresses her frustration with this common practice:

Funding is an issue. Paying people what they're worth in this field is an issue, and you want highly qualified people. The belief system that you can use volunteers to do these things is an obstacle, and it's hurt funding. We've tried doing the [name of parenting program] program as a volunteer, because it's not rocket science. You think it could be a mentoring type thing. But, people, when they volunteer, if their grandkids come to town, they're not doing their home visit that week. If they're running a little bit late from the grocery store, they're not sweating it. Well, our clients, you can't promise them something and not come through on it. You can't quit in the middle of it. That kind of idea, of even not understanding it from a money-saving perspective, has really hurt a lot of the non-profits because a lot of people are like, 'Use volunteers for that.' And it's not good. I have not had a good experience with it, and I don't know any agency that has. You can use [name of parenting program] volunteers for one-time things, but the training

that you have for boundaries, and ethics, and all these things. You can do it with volunteers, but it's just not, I don't know. That's my thoughts on that.

You can hear the exasperation and frustration in Marie's explanation of why she does not like to rely on volunteers for prevention work. At the same time, she highlights the cultural norm and common practice surrounding the use of volunteers in prevention work. She exposes tensions between providing quality and timely services to families and navigating contexts of inadequate funding to provide services. When prevention actors cope with limited financial resources and institutional support by engaging community members to help meet family needs, their efforts to solicit community support, and the conditions that necessitate this support, are largely invisible (Smith, 2003).

Community members also support the work of prevention via monetary donations and donations of tangible items, such as clothing and furniture. Focus group and interview informants consistently praised community members for regularly assisting with needs that may arise. For example, Elvis explains that she uses her personal social media accounts to notify contacts when she has a "blessing opportunity;" she explains that this is an effective and efficient way to communicate specific needs and regularly results in the successful attainment of resources (FG 9). While this support is necessary in current conditions, a narrative surrounding the generosity of community member contributions (individual donations, business donations, etc.) also masks the underlying lack of government support that make these community contributions necessary. Perhaps more importantly, because community donations help meet immediate needs without addressing the underlying factors that contribute to them, without simultaneous efforts to make systematic changes, they perpetuate existing inequities, the need for social assistance, and the oppressive conditions that create them.

The previous example is one way in which prevention actors engage in informal work processes to carry out the work of the ruling relations and ensure the institution continues to operate in ways that preserve the power and influence of those in power. Elvis uses her personal resources (social media account, contacts, and time) to obtain resources to help families meet fundamental needs. Despite informant recognition that systemic conditions often contribute to family challenges, and can increase risk for child abuse and neglect, current child abuse and neglect prevention work does not attempt to address system challenges or to transform unsupportive and inequitable social conditions. On the contrary, prevention services address crisis situations and help meet immediate needs, which perpetuates the need for prevention services in their current form and fail to present long-term remedies that create sustained health and wellness of children and families.

In the following exchange, Rick challenges the commonly accepted institutional discourse with his thoughtful description of this predicament:

Looking at it from a faith point of view, there's a big difference between charity and justice. Charity is what the majority of the churches and the members are taught, but charity is cheap; it's easy. You can give when you want, to who you want, if you want, whatever amount you want; probably end up getting a tax write off, and it's not hurt you at all. But as a faith leader, I don't believe that we are called on to do just charity; now charity is necessary, at times. When different groups come down here [to the homeless shelter] and provide dinner for the women at night, seven days a week, 365 days out of the year; that's necessary. But that's charity, really, because if that is all you do, thirty or forty years from now you're still going to be doing it. It's not going to change anything. It is not going to provide housing for the people who need it. Justice always comes with a

sacrifice; it may be a monetary sacrifice; it may be a sacrifice of relationships, whether it's family or friends. It always comes with a sacrifice. We are called on to do justice which makes the systemic changes so charity is unnecessary. So, at the same time that we are helping families, that we're helping individuals, we're working, on a broader scale, on justice issues (I 3).

Rick acknowledged the importance of charity in meeting immediate needs but also recognized that this response does not address underlying systemic issues that create family challenges and inform current perceptions of risk, and without attention to these underlying structural problems, existing inequities will persist. He also alludes to the potential for churches and religious organizations to challenge and transform existing systems by replacing a charity discourse with a justice-oriented discourse. This would require church members to understand and recognize the conditions and systemic challenges and barriers that families, and specifically Black families, experience, and to demonstrate a deeper level of commitment to supporting them by challenging the institutions that create and perpetuate inequitable conditions. Rick's realization that social justice work often requires personal sacrifice highlights the threat that justice work presents to the current institutional order and emphasizes the necessity of this work to facilitate change.

Lack of visibility. In addition to the lack of understanding surrounding the conditions of prevention, informants describe a lack of awareness of non-physical forms of abuse, both in relation to child abuse and to domestic violence, which often co-occur. The lack of visibility of non-physical forms of abuse make them harder to recognize. At the same time, a focus on overt forms of abuse, in research, policy, practice, and public discourse, make it easier to deny that abuse occurs in other forms and yields an opportunity to sensationalize abuse in media reports.

Dani, who works in a domestic violence center, describes a common misperception about experiences of domestic violence.

Beth: Thinking about how the media portrays domestic violence in Alabama, is that representative of the domestic violence you see?

Dani: No. In my past job in Montgomery, I worked in a dual center that did domestic violence and sexual assault; I was strictly on the sexual assault side. Back then if you had asked, I would have thought of physical violence being the main one, but now the most has been financial and emotional. People have that [understanding] that they're [people that have experienced abuse] scarred. We show the bruising. We show the bleeding. We show that; that gets a part. But, most of the time it's emotional, it's the de-contacting.

"You can't go talk to your mom." "You better be home at 5:00 or else," and those things.

It's that power and control that's not always seen in the physical level.

Dani explains that, while the media and general public focus on physical signs of abuse, withholding finances and contact from friends and family are more common methods of domestic violence. Dani's last sentence in the above exchange is powerful and could be applied to the ruling relations. It is often difficult for individuals to understand systemic challenges and inequities, and to enact efforts to address them, because the mechanisms that maintain existing power structures and exert social control are invisible in the everyday lives of people. The racially and economically segregated nature of U.S. communities compounds these challenges, as community members are not exposed to, or educated on, experiences of individuals in other social locations.

Similarly, Linked In also expressed concern about the general public's lack of awareness, understanding, or identification of non-physical forms of child abuse.

Linked In: We recently created a fact sheet that would help people understand exactly what child abuse is. Often, people don't really understand what it is. They don't recognize it, and raising awareness about what it is, with those that we come into contact with [is important].

BM: A lot of people don't understand what child abuse and neglect actually is. Can you say a little bit more about that?

Linked In: The physical part, people recognize that. But there is also that mental abuse and verbal abuse and children that are, after so many years of being told they are worthless or [asked], "Why can't you do anything right?" they might start turning inward or might show different signs of acting out, trying to get somebody to pay attention to what's going on.

Exposure to mental abuse may manifest in visible ways that community members perceive as socially deviant, while the experiences and history of abuse that underlie them remain invisible. As a result, members of the public often misinterpret behaviors that manifest from traumatic experiences as individual deficits and respond accordingly. Misattributions of behaviors reinforce dominant narratives about members of various groups and contribute to the maintenance of stereotypes, stigmas, and societal division.

Dani and Linked In's descriptions of the invisibility of non-physical forms of abuse are reflected in state legislation and in domestic violence research. More specifically, domestic violence legislation (Code of Ala. 1975, §30-5-2, 2019) does not define financial and emotional abuse as acts of domestic violence and therefore, there is no protocol to officially address them. Similarly, research on economic control as a form of domestic violence is in its infancy (Postmus, Hoge, Breckenridge, Sharp-Jeffs, & Chung, 2020). Moreover, the state of Alabama

requires documentation and diagnosis from a licensed psychiatrist in order to indicate allegations of emotional child abuse, rendering this form of abuse invisible without intervention of a psychiatrist.

The visibility of community and family challenges are also important factors within prevention work. For example, Rick described the efforts of local elected representatives to render individuals that experience homelessness invisible to others in the community. More specifically, representatives changed zoning regulations to prevent homeless shelters from being located in certain areas. In addition, city officials engaged in a bidding war to ensure that Rick's organization did not purchase land in the downtown area to build a shelter.

The homeless like to stay near downtown for safety reasons and access to services. The mayor went down and bought the property himself and evicted them.... [Name of homeless shelter] found a place, but it's out in [part of city] way back out of the way. Rendering these challenges invisible alleviates the community's responsibility to address them and allows the ruling relations to maintain control of the narrative about individuals that experience poverty and other environmental challenges.

Additional system challenges include a general lack of support for services that assist families with meeting basic needs, such as transportation, health care, and mental health services. For example, Alabama is only one of five states that do not provide state-funded public transportation (Alabama Arise, 2020). Informants describe the public transportation options that do exist as poor quality and unreliable. Lack of access to reliable public transportation limits employment opportunities, independence, and the ability to engage in parenting education and other prevention services, mandated or otherwise. A 1952 Constitutional amendment restricts the use of state revenue from transportation-related taxes or fees to the "construction, maintenance

and repair of roads and bridges and enforcement of state traffic laws” (Ala. Const. art. IV, §111.06). In other words, the state of Alabama has created an institutional barrier that limits the availability of public transportation throughout the state and often hinders parent’s ability to engage in services, maintain employment opportunities, and actively engage in society.

Over the last three decades, there has been a reduction in the number of hospitals that provide obstetrical services in Alabama’s rural counties, from 45 hospitals in 1980 to 16 hospitals in 2019 (Alabama Department of Public Health, 2019). Similarly, since 2011, 14 hospitals in Alabama have closed, eight of which were in rural communities (Jones, 2020).

Informants, such as AJ, identified this as problematic within their communities:

We don’t have an adequate healthcare system in the county. We don’t have any type of urgent care. There is one doctor’s office. They provide services, but they’re primarily a family type care, not an urgent care, facility. Any type of care like that you’d have to go outside the county. Any type of prenatal care you’d have to go outside the county (FG 3).

As a result of inadequate, and sometimes nonexistent, access to health care facilities, community members often have to travel outside of the county to obtain routine or emergency medical care. This is especially challenging for families that lack personal transportation, particularly in light of the reality that counties without health care facilities also often lack access to public transportation, compounding the challenges that community members experience. The lack of local prenatal and health care providers, and public transportation services, also increases risk of neglect, as defined by the State of Alabama.

Similarly, the state’s lack of available mental health services creates risk for children, compounds challenges for families, and overburdens the mental health services that do still exist.

Fred explains that access to mental health services varies across the state, depending on one's own persona social location:

Veterans have adequate services, but non-veterans don't. There is a lot of mental health issues, policies that have cut services. We have a lot of mental health [challenges] that we are not dealing with, and our answer is to lock them up now and to put them in jail, instead of getting them the help that they need. There is [also] a shortage of mental health professionals; there is a shortage of insurance that will cover mental health; there is a shortage of mental health beds because now most hospitals are going away. There are small areas in Alabama that don't even have mental health. I visit some of those areas; they have no mental health at all. Their solution is to put people in jail and just let them sit in jail for several weeks and then release them. That's not fixing the problem; that's ...making the problem worse (FG 10).

The above exchange highlights the compounding effects of environmental challenges on children and families, and the interconnected nature of multiple service systems involved in prevention work. Additionally, this exchange reflects the financial and organizational constraints that social service agencies experience across the state, as services, such as mental health, are vastly underfunded, and in some communities, largely absent.

Alabama's mental health system closures began in the early 2000's following the termination of a consent decree that resulted from a landmark disability rights case, *Wyatt v Sawyer* (*Wyatt v Sawyer* settlement agreement). At the time of the lawsuit, conditions in Alabama's mental institutions were horrid and likened to those in concentration camps in Nazi Germany (Carr, 2004). Institutions were filled over capacity, much like Alabama prisons today, and a former U.S. attorney that worked on the case described the conditions of one facility as "a

mere dumping ground for socially undesirables” (Carr, 2004). This lawsuit created minimum standards for treatment of individuals that experience mental health services, but the case was dismissed on December 5, 2003 (Carr, 2004). Since this time, Alabama has radically reduced the number of mental health facilities across the state, in an effort to save money, another example of the way in which the state of Alabama prioritizes economic savings over the well-being of children, families, and communities.

Response to Challenges and Influence on Work Practices

Informants often engage in informal work (i.e., efforts beyond what they are required to do) to meet the needs of families in the context of funding and organizational restraints (e.g., conduct fundraisers, engage community members for tangible supports, provide transportation to appointments, etc.). As Marie explained, community members, businesses, and churches provide critical resources to assist prevention actors with informal work. Because informal work goes beyond what agencies require, informal efforts are not officially assessed in program evaluations, and the extent of these efforts, and the contributions of this work, are unrecognized. This may contribute to the illusion that current funding levels are adequate to achieve institutional goals. In addition, some prevention actors, such as Rick, engage in informal work to educate community members on the effects of systemic racism and economic oppression in an attempt to increase understanding of community conditions and family challenges and motivate community members to engage in efforts to advocate for institutional change.

In the context of high levels of service needs and limited capacities and resources, prevention actors (often) engage in roles for which they do not have the training, expertise, or capacity to address. Consider the following exchange in which Ned, a law enforcement representative, discusses prevention from the social location of police officers:

From a law enforcement standpoint, I would say the rest of y'all sitting here doing these other jobs are the main thing. We catch what is left over because we are dealing, I mean, we are not DHR or [juvenile organization] or JPO's and all that stuff. That's hopefully the ones that will deal with them, so we won't have to. We kind of catch the loose ends so I don't know the answer, if there is a whole lot more, I mean, that we can do. I think we're actually tasked with doing too much in some of these areas and then we end up looking bad because we have to deal with problems that are really not in our expertise: mental health, counseling, raising kids - we do all of that on a day to day basis and sometimes everybody wants to call us for all of the social problems that we really don't have the expertise, nor the funding, nor the proper people, to be handling it (FG 14).

Ned exhibits a sense of hopelessness and helplessness in his exchange, with little ability to conceive that it is possible for law enforcement officers to prevent child abuse and neglect. He does not view himself as a prevention actor and instead expresses reliance on direct service workers in fields such as social work, education, and community-based services to support children and families and, therefore, prevent challenges that require his intervention. This both exemplifies the fragmented nature of the prevention system and highlights the connectedness of prevention actors across social locations. In other words, inequitable and unsupportive conditions in one social location (i.e., inadequate funding for mental health supports) impacts interactions and experiences in other social locations (i.e., increased interactions with law enforcement). At the same time, however, Ned places all responsibility for change on direct service workers and does not attend to the environmental conditions that contribute to challenges, reflective of an individualized orientation to prevention and a lack of personal sense of responsibility for prevention.

Ned's exchange also offers insights into the structural conditions in which his work exists. In his role as a law enforcement officer, Ned often comes into contact with people that experience mental health challenges, which he lacks formal training and knowledge to address. Despite a lack of training, law enforcement officers have legislative authority to incarcerate individuals that they identify as in need of mental health services. JD echoes Ned's sentiments and attributes the increased interaction among law enforcement and individuals experiencing a mental illness to recent mental health facility closures. Individuals who received treatment at the time of mental health closures either lost their services or were transferred to another, already overburdened, facility. As a result, the current need for mental health supports far outweighs the state's capacity to adequately address service needs in the context of Alabama's under-funded and under-resourced mental health system. In response, law enforcement officers respond to mental health needs, which may cause further harm to individuals experiencing mental health challenges, exacerbate mental unwellness, and exacerbate existing challenges in overburdened jails and prisons across the state. Meanwhile, the underlying mental health concern remains unaddressed. All things considered, Ned's insights are particularly important in light of current public discussions regarding funding for police and other community and social services and in the contexts of strained public-police relations and ongoing police brutality.

Max reports that teachers in Alabama's public-school system are often unqualified to teach the subject matter they are assigned and that some do not have teaching experience at all. She attributes the use of unqualified teachers on a current teacher shortage that exists throughout the state. As the Federal Grants Manager for a county school system, Max is in charge of securing funding, of ensuring funding compliance and timely reporting, and of allocating and

overseeing the use of these funds. She explains that funding requirements mandate how schools can and cannot spend funds and identify specific benchmarks and targets that they must achieve:

With the money that we receive we are required, by law, to do this, this, and this. I'm the one that makes sure that everybody [complies]. We have to complete a plan: we received this money; this is what we are going to do with it. It has to be evidence-based; it has to be based on a system-wide needs assessment; we have several other requirements that we have to meet. For example, one we don't normally meet is [that] all of our teachers have to be 100% fully certified in the area that they're teaching. I will tell you right now, 90% of your districts in Alabama are not meeting that requirement. There's a *huge* teacher shortage. So, we have a lot of people in these classrooms that are out of field or coming from somewhere in the business world to teach, for whatever reason, and they've never taught a class in their lives. But here they are standing in front of a group of high school kids (Laughs) who are just there to eat. (Laughing). It's rough, but we make it work.

Max openly admits that schools consistently fail to achieve a benchmark surrounding teacher qualifications, which puts unqualified teachers in classrooms across the state. Additionally, in this exchange Max provides insight into several texts she uses to carry out her work, including a plan in which she identifies how their district will spend funds; a system-wide needs assessment that informs the development of their plan; and evidence of effectiveness for the programs and supports that she ultimately chooses to implement. In other words, as a condition of funding, federal guidelines (i.e., regulatory texts) require Max to engage with multiple standardized forms, or texts (e.g., needs assessment, service plan), that she will later use to guide the use of funds in her district. Because these forms are standardized, the federal funding source can engage school districts across the U.S. in this process. Further, Max concludes her thought by stating

that kids come to school to eat, rather than learn, which is particularly important in light of current public discussions regarding the function of schools that have emerged as a result of COVID-19.

While some prevention actors engage in work that they are not qualified to perform in the context of resource constraints, others are strategically selective about the tasks they can complete and those that they cannot. Nicole explains the difficulty that she had meeting work demands when employed at DHR:

Expecting them to see 30 children within a 30-day time frame? It doesn't happen. You're still expecting everything else: the paperwork, the meetings, the court dates; you go to court at 9:00 (am); you're not seen until 3:00 (pm), you know? There's still kids to be seen, there's still doctor's appointments, there's still family visits, so I don't know.

Everything revolves around money; how do you make that system work? I don't have the answer to it (I 6).

The demanding nature of the work conditions that Nicole described require her to balance her work responsibilities and job expectations with efficiency and pragmatism about her ability to realistically complete the tasks. This provides another example of instances in which institutional goals may take precedence over the needs of children and families that receive services. Taken together, the results presented in the preceding section highlight the challenges of prevention work that exist at multiple levels, including organizational constraints, practice challenges, and structural challenges, such as inadequate funding support and limited service availability, that prevent access to resources and impact the ways in which prevention actors engage in their work.

Contexts and Conditions of Prevention Work

The state of Alabama operates a highly centralized social welfare system, with state control of, and responsibility for, service funding and administration, primarily through the Department of Human Resources, which administers most of Alabama's safety net programs (Clark, Kong, Olson, & Ratcliffe, 1998). Prevention actors across social locations and experiences perform their work in the context of shared challenges and conditions, that extend beyond inadequate financial supports for prevention programming and other prevention-specific challenges. More specifically, insufficient support for fundamental services in other service systems, such as transportation, housing, access to affordable healthcare, and availability of community health providers, that contribute to child and family well-being. The lack of availability of social and financial supports compounds challenges created by community conditions. In the section that follows, I discuss the state's reliance on federal funds and inequitable and challenging employment conditions that make it difficult for families to achieve self-sufficiency.

Reliance on Federal Funds for Social Assistance

The state of Alabama relies on federal block grant funding, fixed amounts of funding from the federal government to another government entity (Brumfield, et al, 2019), to operate key social programs, such as Temporary Assistance for Needy Families (TANF). Block grants typically have few requirements and yield wide discretion to the recipient on how to spend the funds (Brumfield, et al, 2019). Policy research on block grants has yielded considerable concerns about reliance on this form of funding. The fixed nature of block grant funding means that funding does not increase in times of greater need, such as a health pandemic or economic downturn, and funding awards do not reflect population changes or shifts in poverty distribution (Brumfield, et al, 2019). Further, the state of Alabama implements some of the strictest

eligibility requirements in the nation (Holcomb et al, 2001) and employment can hurt families by making them ineligible for assistance, such as food stamps. Tina describes dilemmas with

TI: in order to qualify for CMA you need to work in order to work you need to get uh a job in order to have a job you need it's kind of catch 22 where people struggle with that um obviously the quicker people can get daycare the quicker they can go to work and those kind of things (FG 10).

This presents a dilemma in which parents are unable to qualify for childcare assistance unless they have a job; however, it is difficult to become employed without childcare assistance.

Alabama is a state that expends few state resources on social welfare services and supports, compared to other states, and prevention work occurs in the context of funding restraints and inadequate financial supports for prevention programming and for services and supports that benefit the public good, support well-being, and promote self-sufficiency. Alabama provides very little state-level funding support to low-income families, beyond what is required to secure federal funds (Holcomb, et al, 2001). Additionally, key social services and supports, such as the availability of mental health facilities, are funded by regressive sales and use taxes on items such as cigarettes, inequitably placing the cost burden on citizens, as opposed to the state (Code of Ala. 1975, §40-25). The lack of state commitment to fund services creates reliance on federal funds to make them available. Informants, such as Tina, recognize the importance of federal funding for their work as she explains, “Without the federal dollars coming through the state to fund things like our program, the services wouldn't be there, so I do think there's a partnership at the federal level trying to fix it at the local level.” (I 7)

The Community Services Block (CSBG)

In Alabama, the Department of Economic and Community Development (ADECA) is the lead agency for the Community Services Block Grant. ADECA administers funds to Community Action Program's throughout the state to provide financial assistance to low-income communities (see Figure 17 and Figure 18). As previously mentioned, in Alabama, the Community Services Block Grant funds Community Action Agencies across the state to provide services and supports to individuals that reside in low income communities. Although the Alabama Department of Economic and Community Affairs claims to use CSBG funds to help low-income individuals obtain gainful employment and become self-sufficient, these goals are unattainable without simultaneous efforts to transform economic and social conditions that prevent self-sufficiency.

The Social Services Block (SSBG)

The Social Services Block Grant (SSBG), formally known as Title XX of the Social Security Act, was established in 1981. Social services block grant funds support a wide range of supports in 28 service categories, yielding a wide range of discretion (Brumfield, et al, 2019; Rosinski & Williams, 2018). In FY 2016, the top three service categories for which Alabama designated Social Services Block Grant (SSBG) funds included other uses; administrative costs; and daycare for children (Rosinski & Williams, 2018). In FY 2017, the state of Alabama expended 64% (\$22,832,304) of their state's total SSBG expenditures on additional support services and 26% (\$9,385,850) on vulnerable and elderly adults (HHS, 2019_a). These were the second and fifth highest percentage of expenditures on these categories, respectively, across states (HHS, 2019_a). "Other services" are services not identified in the 28 service categories (HHS, 2019_a). The state of Alabama also reported high expenditures on administrative costs

(HHS, 2019_a) and transferred ten percent of SSBG funds to TANF (HHS, 2019_a) as permitted by program guidelines (Lynch, 2016).

TANF

States have wide discretion to determine how they spend TANF funds (Hahn, Aron, Lou, Pratt, & Okoli, 2017; Rosinski & Williams, 2018). According to federal guidelines (HHS, 2019_b), states can spend funds on any service or support

to provide assistance to needy families so that children can be cared for at home; to end the dependence of needy parents on government benefits by promoting job preparation, work and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.

In 2018, the state of Alabama spent less than ten percent of federal and state TANF maintenance-of-effort (MOE) funds on childcare and less than 20% on direct financial assistance (Burnside & Schott, 2020). In FY 2016, the top three service categories for which Alabama designated TANF funds included emergency assistance, services for children and youth; and family preservation services (Rosinski & Williams, 2018).

Current levels of TANF funding are not sufficient to meet the needs of families that experience poverty in Alabama, and Alabama provides very little state-level funding support to low-income families beyond what is required to secure federal funds (Holcomb, et al, 2001). The Department of Human Resources determines the payment standard, based on the availability of funds, and determine the amount of assistance provided to families by subtracting their net available income from the appropriate payment standard for their family size (Al. Admin Code, §660-2-2, 2018). In 2016, an Alabama family of three could earn, at most, \$269/month and qualify for TANF cash assistance, the lowest eligibility limit in the nation (Thompson, Minton,

Heffernan, & Giannarelli, 2018). This limits the number of Alabamians that qualify for TANF assistance, and therefore, minimizes state use. In addition to strict eligibility requirements, Alabama also has low monthly payouts. For example, in 2016, a family of three with no income could receive a maximum of \$215/month in TANF assistance, and Alabama was one of 19 states that required applicants to complete a job search as part of the application process. Further, eligibility case managers deny more applications than they approve each month (HHS, 2019c), and the minimum monthly TANF payment in Alabama is \$10. In FY 2018, 8,502 families received TANF assistance in Alabama (HHS, 2019d). Of these, 58% of receiving families did not include adult recipients, 41% had one adult recipient, and less than one percent of families had two adult recipients. All families included at least one child recipient, with the majority having one (50%) or two (29%) (HHS, 2019d). Only 14% of families had three children recipients, while only 7% included four or more (HHS, 2019d). Taken together, data on the receipt and use of TANF cash assistance in Alabama is contrary to common public misperceptions about service recipients that informants reported.

TANF's federal work requirement applies to states, rather than to individual recipients, and states determine the specific work requirements that recipients must meet. Federal law mandates that at least fifty percent of TANF families with a work-eligible family member must participate in employment-related activities for at least 30 hours per week (Hahn et al, 2017). However, states are eligible for a 1% reduction in the mandatory work participation rates for every one percent reduction in the share of families that receive TANF assistance (Hahn et al, 2017). In other words, the federal government incentivizes states to reduce the number of TANF recipients, without concern for the families the program is designed to assist. Therefore, states often direct recipients to work or work activities that meet state participation rates, even though

they may not help recipients become self-sufficient (Hahn et al, 2017). In Alabama, family assistance recipients (i.e., families that receive TANF benefits) must cooperate with efforts to obtain child support and participate in the JOBS program (Al. Admin Code, §660-2-2, 2018), the TANF employee assistance, or welfare to work, program (Alabama Department of Human Resources, 2019). Applicants must apply for three unsubsidized employment opportunities during the TANF application process to maintain eligibility, and most TANF recipients must participate in the JOBS program for up to 40 hours per week.

In sum, legislation surrounding the availability and use of public assistance describes individuals that need assistance in individualizing terms and mask any evidence of institutional challenges that may contribute to the need for economic assistance. For example, the stated purpose of legislation pertaining to the state welfare employment program (Code of Ala. 1975, §38-118A) is to “assist public assistance applicants and recipients to become wage earning, self-supporting citizens of the State of Alabama” (Code of Ala. 1975, §38-118A). This implies that individuals who need assistance cannot attain employment to provide for their needs and that employment would result in “wage earning, self-supporting citizens.” However, it does not address the challenging employment conditions that exist throughout the state that, themselves, prevent self-sufficiency. In other words, descriptions of social assistance programs pathologize experiences of poverty and the need for assistance by attributing this need to deficits of individuals, such as poor work ethic, while masking the employment conditions that create dependency and need for assistance in the current form.

SNAP

The Alabama Department of Human Resources (DHR) Food Assistance Division administers Alabama’s Supplemental Nutrition Assistance Program (SNAP). Alabama’s SNAP

Employment and Trainability Program (E & T) is referred to as Alabama Resources for Enrichment, Self-Sufficiency, and Employability Training (A-RESET). All SNAP recipients who are considered able-bodied adults without dependents are required to participate, and recipients that are not considered able-bodied are allowed to participate, if interested. The program's mission is to “ provide education and training skills for voluntary SNAP participants to improve their employability and to assist them in their endeavors of becoming self-sufficient.” In Alabama, individuals that qualify for SNAP assistance automatically qualify for additional services, such as vocational training across the state (WIOA, 2020). Like other supports provided in Alabama, SNAP benefits and other sources of block grant funding fail to address the underlying conditions that prevent self-sufficiency and contribute to economic stress.

Employment Conditions

People that receive prevention services in Alabama overwhelmingly experience poverty and other unsupportive economic conditions that limit their ability to be self-sufficient, as evidenced by the 100% of focus group informants that serve individuals that experience poverty. Three conditions intersect to create barriers to self-sufficiency, including the low minimum wage; legislated barriers to work rights advocacy; and widespread use of part time employment. Employment conditions and employer practices make it difficult to earn a living wage and are a large contributor to family challenges (see Table 18 and 19 for an overview on eligibility assistance guidelines and wages in Alabama).

Minimum Wage

The state minimum wage in Alabama is \$7.25/hour, the same as the federal minimum wage. Therefore, people that currently work a full-time job (40 hours/week) for minimum wage pay, qualify for Medicaid and no-fee childcare and receive an income below the federal poverty

limit. This means that many recipients of Medicaid and childcare support are working full time yet remain in deep poverty. Additionally, Papa T points out that, at the minimum hourly wage, wage “you’d have to work 82 hours a week to afford a two-bedroom apartment” (FG 8, Papa T). This reality is in contrast to the widely held perceptions that individuals who receive social assistance are lazy and unwilling to work. Despite this, Alabama state code prohibits family assistance recipients from participating in a work strike, and participation (on the last day of the month) can disqualify from receiving benefits (Al. Admin Code, §660-2-2-.26, 2018). This limits the ability to engage in activities to advocate for better employee treatment and work conditions and works to maintain current conditions of poverty, economic oppression, and the need for social assistance.

There have been some unsuccessful attempts to redress this at the local level in Alabama. In 2016, the city of Birmingham voted to raise their minimum wage. In response, in 2016, the Alabama legislature passed a bill that prevents cities and counties in Alabama from increasing employee pay to above the federal minimum wage.

a) The purpose of this section is to establish within the Legislature complete control over regulation and policy pertaining to collective bargaining under federal labor laws or the wages, leave, or other employment benefits provided by an employer to an employee, class of employees, or independent contractor in order to ensure that such regulation and policy is applied uniformly throughout the state. (Code of Ala. 1975, §25-7-45).

Lawmakers in support of the bill expressed concerns about the economic impact to local businesses if they were required to provide employees with better pay. This legislation undermines local authority and autonomy and is an institutionally supported contributor to economic oppression and a barrier to economic self-sufficiency.

Although state legislation identifies professionals in the community as key partners in prevention, via their roles as mandatory reporters and volunteers, there are additional, more meaningful opportunities to engage the business community in this work, beyond donations to meet individual needs. Linked In explains that employers are a critical player in prevention work, that have not yet engaged to their full capacity:

Employers have a big role to play too. I read an article yesterday that [national chain store] increased their hourly rate to \$15 an hour. Sounds great, doesn't it? They interviewed workers and they said, "Yeah, but they cut my hours so much I'm making \$200 less a paycheck. I can't afford anything, and I don't have insurance because I don't have enough hours." Employers have a real responsibility to their employees to provide a living wage and support for different things, including mental health for parents. Some parents have had mental health issues since they were small, but could have been victims of abuse, so this is learned behavior. This is the only parenting that they saw growing up, and they are replicating what they learned, which was not a loving and nurturing parent, but someone that used them as a whooping post or verbally abused them. If we're going to provide enough childcare and other things that workers need, the business community is going to have to be a part of that, a part of the solution. I think once they understand that role, they'll step up. I hope so, because we have a lot of things facing us (I 8).

In the above exchange Linked In identifies several key challenges and conditions of prevention work. She addresses the importance of providing employees with a living wage and other key supports, such as health insurance, and identifies childcare as a support that increases one's ability to maintain employment. She also refers to the number of adults who experience unaddressed trauma from their own abuse as a child and suggests that employers can address this

by providing access to mental health supports. In this capacity, employers could help stop the intergenerational transmission of abuse. The role of employer contributions that she envisions is a far cry from current employment conditions.

Multiple informants also identified the unwillingness of employers to provide full time work as another employment condition that commonly contributes to family challenges. According to informants, such as Marie, the inability to obtain full-time work creates challenges beyond smaller paychecks:

A lot of the parents we worked with had obstacles like lack of education, no access to good employment; they could earn enough to just barely scrape by. Honestly, they're better on food stamps and welfare than working minimum wage part-time jobs. Some of them would have two part-time jobs because nobody would employ them full-time because they didn't want to pay benefits. Those were big obstacles, things that you have no control over. You can do budgeting, but if they have nothing to budget what do you do? (I 5).

Marie expresses her frustration with the current system and explains how it, itself, serves as a barrier to self-sufficiency for parents. The requirement to engage in budgeting work with parents creates an illusion that if parents could better manage their money, they would be more financially stable. This practice does not improve the family's financial condition and effectively shifts focus from the institutional conditions, described above, that prevent self-sufficiency for parents and children, to perceived deficits of parents.

In addition to the challenges presented above, part-time workers in Alabama do not have access to health insurance, paid leave time, or other benefits. Therefore, when parents are forced to take off work for unexpected circumstances, such as child illness, they do not receive full

compensation during that pay period and often experience immense economic challenge as a result. Rick explains that this is particularly detrimental, given Alabama's punitive response to poverty:

There are some cases where the child is acting out, and we find out a utility has been cut off, which puts stress on the child. If that's not corrected, the parent, or parents, can lose custody of the child to DHR, and we've had that to happen before. What we try to do before that happens is to assist the parents with the utility. A lot of times, if they are working a near minimum wage job and are held to 30 hours a week, they will work two jobs. Then it's an issue of childcare. Who's going to take care of the children? Some of the time they have had to miss one day of work, or two days of work, to take a child to a doctor or whatever, and that's just enough to tip the scale to where they are not able to pay the utility. It's not what most people think that these parents don't care (I 3).

In this exchange, Rick highlights several important points worth mentioning and describes a system response that reflects values of punishment over the health and well-being of children and families. First, Rick acknowledges that poverty causes stress for children and this stress often manifests in the child's behaviors. Rick interpreted the child's behaviors as an indicator that something was wrong; however, informants reported that other professionals, such as educators, often interpret "acting out" behaviors as negative attributes of the child and respond accordingly.

Secondly, Rick explains that DHR often intervenes because of experiences that result from poverty, such as utility disconnection or eviction, and DHR intervention can create more stress for the family, particularly if DHR removes the child from the home. To prevent this from happening, Rick's organization attempts to pay the utility before DHR is alerted. Given the economic and emotional costs associated with DHR intervention and foster care placement, and

the state's emphasis on maximizing resources, it seems reasonable to conclude that paying the utility bill is the financially and socially responsible response in this situation. However, bill assistance does not address the economic, social, and educational conditions that underlie the utility shutoff and will likely not contribute to economic self-sufficiency. In addition, Rick also addresses the intersecting and compounding challenges that arise from conditions of work and limited access to high-quality affordable childcare. These individual and interconnected challenges often remain invisible to people that do not experience them.

The Function of Child Abuse and Neglect Prevention Work

Alabama's institution of child abuse and neglect prevention is dependent on the labor of committed, caring, and passionate providers who are willing to advocate for Alabama's families. At the same time, this work is also reliant on community contributions and responsiveness to requests for assistance and support, while state representatives make little financial commitment to prevention services. Reliance on community members, volunteers, and passionate prevention workers has institutionalized charity as a form of support for families. Legislation that mandates operations of The Alabama Department of Child Abuse and Neglect Prevention Board specifies that the receipt and use of federal funds for prevention does not obligate the use of state funds or guarantee the continuation of services supported by federal funds (Child Abuse and Neglect Prevention Act, 1983, §26-16-8). In other words, Department operations rely on federal funds and on state funds that are conditional on revenues generated from a tobacco settlement.

As a result of the lack of guaranteed, long-term support for prevention programs in Alabama, funding that is available is stretched thin across many entities. Inadequate funding for prevention work contributes to organizational constraints within prevention programs. This, coupled with high levels of need that exist among community members, often requires

prevention workers to engage in informal work to obtain necessary resources to support the families with which they work. In other words, prevention actors engage in work outside of the formal duties for which they receive compensation. To meet these needs, prevention actors regularly reach out to community members, local businesses, and civic organizations to obtain concrete resources that they would not otherwise be able to access. Elvis explains how funding constraints impact working conditions:

We meet those needs that are not related to our own job requirements because they're a humanitarian effort. All of us at the table, including a lot who are not at the table, we do a great job of going above and beyond looking at the holistic needs of people; not just doing our job and going home, saying 'All I can do for you is this' but 'Okay let me see what (name) can do.' [I say] 'Let me stay over a little bit today because I'm waiting for a bed to come and then I'm going to put the bed up.' We have a lot of opportunities here in the midst of diverse situations. We also have a lot of wonderful [muffled voice] here, like we have a wonderful partner here (FG 9).

Elvis's pride and commitment to the work are evident in her above statement, as she frames her assistance as an opportunity, rather than as a system failure. However, her statements reflect acceptance that she and her colleagues should have to work over and above their formal duties, without compensation. Her statements lack awareness that these conditions are unnecessary, if state supports for prevention work, and for families, in general, were stronger.

Other informants address misdirected prevention services that target symptoms of broader problems, as opposed to underlying causes that can contribute to long-term equity and well-being. For example, Karen explains:

I would alleviate the barrier of transportation issues and childcare issues, so that is available to each and every family to help meet the needs of the family. If my finances are low, and our family is struggling, I'm angry, I'm upset. Some of that comes out when I respond or react to my child or my children's needs because I'm doing all that I know. The anger is manifested when I'm responding because I don't know what else to do with it. While we have all of these mechanisms to address stress management and coping and anger management skills, if we can address this thing [transportation and childcare barriers], it will alleviate this thing, right? I would develop something that would alleviate those two barriers [transportation and childcare] for families, especially those who are doing their due diligence to go to work and provide and care for their families. To alleviate some stress will alleviate some of the potential for neglect or abuse; meeting the family needs holistically and not just looking at them and-and lumping them all together as bad parents because their situations mirror each other's. (FG 2)

In this exchange, Karen explains that if prevention efforts focused on the conditions that underlie family and community challenges, such as transportation and childcare barriers, it would change the need for prevention services as they exist in their current form. On the other hand, services that target the development of individual skills, such as stress and anger management, without attention to institutional factors that create stress, may reinforce biases and stereotypes about the deficits of parents and perpetuate existing narratives that render system conditions that underlie family challenges invisible.

Conditions Not Addressed Via Prevention Services

Informants consistently identified several institutional conditions that contribute to family and community challenges, such as lack of access to transportation and mental health services,

and current employment conditions, among others. Further, there was agreement, across informants, that the state needs to expand their approach to prevention to address some of the underlying conditions that contribute to family challenges, to promote the safety and well-being of children and families. Despite this, prevention work consists largely of programs and services that do not address these structural challenges. Linked In explains:

Programs address the issue right now; lobbying and advocacy get to the systemic cause of the issue so we can actually move the needle and either make it better or eliminate it, make change real change that stays. Programs don't make real change, except in the moment. I don't discount those changes, but if you want to have lasting change you've got to have the other side. (I 8)

Linked In does not discount the importance of existing programs and services, but recognizes that they, alone, will not address the complex challenges that families experience throughout Alabama. Rick mimics Linked In's perspectives in the following comment:

It's like a jigsaw puzzle; there are a lot of pieces to it. There is no one single silver bullet, but there needs to be more of a holistic approach to addressing the issues. There's an old saying, "Somebody's penny-wise and dollar foolish," and that's the way that the system is being run now. They are more concerned about maintain the status quo than they are in making the systemic changes that have to be made in order to have a truly safer society for our children, for adults, for everybody. When it comes to the children, they need to take a holistic approach (I 3).

In his reflection, Rick agrees with Nicole that the state should broaden the approach to prevention to include efforts that create safe and supportive conditions for children and families. At the same time, he recognizes the power at stake and references efforts of the ruling relations

to ensure that existing power dynamics, which he referred to as the status quo, remain in place. In this exchange, the tensions between institutional goals (i.e., maintain existing power structures) and the well-being of families and children are evident.

Additionally, some informants described challenges that were not uniformly recognized and described by informants, and not typically included in public discussions of prevention work, such as gun violence and environmental racism. In other words, some informants moved beyond the typical institutional discourse to address systemic issues not commonly identified as associated with child abuse and neglect, which should be considered in discussions of prevention and child safety and well-being. For example, Rick explicitly identified racism as a primary contributor to experiences considered child abuse and neglect and to DHR involvement in Alabama. Similarly, he described high levels of gun violence, which he perceives are not typically present in predominantly White communities. The challenges Rick described in his area are not issues that Alabama's institution of child abuse and neglect prevention directly address or target. However, Rick's organization provides Black youth with a physical, safe space to spend their time after school and during the summer and an opportunity to get off of the street and reduce their exposure to community gun violence, to police officers that may perceive them as a threat, and to the experiences that often arise as a result of boredom and unstructured and unsupervised time for teens.

Conditions, Social Location, and Maintenance of Stereotypes

In institutional ethnography, ideology does not refer to political beliefs, but reflects the notion that individuals "see things through a lens which presents reality in a way which suits the needs of those who are in power" (Deveau, 2008, p. 11). The creation of ideological circles serves to distance our experiential knowledge from the ideological knowledge generated by those

in power. To create an ideological circle, first, an abstraction is generated from a documented or established “fact.” The abstraction then becomes the basis for which the fact is interpreted in concrete and specific instances. Distance between experiential knowledge and ideological knowledge was consistently evident in informant accounts of how members of the public perceive individuals that receive prevention supports, and an ideological circle becomes clear when considering public perceptions in the context of Alabama’s definitions of abuse and neglect. In the case of prevention, the Alabama legislative code is the fact that defines failure to provide food, shelter, and other basic needs as an act of neglect. Parental inability to afford food or meet other basic needs due to oppressive employment conditions, despite maintaining full-time work, becomes an abstraction through which the code is interpreted. The conditions in which parents work, and are still unable to afford basic needs, become invisible in ideological accounts that are perpetuated in public discourse and media accounts (see Figure 26).

Another example of ideological circlers emerges from Rick’s following account:

They [youth that were expelled or dropped out as a result of the school to prison pipeline] come to me, begging me to help them get a job. They don’t have a GED, and they say, “(participant’s name), I’m out here selling [drugs] because if I don’t have an income, I got a wife and two children, we’re going to be homeless.” It’s criminals of need, really, rather than criminals of greed (I 3).

In the above exchange, Rick referred to a young father who expressed his frustration and concern about his inability to provide for his family, due to his involvement in the school-to-prison pipeline. Out of desperation, he begins to sell drugs to support his family. Because the sale of drugs is a crime, with the possibility of prison time, the actualities of his experience are diminished, and his crime becomes the focus of attention. In this case, the criminal code is the

fact that defines the distribution of drugs as a crime. This young father's sale of drugs becomes the abstraction through which the fact is interpreted. The father's desire to support his family to avoid homelessness, and his inability to obtain legal forms of employment due to his background are diminished from public view. Rick further explains:

Michelle Alexander wrote the book *The New Jim Crow* and it mirrored what we experience out here in our community. That truthfully the war on drugs was set up, directed towards the black population because Nixon was so paranoid of the growing black electorate and hippies; he didn't like hippies either, anti-war resisters.

But what do we have then? We have people being incarcerated on non-violent drug charges, and they represent parents, particularly men, that are absent from the household, absent from children's lives. So that's another myth that is used against the black community. "Well, the problem is absentee fathers." "Well, you incarcerated them." And, that's an income that is missing from the household too, if they had jobs. You see what I am saying? (I 3)

In this account, Rick explains how an ideological circle creates and perpetuates the myth of absent black fathers, while diminishing the public's view of how the government created and reinforces the conditions that remove the fathers from the home.

The ability to form and maintain ideological circles these described above is dependent on a person's general lack of understanding about the conditions and experiences of individuals that live and interact outside of one's social location. Awareness of these ideological circles requires work that occurs outside of the prevention system, as it is difficult to recognize and challenge existing structures when bound by their institutional practices and discourse. In the following exchange, Rick passionately describes the importance of stepping outside of his social

location to enhance understanding of these challenges, which he describes as necessary to build communities that equitably support children and families:

The biggest challenge is trying to get people to understand the root causes of poverty, systemic racism, environmental devastation. We have communities here, like [industrial manufacturer]; they built over in a prominently black community. When they left, they raised the building and left all the toxic soil. You have some neighborhoods, some streets, where six or seven people on that street have contracted cancer. It's a hot pocket for cancer, but that all goes back to the same thing, see; the root causes with all of this. The biggest challenge is to educate people to see the root causes of it all. I've been invited to churches to speak or fill in for the minister. A lot of them are very conservative churches; majority of them voted for Trump. All white congregations. When I preach, I use that as a way to educate people. I've had people come up to me; I've never had anybody get up and walk out. And I've been somewhat surprised at the response. "It makes so much sense." "We didn't know that; we need to hear more of that." "Thank you for coming." And they'll want me back. It's always, the same response. A professor told me one time, 'People don't know what they don't know.' I thought that's the craziest thing I've ever heard, and I got to thinking about it, and it's so true. Your response and my response to things, or the way we see things, is because we know, either through our experience, or through studying, or both, and what we study coincides with what we see in reality, as true; we understand that. People that haven't had the experiences, or haven't studied, they don't know. So, it makes them very easily to be misled and lied to because they want so bad to believe that it's not them individually, but it's some other reason (I 3).

Rick moves outside of the accepted prevention discourse to discuss the root causes of existing community challenges that contribute to the need for prevention supports in their current form. He identifies real world conditions within his community that negatively impact Black families and families experiencing poverty, and more importantly, he specifically identifies racism and systemic poverty as contributors to current conditions and factors that must be recognized and addressed to support the safety and well-being of families and children. In addition to recognizing these challenges, Rick demonstrates commitment to educating members of the general public about them, acknowledging that individuals who lack exposure to these conditions are unaware of how they impact the children and families that experience them. At the same time, he speaks in a way that makes it seem possible to overcome the challenges that contribute to public misperceptions that serve to perpetuate societal inequities. To do this, he had to step outside his own social location and put himself in a location where people have different experiences.

Prevention actors have a limited understanding of prevention work, and the families with which they interact, that is informed by their experiences in their specific social location. When considering the preceding information, collaboratively as a system, the role of prevention work becomes visible,(see Figure 27). The state of Alabama pathologizes and criminalizes substance use and mental unwellness and operates a punitive and inequitable criminal court and prison system. The state relies on employees of DHR, law enforcement, the juvenile justice system, among others, to enact this punitive and criminalized approach. At the same time, community organizations provide support to families to help them meet basic needs and to offset the uneasiness and lack of trust often present in relationships with DHR. Although services do not address underlying issues or improve the fundamental conditions of the lives of service

recipients, they help families meet immediate needs and get out of, or avoid, crisis situations. Community members, schools, and businesses support this work via their monetary donations, donations of time, and ability to monitor and surveil children for safety concerns. Although each prevention actor provides unique contributions to prevention, prevention work is dependent on their unique contributions, and collaborations across entities, to attain institutional goals and ensure the continuing operation of the institution of child abuse and neglect prevention in its current form. Work that is formally recognized as prevention does not address the environmental conditions that result in inequitable outcomes and family challenges across communities, and as a result efforts to create transformational change must occur outside of the boundaries of what is typically considered prevention.

Chapter 6: Discussion

Child abuse and neglect are toxic stressors, with long lasting consequences for adult health and well-being (Bellis et al, 2019; Font & Maguire-Jack, 2020; Greenfield, 2010; Jaffee & Christian, 2014). Although not all maltreated parents abuse or neglect their own children, researchers have uncovered evidence of intergenerational cycles of abuse (Madigan, et al, 2019; van IJzendoorn, Bakermans-Kranenburg, Coughlan, & Reijman, 2020; Widom, Czaja, & DuMont, 2015), warranting the development and implementation of effective prevention initiatives. Aside from concern for child health and well-being, the short and long-term economic costs of child maltreatment are substantial (Fang, Brown, Florence, & Mercy, 2012; Gelles & Perlman, 2012); Wang & Holton, 2007), and efforts to prevent maltreatment would yield economic benefits to society. To effectively support the development, health, and wellness of children, and effectively prevent child abuse and neglect, it is important to understand the institutional factors, such as state policy, that contribute to family challenges, impact prevention implementation, determine access to social supports and prevention services, and promote the health and safety of children.

In the current study, I utilized institutional ethnography to explore how community-based child abuse and neglect prevention work operates in Alabama, from the standpoint of the people that work to prevent child abuse and neglect. The aim of this research was to explicate how the social norms, perceptions, and values surrounding child abuse and neglect prevention are reflected in, and coordinated by, institutional structures and practices of child abuse and neglect prevention within Alabama. As the research developed, I narrowed my focus to explore how existing prevention practices, policies, and social norms are in tension with a public health approach to prevention in Alabama. Data analysis yielded insight into the complexity of child

abuse and neglect prevention work in Alabama and revealed that work is coordinated across actors from unique social locations that support families in a variety of capacities. An actor's social location within the prevention system influences their knowledge of prevention work, the institutional goals they work to achieve, and the nature of their interactions with parents, caregivers, and other prevention actors.

According to informants, families that participate in prevention services overwhelmingly experience economic challenges, environmental stress, and difficulty meeting basic needs. This is, in part, due to the targeted nature of service provision that state legislation outlines. Therefore, prevention work contributes to, and functions as, a class-based system of surveillance, monitoring, and social control of people who experience poverty and other social and environmental challenges, such as racism, barriers to full-time employment, and lack of access to fundamental resources, such as transportation. For many Alabama parents, contextual conditions serve as barriers to economic self-sufficiency and limit access to resources and opportunities, maintaining the need for prevention work in its current form. Discussions about needs, attributions about factors that contribute to child abuse and neglect, and state legislation that coordinates prevention work largely focus on individual families, while contextual challenges that undermine child and family well-being go unaddressed. In other words, despite increasing support for a public health approach to prevention, and recognition of the need to address social conditions that underlie family challenges (White, 2006), prevention efforts in Alabama continue to target the perceived deficits of parents and families, without attention to the underlying conditions in which children and families live and the institutions that produce them.

Key Challenges to a Public Health Approach to Prevention

Existing social conditions, practices, and norms undermine a public health approach to prevention in Alabama. The challenges and experiences I documented here, however, are not necessarily unique to Alabama. For example, the U.S. child protection system is made up, in large part, of children from low-income families (Font & Maguire-Jack, 2020). On the other hand, prevention actors from diverse social locations implement community-based prevention work (Colvin, Thompson, & Miller, 2018), and prevention services are commonly under-funded, under-resourced, and difficult to access (Edwards, 2017). This yields an array of services and supports made available to, and often forced upon, a homogenous group of service recipients. Additionally, following a mixed-methods examination of the prevention network in one U.S. county, researchers conclude that the perceived distinction between child protection and maltreatment prevention is artificial in practice (Colvin et al, 2018). Results of a randomized telephone survey revealed that the majority of respondents endorsed the belief that adults are responsible for ensuring the safety of children in the community, yet many do not believe that their involvement would impact child safety (Todahl, Barkhurst, Watford, & Gau, 2019).

Public Perceptions, Understanding, and Social Norms

Social norms are a key component to a public health approach, and norms surrounding the protection of children and the approach to child abuse and neglect prevention present key challenges in Alabama. For example, norms surrounding child abuse and neglect and prevention efforts, and social services more generally, reflect values of self-sufficiency, self-reliance, and limited government intervention in family life. Prevention work occurs amid individualistic ideologies that direct the public narrative, and prevention services, towards parents and away from the institutions that create challenges that families experience. In other words, members of the public commonly misperceive families that receive prevention services and social supports as

lazy, as bad parents, and as people who do not love their children, rather than as people who are victimized by existing institutions and systems, and current state legislation, and the approach to service provision in Alabama, reinforce these perceptions. Further, ideologies of individualism, meritocracy, and the public private dichotomy are barriers to a successful public health approach to prevention (Sarri et al, 1992). For example, the belief that the responsibility to care for children rests solely on parents ignores the role of the institution in creating community and family challenges (Copeland, 2002). In contexts in which this belief is prevalent, systemic failures are internalized as pathologies of individuals who are poor (Copeland, 2002), rendering it easier to accept current conditions and ignore existing challenges.

Limited Public Understanding and Common Misperceptions

In Alabama, prevention work occurs within contexts of limited public understanding of social conditions that increase risk for child abuse and neglect and underlie family challenges; of behaviors that often emerge following maltreatment experiences; and of long-term consequences of maltreatment. Additionally, informants consistently reported that members of the general public hold misinformed perceptions about service recipients, which results in misdirected blame and judgment towards individuals that receive prevention services. The manifestation and existence of the widely held community misconceptions described by informants reflect the dominant ideology surrounding child abuse and neglect that currently exists in Alabama and reinforces negative stereotypes regarding a culture of freeloaders that informants widely agree is non-existent. Media portrayal, a lack of proximity to the conditions that families experience, and state legislation that organizes prevention work each reinforce and perpetuate these misperceptions and the lack of understanding that underlie them (FrameWorks, 2004).

The ways in which social issues are framed can influence public perceptions and understanding of them (Linkenbach, Klika, Jones, & Roche, 2017), and the media often influences how community members perceive events or community challenges (Chibnall et al, 2003). Public perceptions often drive public policy, and public policies often emerge in response to perceived threats or challenges, which can result in policies that are disconnected from practice. Therefore, efforts to educate the public on child abuse and neglect and the associated developmental, social, and financial costs, is critical (Herrenkohl et al., 2018). Additionally, educational efforts should include information on the contexts and conditions that support child development and family well-being and on the existing conditions in which many children and families live. Public education campaigns could convey this information in a way that challenges the existing public narrative and widely held community perceptions about child abuse and neglect and the conditions that increase risk for, or protect against, maltreatment. Although conditions of poverty and economic deprivation are common in communities across the state, these conditions are not socially acceptable and contradict social expectations for, and values of self-reliance, that are commonly upheld in public discourse. As a result, people that experience challenging economic conditions that prevent self-sufficiency often experience shame and public judgment, which results in incongruity between their lived experiences and public perceptions of what is socially acceptable (Smith et al, 2016).

Individualized Nature of Outcome Evaluations and Reporting Requirements

Another challenge to a public health approach to prevention lies in the individualized nature of outcome evaluations commonly used in practice. As expressed in the *Essentials for Childhood* framework (Centers for Disease Control and Prevention, 2014), it is important to use data to better understand child abuse and neglect and how to effectively prevent it (Herrenkohl et

al, 2015). Programs currently use evaluations to document the effectiveness of their services and to assess, evaluate, and report the personal characteristics, challenges, and experiences of individuals that participate. Reporting categories often render the experiences and conditions of individuals in these groups invisible and communicate generalities that can often reinforce existing narratives.

Failure to assess the social conditions in which families and children live and interact limits our understanding of how to effectively prevent child abuse and neglect. In a public health approach to prevention, it is important to identify macro-level protective factors that can support the health and wellness of families and children across social locations, and inattention to community conditions in assessment and reporting practices is a missed opportunity to gain insight into protective factors that exist at all societal levels. For example, the availability of and access to adequate unemployment benefits could be conceptualized as a macro-level protective factor that promotes resilience following job loss. Additionally, intake assessments and questionnaires that assess the working conditions of the parent (e.g., number of jobs, number of hours worked per week, hourly wage/salary, time of shift, access to employer health insurance and paid leave, etc.), rather than simple employment status (e.g., unemployed, part-time work, full-time work) would provide greater insight into family experiences and challenges and could offer tangible evidence of the importance of supportive working conditions for families. Limiting assessment to characteristics and outcomes of individuals that participate in prevention services fails to address conditions that contribute to maltreatment and health risks (Shonkoff, Boyce, & McEwen, 2009), constrains our understanding of how to holistically support children and families, and limits conclusions about effective prevention to programs and supports that intervene at the individual level. Inattention to social conditions in evaluation and reporting

practices also removes social conditions from the common maltreatment and maltreatment-prevention discourse, and in doing so perpetuates the individual ideologies that exist and limits our ability to actively build the equitable and supportive conditions needed to promote child safety and family well-being.

An approach to child protection using a racialized way of seeing could shift attention from an individualized approach to one that targets the structures that underlie community challenges and perpetuate racial and economic inequities and oppression (Salter, Adams, & Perez, 2017). People perpetuate the realities of racism via their daily interactions and experiences within racist structures and systems, and we must direct explicit attention to these realities to transform them (Salter et al, 2017). The historical use of race in academic research obscures the organizing role of racism in structuring opportunities, inequities, and daily experiences in modern society (Salter et al, 2017). Ideologies surrounding race, superiority, and inferiority are institutionalized and embedded within societal systems and structures, such as the U.S. Constitution, while popular colorblind ideologies claim that race does not matter (Salter et al, 2017). These ideologies allow individuals in power to attribute their own success to hard work and the social disadvantages of others to a lack of personal responsibility. Put another way, “individualist ideologies of colorblind meritocracy” ignore the systems and structures that shape opportunity and access and allow individuals in power to accept and justify existing inequities and injustice (Salter et al, 2017, p. 152). This also perpetuates a public narrative focused on individual blame rather than systematic inequities and oppressions.

Targeted Nature of Service Provision, Monitoring, and Surveillance

Informants consistently reported that the families involved in prevention services overwhelmingly experience poverty and other environmental challenges. The negative impacts

of poverty, family instability and separation, exposure to environmental stressors, and cumulative stress on children are well documented (AAP, 2016). Despite this, however, prevention efforts largely ignore these contexts. The work of child protection and child abuse and neglect prevention are inextricably linked in Alabama, and although the institution of prevention is diverse, each actor plays a role in maintaining a functioning system. Once a family becomes engaged in the institution of prevention, they are subject to the monitoring, surveillance, and social control of the agencies with which they work, particularly when participation is mandated. Child protection workers, or enforcers, rely on direct service providers and community supporters, such as mandatory reporters, to monitor families for compliance with mandated tasks and to identify and report instances of suspected abuse or neglect (Edwards, 2016). Individuals that participate in prevention services often have multiple points of institutional contact, and each new encounter provides additional opportunities to further hook the parent into the work of prevention and increase their exposure to social control.

The surveillance and monitoring of children and families is coordinated, in part, by mandatory reporting laws. Between 2007 and 2011, for example, professionals such as teachers, made 58% of all child abuse and neglect reports and 75% of non-anonymous reports (Children's Bureau, 2013, in Edwards, 2016). In Alabama, mandatory reporting laws (Code of Ala. 1975, §26-14-3, 2017) coordinate a system of class-based surveillance in which the state assigns certain professionals with greater levels of responsibility for ensuring the safety of children than other community members. A successful public health approach to prevention relies on a collective sense of responsibility among all community members, and therefore, current mandatory reporting practices may undermine prevention efforts that attempt to utilize a public health approach. Further, despite widespread support of mandatory reporting laws, little evidence

exists to support that these laws contribute to child safety, and in states such as Pennsylvania, the expansion of mandatory reporting laws resulted in an increase of reporting and logistical challenges to follow-up on reports (Raz, 2017). Research conducted in Australia further suggests that mandatory reporting laws further overwhelm already overburdened child welfare systems and characterize regulations as ineffective and inefficient (Ainsworth, 2001). Other research revealed that, despite similar rates of drug use among White and Black mothers, health officials in Florida reported Black mothers for positive drugs screens at ten times the rate of White mothers (Chasnoff, Landress, & Barrett, 1990), which provides evidence that the execution of mandatory reporter responsibilities is influenced by racial bias and subjectivity, that results in under-reporting of White parents for abuse or neglect and over-reporting of Black parents. In addition to mandatory reporting laws, qualitative research on social worker practices in England further illuminates how social workers achieve institutional goals of surveillance via home visiting practices, as social workers regularly inspect kitchens, children's bedrooms, and often parent bedrooms (Ferguson, 2014).

Policy Contexts

Finally, the current policy context in Alabama represents a primary challenge to the successful implementation of a public health approach to prevention. Informants consistently identified social and environmental challenges as barriers for families, and as presented above, analysis of state legislation and other key documents reveals that social and environmental challenges are institutionalized via legislation, state constitutional amendments, funding requirements, and commonly accepted policies and practices. More specifically, the state provides minimal state funding and legislative support for basic community supports and social services that help families and children achieve health, wellness, and full engagement and

participation in society, such as public transportation, high-quality, affordable childcare, and access to health and mental wellness services. Additionally, Alabama's employment conditions (e.g., minimum wage, limited availability of full-time work to avoid employer responsibility to provide insurance benefits; and lack of paid leave time for many low wage jobs) prevent economic self-sufficiency, and the state employs some of the most restrictive eligibility limits, and the lowest benefits, in the nation, limiting access to social assistance to offset the state's structural economic and employment challenges.

In contexts of limited funding, prevention actors engage in informal work processes (e.g., solicitation of community donations and volunteers) to help families secure critical resources and supports to help meet fundamental needs for food, shelter, and other necessities. Informants identified this as a practical solution to address immediate needs and as a tool to develop relationships with parents. When prevention actors engage in work to meet the basic needs of families, they help achieve institutional goals and ensure the institution continues to function in ways that preserve the power and influence of the ruling relations. Prior research indicates that providing concrete supports to families mandated to participate in a home visiting program can increase parent engagement (Rostad, Rogers, & Chaffin, 2017). However, the provision of these supports, do not, in themselves, address the long-term financial needs of the family, the family's underlying reason for institutional contact; or improve the economic conditions with which participating families live. As such, it is often not clear how parenting education contributes to child safety or sustained and meaningful outcomes for individuals who participate.

Additionally, the process of mapping illuminated the state's institutional reliance on the federal government; on prevention actors; and on community members, via volunteer support, charity donations, and financial contributions. In other words, at the local level, community

members and prevention actors attempt to compensate for the lack of supportive economic and social conditions by helping families access assistance to meet basic family needs and survive experiences of crisis. In current of funding constraints and limited resources, charitable contributions from community members and organizations are necessary to sustain the work. At the same time, charity may help to institutionalize inequities and inadvertently perpetuate a dysfunctional system that meets immediate needs when families are in crisis, but that do not address the conditions that cause or contribute to the crisis. Public discourse that encourages volunteering and praises charity work diverts attention from the social, economic, and environmental condition that make charity work necessary. Further, the act of volunteering may itself product yield varying impacts for individuals from different social locations. For example, organizations often award volunteers with service hours; service hours may help individuals achieve social or educational goals or provide resume-building opportunities. For others, however, volunteer work may be a condition of juvenile probation that does not yield the same social benefits that would result in alternate conditions.

Existing economic and social conditions perpetuate cycles of poverty, and experiences associated with poverty, such as a lack of food, clean clothes, or access to health care are individualized as indicators of neglect, creating an opportunity for the criminalization of poverty via the child welfare system. These conditions are particularly harmful in light of the state's punitive approach to child protection. More specifically, the child welfare system is legislatively linked to the legal system, in criminal charges and penalties attached to acts of abuse (Code of Ala. 1975, §26-15); in law enforcement's role as 'a duly constituted authority' in accepting reports of abuse (Code of Ala. 1975, §12-15-306; 660-5-34-.03); and in the legislative mandate that requires DHR staff to enter into written agreements with County law enforcement officials

regarding how to respond to reports of abuse and neglect (Al. Admin Code, §660-5-34-.05).

Attempts to understand the implications of the criminalized and punitive approach to child abuse and neglect must consider Alabama's system of mass incarceration and institutional reliance on prison labor. Alabama prisons are overcrowded, overrepresented by Black people, dangerous, and inhumane. Rather than fund services to create supportive community conditions that reduce the prison population and provide equitable opportunities for success and participation in public life, the state continues to invest in prison infrastructure.

The state's dynamic approach to children further complicates prevention efforts and provides opportunities to disproportionately apply rules that impact opportunities and outcomes of youth across the state. Further, children and youth are not, to my knowledge, afforded formal rights in the state of Alabama, and the state considers children to have a "disability of minority" until age 19 (Code of Ala. 1975, §26-1-1, 2019). More specifically, eleven chapters (Code of Ala. 1975, §26-21 - 23H) in Title 26 of Alabama's legislative code, which addresses issues pertaining to "infants and incompetents" address abortion and the rights of an 'unborn child.' Not a single chapter, however, explicitly addresses the rights of children. Further, the state utilizes multiple definitions of a child that vary in their age requirements, and in the rights and liabilities that they afford (see Table 12). At times, these definitions directly contradict each other and undermine the developmental needs of Alabama's children and youth.

Lack of attention to these challenges at the institutional level will perpetuate the need for social assistance and supports in their current form and further reinforce narratives about service recipients and perpetuate societal divides and inequities. Work to address and rectify these challenges will require public acknowledgment of these conditions and the buy-in and cooperation of individuals from multiple service sectors that exceed the boundary of what we

typically identify as prevention (Daro, 2016). Successful attempts to address the conditions that underlie family challenges will require a coordinated effort that includes contributions from researchers, practitioners, policy makers, the business community, and the public.

Primary Prevention via a Public Health Approach

Existing challenges in child protection systems are met with growing calls for a public health approach to prevention. Although primary prevention of child maltreatment is an ambitious goal, it is attainable with a public health approach that creates systems that support children and families. For example, Wasilewski, Shaw, & Hawley (2019) explored the successes, failures, and implementation process of five states that received grant funding to implement the four key goals of the Essentials for Early Childhood Framework using a collective impact approach. They reported that, overall, states made meaningful progress towards primary prevention of maltreatment using a public health approach. From 2016 to 2018, the period of assessment, the five funded states passed 26 supportive family policies during the period of assessment from 2016 to 2018, compared to five policies among the seven self-supported states, and one policy among the six states not engaged in implementing Essentials or similar frameworks.

The work of Wasilewski, et al (2019) is an example for other states, such as Alabama, to follow. For example, in the current study, multiple focus group and interview informants identified conditions of employment as challenges among the families they serve and recognized that employers have a role in supporting the prevention of child maltreatment. This provides an opportunity to develop a Family Friendly Workplace Kit, following the example that Colorado provided, to educate employers on their role and encourage the implementation of policies that support families, including a living wage, paid family leave, paid sick leave, and full-time

opportunities that afford health benefits. Additionally, states were able to raise awareness of child maltreatment and educate individuals on the impacts of adversity in childhood, as well as show how supportive policies and programs can contribute to safe and nurturing environments for children (Wasilewski, et al, 2019). Given the widespread lack of public understanding of how conditions impact child and family well-being [described by informants], action to educate the public on the developmental needs of children, and the impact of environmental conditions on development, is warranted.

Implications and Recommendations for Research, Practice, and Policy

The Role of Researchers: Discourse as Diversion from the Institution to the Individual

Historically, academic research on child abuse and neglect prevention has primarily focused on parenting education, in isolation of other prevention supports or the conditions in which prevention services are implemented. A lack of attention to these factors masks the complexity of prevention work and the real-world conditions that contribute to or hinder success in prevention programs and that often contribute to the need for assistance itself. Academic scholars and developmental researchers have an opportunity to use research to transform and expand the academic and policy discourse surrounding child and family well-being and the environmental conditions that influence it. To do this, however, it is important for researchers to intentionally attend to their use of categories, the meanings they attach, and the experiences they render invisible (Smith, 2003). Categories such as race are not neutral; they convey societal dynamics of superiority and inferiority and their use can unintentionally perpetuate the myth of meritocracy, racial and economic stereotypes; and practices of individual blame (Salter et al, 2017). The regular use of these reporting categories renders the experiences of people that fit within these categories invisible and focuses attention to individual characteristics, rather than

societal conditions that create risk for these groups. In other words, being Black is not inherently a risk for poor outcomes; however, racism that Black people experience yields many risks.

The academic research on child abuse and neglect prevention reviewed in this study generally lacks insight into the breadth of experiences involved in daily prevention work and into the contexts and conditions in which this work occurs. The community conditions in which prevention work occurs, however, are fundamental to understanding community-based prevention practices. Further, while it is common for parents to simultaneously engage in multiple community supports and services, this complicates our understanding of the programs and specific services that contribute to maltreatment prevention. An outcome assessment may indicate that a parent improved their parenting knowledge or skills following completion of a parenting education program, but if they were engaged in other supports at the time of their parenting course, it is not possible to determine, concretely, if the parenting course contributed to improvements or if they reflect the combination of supports they're receiving. Otherwise put, there is no definitive evidence for the effectiveness of mandated parenting education as a method of maltreatment prevention, and in the contexts of severe funding and financial constraints, scaling back the use of parenting education programs until researchers have a clearer understanding of how parenting education programs prevent maltreatment, and for whom and under what conditions they are effective, may be warranted. This is an important consideration for researchers who evaluate prevention programs. To develop a thorough understanding of how to prevent child abuse and neglect, it is important that research reflects this complexity and the interconnected nature of prevention services to other service systems and accounts for the environmental, social, and economic conditions in which families and children live and interact.

One of the issues highlighted in the background review was the importance of assessment for prevention implementation. There are increasing pressures for service providers to implement evidence-based practices, but this is often difficult in the real-world conditions of community settings (Powell, et al., 2015). The complexity of these conditions necessitates research methods that can account for the many contextual factors that may impact implementation, such as organizational constraints and program funding. Further, informants did not perceive program outcome assessments as personally beneficial or as beneficial to the families, though they satisfied funding or program reporting requirements. As Marie said, in this sense, assessments are “self-serving for the [service provider] agency.” The dilemma caused by continuous research without program improvement is important for academic based researchers to critically consider. Therefore, use of validated instruments, and their practical utility, warrant consideration, along with renewed efforts to create more meaningful and practical measures for use in community-based research. Continuing to utilize outcome measures identified by professionals, experts, and other high-power individuals restricts our use of social knowledge and eliminates knowledge of individuals that live and work in the conditions in which prevention work occurs.

Many of the stated goals of services and programs that currently provide prevention supports are unachievable in current social and economic conditions. Efforts to prevent maltreatment should incorporate a holistic and coordinated approach to address the underlying conditions that contribute to maltreatment risk and undermine family well-being and wellness. Attempts to strengthen and support families via services that target individual families, such as home visiting, will likely be futile without simultaneous attempts to transform the conditions that underlie community and family challenges (White, 2006), such as poverty, employment conditions, access to affordable, high-quality childcare, and equitable access to resources,

opportunities, and basic social services that promote self-sufficiency, such as reliable public transportation (Sarri et al, 1992). Further, a comprehensive state approach to child abuse and neglect prevention should intentionally aim to achieve health equity and researchers can help direct these efforts by framing discussions and evaluations of prevention efforts around the creation of conditions that equitably promote health and wellness across social locations.

Research recommends investments in systems that support young children and their families (AAP, 2016). Given the documented associations between economic conditions and maltreatment risk, some researchers have called for an examination into how policy strategies and poverty-reduction efforts contribute to prevention efforts, such as cash transfers or increases to the Earned Income Tax Credit (Thompson & Haskins, 2014). Additionally, Conrad-Hiebner & Scanlon, (2015) suggested modifications to CAPTA to require grant recipients to spend a certain portion of their budgets on concrete supports, and particularly supports to avoid utility disconnection and eviction (Conrad-Hiebner et al, 2015). Similarly, van IJzendoorn, Bakermans-Kranenburg, Coughlan, & Reijman (2020) suggest the need for large-scale experiments that examine how changes in socioeconomic conditions, such as cash transfers, impact maltreatment. These are valuable and under researched topics for study, but communities should not stall poverty-reduction and community change efforts waiting on evidence to emerge about these specific practices. Not surprisingly, research that explores how economic policies and supports impact families yields positive results. For example, the use of cash transfers yielded long-term positive outcomes to children in poor families (Aizer, Eli et al. 2016). Further, states that provide a refundable Earned Income Tax Credit demonstrated an 11% decrease in foster care entries compared to states that did not provide this credit (Rostad, Ports, Tang, & Klevens, 2020).

Continuing to utilize outcome measures identified by professionals, experts, and other high-power individuals restricts our use of social knowledge and eliminates the experiential knowledge of individuals that live and work in these conditions. Therefore, in light of the above, I present the following recommendations for researchers.

Summary of Recommendations

- Engage in critical reflection of work and ways in which researchers' label and categorize individuals that mask individual experience and reflect conditions in which group members live
 - Individual researchers should reflect on their own research practices, such as how they categorize people and groups, and for what purpose and how they determine information that is valuable and worth capturing in evaluations
- Make an intention shift in the use of risk discourse, from 'at-risk' to 'in-risk'
 - Use of the term 'at-risk' projects risk onto the individual, suggesting inherent differences in exposure to risk as a function of a socially constructed status, such as race
 - Use of the term 'in-risk' focuses attention to the conditions in which children and families live and that underlie family challenges; a shift in this discourse could shift public attention from individuals to underlying system conditions
- Future prevention work that explores parenting education or home visiting programs should incorporate or account for the complex, real-world conditions in which prevention work occurs, such as participation in co-existing services, method of service initiation (i.e., court mandated or self-enrolled). This would likely require increased contact and communication among prevention actors and may contribute to the system of

surveillance and monitoring that families (i.e., via information sharing). Therefore, researchers that engage in these efforts should make intentional commitments to conducting meaningful and relevant research and using findings to promote and advocate for more supportive community conditions

- In all prevention work, broaden intake assessments, background questionnaires and demographic sheets, and program evaluations to include questions on the social, economic, physical, and environmental conditions in which families live and service provision occurs. Doing so will help make institutional conditions visible in prevention discourse, practice, and research and provide insight into how they impact the health and well-being of children and families
- Center the health, wellness, and development of children in prevention discourse
- Encourage attention to the meaningfulness of outcome evaluations and services, rather than the mere presence of outcomes
- Be transparent regarding prevention effects and exercise caution in interpreting positive outcomes as meaningful indicators of child abuse and neglect prevention.
 - For example, knowledge of community resources is a commonly assessed indicator of prevention. However, knowledge does not necessarily equate to access and availability of resources or account for the ways in which social service representatives may treat parents seeking assistance, which Marie identified as a barrier to assistance (I 5). Further, even when individuals access and utilize resources, such as energy assistance payments or SNAP benefits, these are not typically sufficient to help families achieve stability and self-sufficiency

(Children's Health Watch, 2011), rendering the underlying economic conditions that contribute to family challenges, unaddressed.

- An expansive body of research has documented the immediate and long-term consequences of poverty, and these consequences extend to individuals, families, and communities. Given the impacts of poverty across the life course and the recognition of poverty as a social determinant of health, researchers should consider using poverty as an indicator of community violence.
- Consider use of institutional ethnography as methodology to deepen our understanding of human development in contexts

Practice

Home visiting and parenting education programs continue to be a commonly utilized prevention service in Alabama, despite limited evidence for their effectiveness. Following their review of more than 60 home visiting programs, Sweet and Applebaum (2004) conclude that home visiting programs yield positive outcomes in some domains, such as parenting behaviors and attitudes, but do not significantly impact reported or suspected child abuse. Further, the diverse ways in which researchers conceptualize and measure child maltreatment outcomes make it difficult to compare work across research sites and locations and to conclude, concretely, that home visiting programs effectively prevent maltreatment. Similarly, Howard and Brooks-Gunn (2009) reviewed evidence for nine home visiting programs and reached a similar conclusion; although home visiting programs can yield positive outcomes for parents, there is little evidence that they actually prevent child abuse and neglect. In light of the limited evidence for home visiting as an effective method of child abuse and neglect prevention, the continued use of and

reliance on home visiting is perplexing, particularly given the emphasis on the use of evidence-based programming.

Prevention actors are critical to the work of child abuse and neglect prevention and to child protection, more generally. The social location of prevention actors influences their daily practices and the social relations of their work. Informant identified the development of provider-parent relationships and trust as important to prevention work. At the same time, they identified organizational constraints and system requirements as factors that impact the length and quality of worker-family interactions, and the nature of relationships with parents differ across social locations. These experiences are in line with previous research that revealed that child protection workers often limit the amount of time they spend developing relationships and rapport with families, while “longer term workers” often develop meaningful and supportive relationships with families (Ferguson, 2014). This exemplifies the reality that although prevention actors work in contexts of shared challenges and constraints, an actor’s social location shapes their perspective, specific work knowledge, and nature of work relationships.

Given the consensus among informants about the widespread misconceptions regarding individuals that receive social assistance and engage in prevention supports, and the lack of proximity of community members to the lives of individuals that commonly receive prevention services, efforts that target social norms and understanding of child maltreatment are warranted. Further, it is important to broaden the state’s current approach to prevention; to shift the discourse surrounding prevention services; and to ensure that prevention services and child welfare services and supports are distinct in theory and in practice. For example, prevention actors regularly identify parenting education programs that are mandated by the court as

prevention work, and this discourse perpetuates public perceptions of families that receive prevention services and undermines a public health approach to prevention.

The disconnect between the public's perceptions of individuals that receive prevention services and the actual experiences of people that receive prevention services is not entirely surprising, given the segregated nature of U.S. communities, by race, economic status, and power. The Frame Works Institute (2004) suggests that reframing messaging about parenting education and supports may increase universal access to that information. Attention to the macro and exo level system vulnerabilities that impact child development can provide insight into how environmental conditions impact family and child well-being and health development. Racism is entrenched in state institutions and often manifests in ways that are largely invisible or difficult to explicitly identify as the result of racism, such as school practices and inequitable access to community resources, such as drug court or diversion programs, which provide a way to avoid entry into the justice system. Additionally, on average, black children remain in foster care longer than White children (Alabama Department of Human Resources, 2019c). Recognition of the continued role of racism is a prerequisite for taking actions to address and eradicate it. Researchers can examine administrative and publicly available community data to document evidence of these racial disparities, and researchers and prevention actors can, together, reshape discourse surrounding prevention, the systems in which children and families exist; and how these systems disproportionately impact children and families across race and economic status.

Prevention actors are in a prime position to shed light on the conditions in which prevention work exists and families live and advocate for conditions that do not rely on their unrecognized labor to meet the most fundamental and basic needs of families. In light of the unique positioning of prevention actors; their critical contributions to prevention work; and their

collective power and ability to motivate large-scale change, I present the following recommendations for prevention actors.

Summary of Recommendations

- Leverage collective power, knowledge, and experience to educate bodies of authority on current community conditions and the additional supports needed to help families overcome challenges and thrive in your communities (Prevention actors)
- Incorporate items that assess social, economic, physical, educational, and environmental conditions of community into all texts commonly utilized in prevention work (e.g., intake paperwork, needs assessments, etc.) (Organization directors, prevention actors)
- Analyze and report on these items to render these conditions visible in prevention work and integrate them into the prevention discourse
- Develop public education and awareness training material to educate teachers and other community representatives on how community conditions impact child safety, wellness, health, and risk and how these conditions contribute to existing systems challenges in prevention work
- Help foster meaningful parent social connections at various levels of the social ecology. For example, engage parents as advocates at the local level.
 - For example, Family Resource Centers could provide information (at physical centers and on FRC websites) on upcoming local political meetings, school board meetings, opportunities to vote, etc.
- Refrain from mandating parent participation in services, programs, and supports that are not available or accessible to the family (court systems).

- Similarly, before mandating service participation, consider if and how participation could yield a meaningful result in that family's life. (In other words, eliminate the practice of mandating participation in a uniform set of services).
- Eliminate over-reliance on home visiting services
 - When parenting education is warranted, beyond that provided in a public awareness campaign, consider the use of group-based programs. Research suggests that group-based parenting education programs can bring together parents from varying social classes and yield positive outcomes such as decreased stigma of parenting supports (Byrne, Salmela-Aro, Read, & Rodrigo, 2013).
- Reframe discourse surrounding prevention efforts to focus on development of children as opposed to deficits (Shaw & Kilburn, 2008; Shonkoff & Bales, 2011); frame discussions around health equity

Policy

Amidst public discourse that pathologizes welfare assistance and government intervention in the lives of families, the state of Alabama is largely dependent on the federal government to provide funding for social services; on prevention actors to help families obtain financial and tangible supports to meet basic needs; and on community members and organizations to assist prevention actors via their time, financial contributions, and donations of tangible resources, such as furniture. The state's dependency and lack of self-sufficiency is not visible, however, in the broader public discourse surrounding welfare assistance, dependency, and individual work ethic. Further, it is important to note not just the presence of this reliance, but to recognize how dependence on the federal government, on prevention actors, on community members, and on charitable donations is institutionalized via the state's failure to

commit state funds to prevention services and to allocate tax revenues to for public transportation funding, and other key supports.

The Politics of Child Abuse and Neglect Prevention

Child abuse and neglect prevention is inherently political in a democracy in which citizens vote on issues related to education, social supports for families, and taxation to support services. Further, the individuals we elect for state and local positions serve on boards and committees that influence the direct provision of services, such as child abuse and neglect prevention, financial assistance to low-income families, and juvenile probation services, among others. In addition, board members often have a large amount of authority in deciding how departments operate, both internally and in terms of the services they provide. Therefore, it is important for community members to understand the discretion and authority of the people they elect and to ensure that these representatives have accurate information to make informed decisions in these positions, particularly when they may not have experience or education on the topic. Researchers and prevention actors can help fill in this knowledge gap and provide representatives with information that will hold them accountable to making decisions that equitably support the development, health, safety, and wellness of the children and families that they represent. However, it is not logical that the simple receipt of information would inform political decision-making and actions. Researchers, practitioners, and other community stakeholders should provide consistent levels of accountability to ensure that representatives make informed decisions that support the health and wellness of children and families.

Health Equity Approach to Child Abuse and Neglect Prevention

The World Health Organization recognizes health care systems as a social determinant of health (Birn, 2009), and many communities throughout the state lack access to health care

facilities. Therefore, increasing access to health care, via Medicaid expansion, for example, could serve the dual purpose of reducing risk for child abuse and neglect and facilitating community conditions that support the health of people in Alabama. The creation of a public health approach to prevention that embraces health equity will require a multi-pronged approach to alleviate immediate crisis needs and develop systems that support children and families.

Poverty has consistently been associated with long-term negative impacts in a variety of domains. In addition, research on community-level factors associated with child abuse and neglect has revealed associations between community level economic factors, such as unemployment rates, and substantiated and unsubstantiated maltreatment reports (Freisthler, Merritt, & LaScala, 2006). On the other hand, an ability to financially meet one's needs yields many health benefits for families and children. For example, a policy analysis of the impact of a local living wage ordinance projected decreases in mortality risks, improved health, higher levels of educational attainment among the worker's children, and reduced risk of childbirth outside of marriage among female children. improvements in other social outcomes. Further, the impact of TANF cash assistance on families that experience poverty and deep poverty has diminished over time, providing additional justification for the need for institutional reform (Congressional Research Service, 2017). Therefore, policies that improve economic conditions of communities are warranted. Moreover, universal supports, such as access to parenting supports, health insurance, and quality childcare services, as well as additional supports for individuals who have historically been systematically oppressed and disadvantaged (Birn, 2009) are both necessary to reduce the deep-rooted inequities that exist in the U.S. In light of the above findings, I present the following policy recommendations for further support the work of child abuse and neglect prevention in Alabama.

Summary of Recommendations

- Formally recognize, and demonstrate commitment to supporting, the rights of all children and youth in the state of Alabama.
 - Extend state commitment to protecting the lives of unborn children to the lives of all children and youth.
 - Demonstrate state commitment to ensure youth and children have equitable access to supports, services and opportunities that promote their health, wellness, and development, within the contexts of their families and communities.
- Ensure all policies impacting children are developmentally informed, rather than punitive
 - Ensure any variation in the conception of ‘child’ are developmentally appropriate, justifiable, and clearly stated
 - Ensure practices support the developmental needs of children under the supervision of the state (including, but not limited to, their nutritional, educational, social, emotional, physical, and cultural needs)
 - Ensure all staff and employees that work or interact with children under the supervision of the state receive training on the developmental needs of children; how needs change throughout childhood and adolescence; how societal and community conditions impact development; and how they can best support the children with which they interact
- Broaden scope of prevention efforts to include efforts that support family health, well-being, and self-sufficiency, including but not limited to:
 - Public transportation
 - High-speed broadband access

- Repeal legislation that prohibits local authorities from raising minimum wage
- Increase in minimum wage to living wage
- Availability and access to adequate unemployment benefits, if needed
- Access to affordable, high-quality childcare
- Access to telehealth services
- Access to affordable, high-quality housing supports (Maguire-Jack, Negash, & Steinman, 2018)
- Funding for community parks and other recreational activities
- Eliminate punitive felony disenfranchisement laws that prevent successful reintegration upon release of incarceration
- Adopt a restorative, rather than punitive, approach to child abuse and neglect that does not criminalize poverty
 - Punitive responses to child abuse and neglect harm children beyond the harms that resulted from the initial experiences of abuse; therefore, shifting away from a punitive response to child protection is an opportunity to further support the wellness of children throughout the state.
- Explore how other states support child abuse and neglect prevention via state policy and financial support.
 - For example, the State of Georgia recently released an updated Child Abuse and Neglect Prevention Plan (Jennings, 2020).
 - The University of Kansas Community Toolkit provides multiple suggestions for how to create policy contexts that support families.

- Systematically encourage and reward businesses that implement supportive family employment policies.
 - These should include efforts to repeal legislation that restricts local authorities from raising the minimum wage
 - Employers provide an opportunity to disseminate parenting education to all population and to decrease stigma surrounding use of/targeted participation in, parent supports.
- Implement policies that have been identified as reducing child abuse and neglect (see Metzler & Klevens, 2019)
- Engage all community members as prevention actors; amend existing mandatory reporting legislation to incorporate all people throughout the state.
- In light of previous research documenting racial inequities in child welfare experiences; racial disparities in the effects of mandatory reporting requirements; and impact of racism on the health and wellness of Black children, parents, families, and communities, policy makers should evaluate how existing and proposed policies facilitate equity and/or perpetuate racist systems.

Legislative Opportunities: Knowledge is Power

Institutional ethnography yields a usable product that depicts the organizational processes that coordinate, or organize, work within a particular setting (DeVault, 2006). Maps help researchers visualize connections (DeVault, 2006; Walby, 2013) and illuminate how texts coordinate activities in local settings. This process can yield insight into the political forces that influence work practices and identify potential points of intervention to promote political and transformational change at the system level (DeVault, 2006; Ng, Bisailion, & Webster, 2017).

My analysis of state legislation revealed legislation that presents barriers to a public health approach to child abuse and neglect prevention. These include the conflation of neglect and poverty, the individualizing and punitive nature of the state's approach to child protection and child abuse and neglect prevention, and the targeted nature of services, supports, and reporting requirements (i.e., must meet service targets for members of certain demographic groups), among others. However, the insights yielded from this study also provide opportunities to legislatively address the social, economic, and environmental conditions that hinder family success and well-being and to encourage a shift in state discourse, policy, and practice surrounding prevention.

There are multiple potential reasons for legislative inaction from elected representatives; for example, representatives may feel limited in how they can create systemic change from their social location within the institution; be complacent about advocating for change; or committed to the institutional order, to name a few. Nevertheless, inaction towards important social issues warrants pressure from constituents to advocate for system changes. Legislative and administrative codes serve as a guidebook for how state departments operate, and these publicly available documents could inform the work of community activists, policy analysts; and legal advocates, among others and motivated a coordinated response that engages individuals from diverse social relations. researchers can use evidence-based work to justify the need to change conditions within the community to promote the health, safety, and wellness of children and families.

In institutional ethnography, mapping is an analytic technique that provides a way to “produce visual and written accounts of the workings of institutions that display the extraordinary power of texts, that take language into account and that show institutions being put

together and going on around us” (Turner, 2011). Analysis of state legislative and administrative codes yielded specific insights into individuals with decision-making authority, revealed processes of decision-making, and highlighted specific opportunities for intervention, and the institutional maps that resulted from analysis made visible specific mechanisms that could motivate change. For example, according to the Alabama legislative code, ADCANP Board members are responsible for providing:

statewide educational and public informational seminars for the purpose of developing appropriate public awareness regarding the problems of child abuse and neglect; encourage professional persons and groups to recognize and deal with problems of child abuse and neglect; make information about the problems of child abuse and neglect available to the public and organizations and agencies which deal with problems of child abuse and neglect; and encourage the development of community prevention programs and family resource and support programs and centers

This provides a potential opportunity to broadly communicate information about the conditions in Alabama communities and how these conditions impact children, families, and their current and future health (positively or negatively). A public education campaign also provides an opportunity to challenge public narratives that reinforce commonly held misperceptions, stigmas, and stereotypes about individuals that receive prevention services and shed light on the systemic conditions that create challenges and inequities across communities.

Another potentially useful administrative mechanism is the ability for community members to advocate for changes to the rules of the Board of the Alabama Department of Child Abuse and Neglect Prevention. Community members can complete a form, provided in the administrative code, to request a modification to or deletion of, an existing Board rule or to

propose that the Board create a new rule (). The board must consider each request within a specified time frame and schedule a meeting for the individual that submitted the request to present their request and explain why it is important. This is an opportunity for prevention actors, developmental researchers, parents, community organizers and activists, and community members, more generally, to advocate for the development of institutional conditions that promote child safety and family well-being and to expand the prevention discourse to recognize efforts to create these conditions as a method of prevention. A coordinated effort to propose changes to Board may be more effective and may generate more media coverage and community support, than isolated proposals made by individuals.

Study Limitations

Institutional Ethnography: An Underutilized and Unfamiliar Tool

Institutional ethnography is a poorly known and underutilized methodology that presents many opportunities for use in the human development field. Although developed in the field of Sociology, institutional ethnography affords researchers an opportunity to understand how ruling relations coordinate work in and across local settings and yields insight into specific institutional processes that should be changed to build more equitable and just societal institutions (Campbell, et al, 2004). In the context of child development, it can expose state-level processes and conditions that cultivate vulnerability and protective factors at the macro and meso levels and provide insights into where to target efforts to transform these vulnerabilities into protective conditions. Put another way, the use of institutional ethnography can help identify and understand the mechanisms of power that promote, or prohibit, the development of supportive environmental conditions, and this approach could be useful for developmental researchers who

aim to understand how policies and other institutional-level factors impact the health and well-being of children and families.

Need for Additional Systems Research Using Institutional Ethnography

The potential implications of system research are the increased time, labor, and required commitment. Like case studies and other qualitative methods, an institutional ethnography is limited to insights relevant to the phenomenon under investigation (Flyvbjerg, 2006). This limitation, however, also presents an opportunity. Although institutional ethnography studies provide insights into links between institutional processes and individual experiences within particular settings, results from these studies, taken together, can provide insight into broader social, economic, and political landscapes in which states operate and provide an opportunity to compare links between institutions and local settings across states. A working group of researchers across states could engage in a multi-site action research project and convene regular online meetings to discuss the research process, their experiences, and the implications of their findings (Fuller-Rowell, 2009). Further, individuals could simultaneously engage in a multi-state legislative effort to educate the public on the institutional factors that impact child abuse and neglect prevention work and advocate for supports necessary to ensure more equitable and supportive conditions for children and families. A coordinated group effort could: (a) result in better media coverage, audience reach, and effectiveness; (b) foster a sense of collective efficacy, motivation, and empowerment among engaged individuals, within and between states; and (3) contribute to increased accountability of representatives. Collaborative research efforts using institutional ethnography are not limited to the topic of child abuse and neglect prevention and could be utilized to explore other areas of interest. Further, results of institutional ethnography research could inform further analysis of how experiences differ across social locations. For

example, institutional ethnography could be paired with multi-level modeling techniques to quantify how existing social conditions and policies differentially impact individuals across social locations. Publicly available administrative data is a great tool to aid these efforts.

Limited Perspective: The People in Prevention Work

Although I noted multiple barriers and environmental conditions that impact family well-being and are commonly considered to increase risk for child maltreatment, I did not directly interview parents, families, or children involved with, or impacted by, child abuse and neglect prevention supports and services in Alabama. However, as noted above, very few studies focus on the voices of prevention workers. Further, service providers act as agents of the institution for which they are employed and therefore provide valuable insight into how the system functions, the resource limitations and other challenges in which the system operates, and the policies and procedures that guide the services and supports provided to families. Further, providers shared extensive insights into the challenges and conditions in which families live, as well as challenges that arise from system involvement. As such, they provide insight into how well child abuse and neglect prevention work responds to the needs and challenges that families experience and can help illuminate specific institutional processes that prevent the provision of meaningful assistance that contribute to the health and wellness of children and families. Their perspectives, shared here, give us fresh insight into the conditions facing families, and should prompt renewed interest in the challenges facing families.

Project Breadth

In the current study, I conducted a broad exploration of child abuse and neglect prevention work in Alabama and the complex ways in which this work is influenced by, and embedded in, other service systems and institutions. This allowed for a comprehensive

understanding of the breadth of services and supports that constitute prevention work and the prevention actors that carry out the work. At the same time, the breadth of my exploration limited the in-depth insights that a more focused analysis could provide. Each institutional link identified here could be the focus of a future institutional ethnographic inquiry to develop an intricate understanding of how each system operates individually, as well as a complex understanding of how these systems function together to maintain current power structures and institutional conditions and to facilitate a system of surveillance and monitoring.

Study Strengths

Comprehensive Exploration into Practices and Policies

In the current study, I relied on analysis of primary data (interview discussion transcripts), secondary data (focus group discussion transcripts), and key legislative, budgetary, and organizational documents to conduct a broad and expansive exploration of child abuse and neglect prevention work in Alabama. Doing so allowed me to identify the complex ways in which prevention work is influenced by, and embedded in, work in other service systems. Each institutional link identified in the current study could be the focus of a future institutional ethnographic inquiry to develop an intricate understanding of how each system operates individually, as well as how they each function as a mechanism to maintain current power structures. Further, examination of how prevention work is coordinated across the state yielded insight into specific mechanisms of influence and opportunities for intervention.

Contribution of my Positionality

As a former social worker (State of Georgia, Florida, and Alabama), I shared many similar experiences with informants in the current study. As a result, I may have “heard” some of the tensions they experienced with a particularly keen ear. However, during my field experience,

the legislative influences that organized my work practices and repeated activities were not visible to me. Had I been aware of this information, I would have used it to highlight flaws, failures, and inconsistencies in the system within which I was working and to advocate for the children and families involved. The knowledge gained in the current study provides this opportunity to current prevention actors.

Conclusion

The current study highlights the unsupportive conditions and contexts in which prevention work exists and identifies many barriers to the implementation of a public health approach to prevention. Many of the challenges present in prevention work reflect as social determinants of health that can have long-lasting impacts on health and development. A collective shift in how the state of Alabama conceives of, and frame discussions about, child abuse and neglect could help motivate a shift in the state's approach to maltreatment prevention, and to the support of children, more broadly. Rather than framing prevention efforts in terms of reducing risk and strengthening families, discourse that centers on the conditions in which children and families live, in an effort to promote health equity and opportunity for all of Alabama's children and youth, may achieve broader support. Investing in conditions that equitably support children and youth; that engage them as full participants in society; and that create conditions that allow them to thrive is a worthy and fiscally responsible endeavor. In addition to the savings of costs associated with maltreatment intervention, our society's capacity to excel would likely increase, simply from increased access to opportunities for previously disadvantaged children and youth and to conditions that nurture the skills and talents of youth, rather than harm them.

It is important to note that all social services and supports in Alabama are implemented within the contexts of institutionalized white supremacy that was codified in the 1901 State Constitution and that remain in effect (Journal of the Proceedings of the Constitutional Convention, 1901). The contexts and conditions in which children live vary widely across the state of Alabama, primarily as a function of race and economic status, and prevention discourse should recognize the role of racism in impacting the health and well-being of children and publicly address the inequities that exist across social locations. This could help increase public understanding of, and accountability to address, these conditions. Present-day policy priorities and actions will impact the development of children in future generations, and prevention actors and community stakeholders invested in prevention work should not constrain emerging approaches to prevention to existing systems and practices.

While I recognize the importance of child protection work, efforts to transform the state's approach to prevention would eliminate the need for social assistance, and for child welfare services, in their current form. Family separation is a traumatic experience for children and parents that is often prolonged by system failures, such as inadequate access to mandated services. Creating the conditions necessary for families to achieve self-sufficiency and economic independence, and actively engage in the community could reduce the use of this damaging practice and help children thrive in their families and communities.

Although community members in Alabama continue to live racially and economically segregated lives, institutional work can be carried out across social locations because of the invisible connectedness of our lives and practices (Smith, 2003). The current study yields insight into how child abuse and neglect prevention work is connected across social locations in Alabama and makes visible the social relations that organize this work. This study yields insights

and opportunities for meaningful social change that transforms child abuse and neglect prevention work in Alabama and fosters macro and meso level protective factors that equitably support the health, wellness, and development of children and families, rather than actively oppress them.

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Appendix

Appendix A: Recruitment

A1: Recruitment Flyer for SFP



Department of Human Development and Family Studies

Strengthening Families Research Project

(AKA) Social Indicators for Child Abuse and Neglect Prevention (CANP) Project

Be part of an important community-based research study!

Are you a service provider or community leader who works with, advocates for, or is interested in, family supports to strengthen families and promote child well-being?

- *Are you over the age of 19?*
- *Are you in the state of Alabama?*

If you answered **YES** to these questions, you may be eligible to participate in the **Strengthening Families Research Project**.

This strengths-based research study is exploring how community programs and services in Alabama already successfully support families to prevent child abuse and neglect. Participants will participate in discussion groups with service providers and community leaders to identify what is working well and how to enhance supports to families and children.

This study is led by Dr. Vilches at the Department of Human Development and Family Studies at Auburn University and is sponsored by the Alabama Dept. of Child Abuse and Neglect Prevention. The sponsor has no access to data and participation is confidential.

If you would like to participate, or learn more about the project, use the following link or QR code to access our participant inquiry form. A member of our research team will contact you with additional information. If you want to participate, they will ask you a few screening questions to make sure you are eligible.

For questions:

Contact our research team at play@auburn.edu
Visit our website at <https://socialindicators.weebly.com/>
Request information: [https://aub.ie/Strengthening Families](https://aub.ie/StrengtheningFamilies)

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Protocol # 19-017 EP 1904

A2: Interview Informant Recruitment: Email to Referred Informants



Department of Human Development and Family Studies

**RECRUITMENT EMAIL TO REFERRED INFORMANTS
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”**

Good morning/afternoon, _____ (name). My name is Beth McDaniel, and I am a PhD student in the Human Development and Family Studies Department at Auburn University. I am contacting you regarding my graduate research project, the ‘Community Context of Prevention (CANP) Project.’ I received your contact information from a participant in the Strengthening Families Project. They identified you as a key individual in the child abuse and neglect (CAN) prevention field in Alabama and recommended I contact you to recruit you into the study. I appreciate the opportunity to contact you about potential participation in my graduate student research.

My study, the Community Context of Prevention (CANP) Project is an institutional ethnographic research study. The aim of the project is to explore the practices and experiences of individuals that work to prevent CAN in Alabama in order to identify the institutional processes that organize and coordinate this work across the state. In other words, I am interested in understanding how the system of child abuse and neglect prevention works in Alabama and how it comes to work this way. Interview discussions will focus on your daily practices and experiences and how you spend your time working to prevent child abuse and neglect in Alabama in your current role or capacity. I will not ask you questions about specific families or individuals with which you work, and I will not reference individual service providers or practices in dissertation research or project reports.

This study is led by me, Beth McDaniel. I am a PhD Candidate in the Department of Human Development and Family Studies at Auburn University, under the supervision of Dr. Vilches at the Department of Human Development and Family Studies at Auburn University. The Community Contexts of CANP project is an independent graduate student research project that, as approved, also includes focus group data collected in the Strengthening Families project. The Strengthening Families project is sponsored by the Alabama Dept. of Child Abuse and Neglect Prevention. The sponsor has no access to data and participation is confidential.

If you would like to participate, or are interested in learning more about the project, **please contact me at the number or email below.**

For questions,
Social Indicators Lab Phone: 334-844-3239
Email coopesi@auburn.edu
Visit our website at <https://socialindicators.weebly.com/>



Recruitment Email to Referred Informants – Community Contexts of CANP Project

1

A3: Interview Informant Recruitment: Phone Script for Referred Informants



Department of Human Development and Family Studies

**RECRUITMENT PHONE SCRIPT FOR REFERRED INFORMANTS
for a Research Study entitled
"Community Contexts of Child Abuse and Neglect Prevention (CANP) Project"**

Hi; may I speak with _____ (name)? Good morning/afternoon, _____ (name). My name is Beth McDaniel, and I am a PhD student in the Human Development and Family Studies Department at Auburn University. I am contacting you regarding my graduate research project, the 'Community Context of Prevention (CANP) Project.' I received your contact information from another participant in the Strengthening Families Project. They identified you as a key individual in the child abuse and neglect (CAN) prevention field in Alabama and recommended I contact you to recruit you into the study.

I would love to tell you about the project, if you are interested, and it should only take a couple of minutes of your time. Are you interested in hearing about the project?

Y – Continue script

N – Thank individual for their time and end call

Is now a good time for you to talk?

Y – Continue script

N – Identify time to follow-up to discuss project; confirm preferred contact information before ending call

I need to ask you three short questions, to confirm that you are eligible to participate, and to respect your time, I will ask them now before moving on. Does this sound ok?

Y – Continue script

N – Identify time to follow-up to discuss project; confirm preferred contact information before ending call

1. Are you a service provider or community leader that works to prevent child abuse and neglect?
 - a. *Y – Continue*
 - b. *N – Continue to screen out*
2. Do you work to prevent child abuse and neglect in the state of Alabama?
 - a. *Y – Continue*
 - b. *N – Continue to screen out*
3. Are you 19 years of age or older?
 - a. *Y – Continue*
 - b. *N – Continue to screen out*

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Screen Out

Unfortunately, it does not look like you met our criteria for participation in our study. Thank you so much for your time. If you would like to receive updates on our project, I encourage you to visit our website at <https://socialindicators.weebly.com/>.

Screen In

Congratulations! You met our inclusion criteria and are eligible to participate in the study. Let me tell you a little bit about the project.

The Community Context of Prevention (CANP) Project is an institutional ethnographic research study. The aim of the project is to explore the practices and experiences of individuals that work to prevent CAN in Alabama in order to identify the institutional processes that organize and coordinate this work across the state. In other words, I am interested in understanding how the system of child abuse and neglect prevention works in Alabama and how it comes to work this way. If you choose to participate, you will be asked to complete two short background informational sheets and participate in an interview discussion that will last approximately one hour. Interview discussions will focus on your daily practices and experiences and how you spend your time working to prevent child abuse and neglect in Alabama in your current role or capacity. Your total time commitment would be approximately 1 ½ - 2 hours. I may request copies of documents that you mention as important to your work, such as referral forms, assessments, or policies, and I may contact you via phone after our interview to clarify questions and confirm my understanding of your experiences.

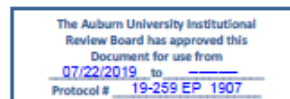
This study is led by Beth McDaniel, PhD Candidate in the Department of Human Development and Family Studies at Auburn University, under the supervision of Dr. Vilches at the Department of Human Development and Family Studies at Auburn University. The Community Contexts of CANP project is an independent graduate student research project that, with permission, also includes focus group data collected in the Strengthening Families project. The Strengthening Families project is sponsored by the Alabama Dept. of Child Abuse and Neglect Prevention. The sponsor has no access to data and participation is confidential.

If you are interested in participating, we can go ahead and find a day and time to complete your interview. Are you interested in participating?

Y – Schedule interview

N – Thank them for their time and end call

For questions,
Social Indicators Lab: 334-844-3239
Email: coopel1@auburn.edu
Visit our website at <https://socialindicators.weebly.com/>



Recruitment Phone Script for Referred Informants – Community Contexts of CANP Project

2

A4: Phone Recruitment Script (for use with FSP focus group participants)



Department of Human Development and Family Studies

RECRUITMENT SCRIPT – PHONE
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Introduction

Hi; may I speak with _____ (name)? Good morning/afternoon _____ (name). My name is Beth McDaniel, and I am a PhD student in the Human Development and Family Studies Department at Auburn University. I serve as the Project Manager for the Strengthening Families Project and received your contact information from our Project Coordinator. I am contacting you regarding your interest in my graduate research, the ‘Community Context of Prevention (CANP) Project.’

I would like to tell you about it and schedule a time for us to talk, if you’re still interested. Is now a good time for you to talk?

No: I would be happy to follow-up with you at a time that is more convenient. Is there a day and time that works for you? Is this the best number to reach you?

Schedule a time to follow-up to screen the individual for eligibility and confirm contact information.

Yes:

Great! In case we get disconnected, is this the best number to reach you? *Record any corrections.*

The purpose of the Community Contexts of CANP project is to explore the practices and experiences of individuals that work to prevent CAN in Alabama in order to identify the institutional processes that organize and coordinate this work across the state.

In other words, I want to understand *how* the system of child abuse and neglect prevention works in Alabama and how it comes to work this way. Your experience working to prevent child abuse and neglect in Alabama makes you an expert knower of this system. I want to understand what you do in your role to prevent CAN in Alabama, and our discussion will focus on your daily practices and experiences as a service provider or community leader. I will not ask you questions about specific families or individuals with which you work, and I will not reference individual service providers or practices in dissertation research or project reports. I also want to make it clear that your perceptions, values, and beliefs will not be the focus of analysis or of interest; the institutional processes that coordinate your practices are of analytic interest.

This project includes three primary modes of data collection, including 1) focus group discussions conducted for the Strengthening Families Research Project, which you already completed, 2) an interview discussion about your experiences in the field, which we will schedule today, if you decide to participate, and 3) a review of documents and texts considered critical to CAN prevention work in Alabama. These documents could include referral forms, legislative documents, policy and curriculum manuals, and any other documents that aid in prevention work.

Phone Recruitment and Screening Script – Community Contexts of CANP Project

1



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If you choose to participate in this study, you will be asked to complete two brief background informational forms and to participate in a one-on-one interview with me, at a time and location that is convenient to you. Interview discussions should last approximately one hour and will focus on your daily experiences and practices. Your total time commitment would be approximately 1 ½ - 2 hours. I may request copies of documents that you mention as important to your work, such as referral forms, assessments, or policies, and I may contact you via phone after our interview to clarify questions and confirm my understanding of your experiences.

Do you have any questions about the project?

Y – Address questions

N – Proceed

Are you interested in participating?

Y – Proceed to scheduling

N – Thank you for your interest in our project and for your time talking with me today.

Scheduling

Thank you very much for your patience and your interest in the study. If you will give me a moment, I would like to look at a schedule and select a day and time for our discussion. I prefer to meet with you in-person, at a time and location that is convenient to you, but we can meet over the phone or online, if necessary.

Attempt to schedule an in-person interview within the next week, if possible, or next two weeks.

Is there a day and time that works best for you? Where would you prefer to meet? It should be a location convenient to you and one that will provide privacy for our discussion.

Confirm time, date, and location for in-person interview.

If participant was not able or willing to schedule an in-person interview, schedule an online or phone interview.

Questions:

Do you have any questions now?

If you have questions later, please contact us via email at coopel@auburn.edu or phone us at 334-844-3239.



Department of Human Development and Family Studies
Department of Human Development and Family Studies

Thank you very much for your interest. I look forward to talking with you about your experiences working to prevent CAN in Alabama. Interview discussions should last approximately one hour and will focus on your daily experiences and practices. Your total time commitment would be approximately 1 ½ - 2 hours. I may request copies of documents that you mention as important to your work, such as referral forms, assessments, or policies, and I may contact you via phone after our interview to clarify questions and confirm my understanding of your experiences.

Do you have any questions about the project?

*Y – Address questions
N – Proceed*

Are you interested in participating?

*Y – Proceed to scheduling
N – Thank you for your interest in our project and for your time talking with me today.*

Scheduling

Thank you very much for your patience and your interest in the study. If you will give me a moment, I would like to look at a schedule and select a day and time for our discussion. I prefer to meet with you in-person, at a time and location that is convenient to you, but we can meet over the phone or online, if necessary.

Attempt to schedule an in-person interview within the next week, if possible, or next two weeks.

Is there a day and time that works best for you? Where would you prefer to meet? It should be a location convenient to you and one that will provide privacy for our discussion.

Confirm time, date, and location for in-person interview.

If participant was not able or willing to schedule an in-person interview, schedule an online or phone interview.

Questions:

Do you have any questions now?

If you have questions later, please contact us via email at ccopes1@auburn.edu or phone us at 334-844-3239.

Appendix B: Informed Consent

B1: Informed Consent



Department of Human Development and Family Studies

NOTE: DO NOT SIGN THIS DOCUMENT UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.

**INFORMED CONSENT
for a Research Study entitled
“The Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”**

You are invited to participate in a research study to (1) explore the practices and experiences of individuals that work to prevent child abuse and neglect (CAN) in Alabama in order (2) to identify the institutional processes that organize and coordinate this work across the state. The study is being conducted by Beth McDaniel, a PhD student, under the supervision of Dr. Silvia Vilches, Assistant Professor in the Auburn University Department of Human Development and Family Studies, and Extension Specialist, Human Services Extension. You were selected as a possible participant because you are a service provider for a child abuse and neglect prevention service in Alabama, or a community leader with insight into community strengths and needs, are age 19 or older, and are, or were referred by, a participant in the Social Indicators of Child Abuse and Neglect Prevention (CANP) project.

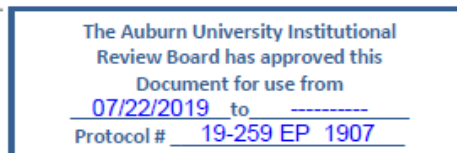
What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete two short background informational sheets and participate in an in-person interview. Your total time commitment would be approximately 1 ½ - 2 hours. Following your interview, we may contact you via phone to confirm or clarify information, check researcher understanding, or ask follow-up questions, if needed.

Your privacy will be protected. Any information obtained in connection with this study will be kept private and confidential to our research team. To protect your identity, your interview data will be identified with a numeric code, and you will be referred to with a pseudonym, rather than your name. With your permission, we will audio record the interview, transcribe the audio recording, and remove all identifying information from the transcripts. All results will be reported in aggregate, and no identifying information will be included in products that result from the project, including, but not limited to, dissertation research, academic or professional presentations, publications in professional journals, and/or professional reports and policy documents.

Are there any risks or discomforts? The risks associated with participating in this study are minimal. There is a risk of discomfort that may arise from the discussion of your work practices and experiences. To minimize this risk, we would like to remind you that the purpose of collecting information about your work is to gain insight into the institutional structures and processes that coordinate your experiences in the field. As a participant, your perceptions, values, and beliefs will not be the focus of analysis or of interest, and we will not reference individual service providers or practices in dissertation research or project reports.

Participant's initials _____

Page 1 of 2





Department of Human Development and Family Studies

Are there any benefits to yourself or others? If you participate in this study, you can expect the opportunity to share your experiences working to prevent child abuse and neglect in Alabama with us. As an expert knower of the CAN prevention system in Alabama, your experiences will assist in identifying the institutional processes that organize and coordinate the work of child abuse and neglect prevention across the state. The identification of these processes will provide insight into areas that can be targeted for intervention to strengthen CANP efforts and to promote the well-being of children and families, potentially contributing to the public health of the state. We cannot promise you that you will receive any or all of the benefits described.

Will you receive compensation for participating? No compensation will be provided for participation in this study.

Are there any costs? If you decide to participate, there is no fee.

Your participation is completely voluntary, and you can change your mind about participating at any time during the study. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Human Development and Family Studies, Alabama Cooperative Extension, or the Alabama Department of Child Abuse and Neglect Prevention.

If you have questions about this study, *please ask them now* or contact me at coopesl@auburn.edu. A copy of this document will be given to you to keep.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBAdmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

Participant's Signature Date

Investigator Obtaining Consent Date

Participant's Printed Name

Investigator's Printed Name

Page 2 of 2

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Appendix C: Data Collection

C1: Informant Informational Sheet: Demographics



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INFORMANT INFORMATIONAL SHEET: DEMOGRAPHICS
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Informant ID _____

Please complete the following background information. Information will be used for purposes of collective sample description.

Informant Informational Sheet: Demographic Background	
1. Age	
2. Race and Ethnicity	
3. Gender	
4. Do you live and work in the same community? a. Same Town/City? b. Same County?	
5. Educational Background <i>Please list educational achievements (degrees, certifications, licenses, etc.)</i>	

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C2: Informant Informational Sheet: Professional Background



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INFORMANT INFORMATIONAL SHEET: PROFESSIONAL BACKGROUND
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Informant ID _____

Please complete the following information regarding your professional experience. All information will be reported in aggregate, and no identifying information will be included in project publications.

Informant Informational Sheet: Professional Background	
1. Which best describes you? Are you a service provider or community leader?	
2. Organization	
3. What is your role in your organization?	
4. Location of organization a. Town/City b. County c. District	
5. Length of Time in Organization	
6. Populations with Which You Work	
7. Geographical Region(s) Served	
8. In your experience, what is the primary challenge faced by the populations with which you work?	

Informant Informational Sheet – Community Contexts of CANP Project

1





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Informant Informational Sheet: Professional Background	
9. What is the most important service you offer for child abuse and neglect prevention?	
10. Length of Time in Field	

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C3: Text Referencing Form



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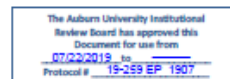
TEXT REFERENCING FORM
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Informant ID _____

Interview Date _____

Document texts that the informant references during the interview discussion.

Text	Purpose	How Used	Additional Information



INTERVIEW SUMMARY
for a Research Study entitled “Community Contexts of Child Abuse and Neglect
Prevention (CANP) Project”

Interview ID _____

Author of Summary _____

Date of Interview _____

Date of Interview Summary _____

1. Key points and highlights (8-10 bullet points)

2. Narrative (Description of discussion; 2-3 paragraphs)

3. Interpretation (here’s what’s important)

4. New Questions or Points Forgot to Ask About (2-3 bullet points)

C5: Text Summary Form



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**Appendix: DOCUMENT SUMMARY FORM
for Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”**

Complete this form to guide analysis of each text used in this research. (Adapted from Miles & Huberman, 1994pp. 54-55; Smith, 2008b; Clune, 2011)

Document Review Information	Reviewer Comments
<i>Document Information</i>	
1. Document number	
2. Document title	
3. Date of document creation	
4. RA reviewing document	
5. Date(s) document reviewed	
6. Participant or event with which the document is associated	
7. Type of Document	
a. CBCAP	
b. Legislation	
c. Community organization	
d. Outcome Assessment	
e. Boss text	
f. Sub text	
g. Other	
8. Key elements	
a. Page	
b. Relevance to Study	
9. Author of text	
10. Audience of text	
a. Who regularly engages with the text?	
b. Whose practices are organized and coordinated by the text?	
<i>Reviewer Analysis</i>	
1. Summary of text content	



Department of Human Development and Family Studies

Document Review Information	Reviewer Comments
2. Significance or purpose of text	
3. Contradictions	
4. Salient issues or questions for consideration	
5. Reflection	
6. Comments	
7. Links to other texts	
8. Follow-Up	

C6: Transcript Review Form



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Appendix: TRANSCRIPT REVIEW FORM
for Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Transcript Review

1. Transcript Type
 - a. *Interview or Focus Group* _____

2. Transcript Identifier
 - a. *FG Assignment or Interview ID* _____

3. Name of Transcript Reviewer _____

4. Date(s) of Transcript Review _____

Transcript Review Summary

Transcript Review Information	Reviewer Comments
1. Summary of Transcript Review a. <i>Key practices</i> b. <i>Tensions</i>	
2. Reviewer Notes a. <i>Questions</i> b. <i>Comments</i>	
3. Follow-Up Steps a. <i>Informants</i> b. <i>Texts</i>	



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Transcript Analysis

For each transcript excerpt, use the following questions (adapted from Benjamin & Rankin, 2014; Campbell & Gregor, 2004; McCoy, 2006) to guide your analysis:

1. *What does this tell me about how and why child abuse and neglect prevention occurs as it does (process and structure) in Alabama? What are the social relations that coordinate this work?*
2. *What does this tell me about what service providers do and how their work is connected to others?*
3. *What does CAN prevention work involve on a daily basis for service providers and community leaders?*
4. *How does it feel to do CAN prevention work in Alabama?*
5. *What (formal or informal) knowledge or skills appear to be required for CAN prevention work?*
6. *What challenges or successes and accomplishments do people experience in CAN prevention work? What tensions are present in this work?*
 - a. **Note this refers to the work experiences and practices of service providers and community leaders; not recipients of CAN prevention services.*
7. *What processes are involved with the initiation and termination of CAN prevention work?*
8. *How are CANP practices connected to the institutional order, institutional processes, and underlying institutional values?*
9. *What are the role of texts in CANP work in Alabama?*
10. *How does CAN prevention work come to be described in this way?*

Transcript Excerpt	Meaning
<i>Verbatim excerpts from transcripts</i> <ul style="list-style-type: none"> • <i>Include page number of excerpt</i> • <i>FG transcripts should also include FG code for speaker</i> • <i>Example: "The dog was brown." (p. 4, 1213aFG)</i> 	<i>Consider the above questions to guide analysis of transcripts</i>



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INTERVIEW PROTOCOL (RESEARCHER SCRIPT)
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Interview Protocol	
Preparation	<ul style="list-style-type: none">• Arrive at least ½ hour prior to start of scheduled interview.• Inspect and establish child care (if applicable).• Ensure room is set up for confidentiality• Set out consent form and duplicate• Test recorder• Ensure adequate note taking paper available
Welcome and Introduction	<p><i>Facilitator script</i></p> <ul style="list-style-type: none">• Hi. I am Beth McDaniel, the PI on the Community Contexts of CANP Project. (Confirm informant name). Thank you so much for your interest in the Community Contexts of CANP Project and for your willingness to talk with me today. Is there anything you need before we get started today? <p><i>Wait until start time and begin facilitator script</i></p> <ul style="list-style-type: none">• We will begin with a brief overview of the project and a review of the consent process and your rights as a participant, including whether you consent to be recorded.• Does this sound ok?<ul style="list-style-type: none">○ Y – Proceed○ N – Address any concerns and questions

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Interview Protocol

Welcome and
Introduction, cont.

Facilitator script

- Great! Let's get started. As you know, the title of this project is the Community Contexts of Child Abuse and Neglect (CAN) Prevention Project. This is a graduate student research project that will be used for dissertation purposes.
- As an expert knower of the CAN prevention system in Alabama, your experiences will assist in identifying the institutional processes that organize and coordinate the work of child abuse and neglect prevention across the state. The identification of these processes will provide insight into areas that can be targeted for intervention to strengthen CANP efforts and to promote the well-being of children and families, potentially contributing to the public health of the state
- As you know, the Alabama Department of Child Abuse and Neglect Prevention (ADCANP) sponsored the Social Indicators project to consult with stakeholders on how to better promote and support the 5 protective factors of the Strengthening Families framework, and my project is an extension of this work.
- I invited you to participate because you are a participant in the Social Indicators project with insight into how the child abuse and neglect prevention system operates in Alabama or because another Community Contexts of CANP project participant identified you as an influential individual with valuable insights and experience in Alabama's CAN prevention system.
- Our discussion today will be open-ended, and although I will guide it with questions about work processes, I want you to feel free to interject with comments and questions at any time.

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Interview Protocol

Review and
Collection of
Informed Consent

Each participant will receive two copies of the informed consent form and two copies of the audio release form. Participants will sign one copy of each form and will maintain a copy of each form for their personal records.

Facilitator script

- First, I will verbally review the consent form with you and give you an opportunity to ask questions before you sign your consent.
- *Review informed consent*
- Now, I will verbally review the audio release form with you and give you an opportunity to ask questions before you sign your consent for our conversation to be recorded.
- *Review audio release form*
- Do you have any questions or comments about the information we reviewed or about your participation today?
 - *Y – Proceed to signature of consents*
 - *N – Address any concerns and questions*
- Please take a minute to review and sign the consent documents before we get started. The blank copy of each form is yours to keep.

Completion of
Background
Informational Forms

Facilitator Script

- Before we start the interview portion today, I will also ask you to complete two brief informational surveys with questions about your demographic and professional background. Informational surveys will be reported in aggregate and no identifying information about yourself or the organization with which you work will be included in published reports or research that result from the project.
- If this sounds ok, please take a minute to complete these brief informational forms.

Allow participant to complete forms and collect when finished. Place forms in lock box for transport back to campus.



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Interview Protocol

Interview Protocol

Facilitator script

- To begin, I want to remind you that the purpose of the Community Contexts of CANP project is to explore the practices and experiences of individuals that work to prevent CAN in Alabama in order to identify the institutional processes that organize and coordinate this work across the state. I want to understand what you do in your role to prevent CAN in Alabama, and our discussion will focus on your daily practices and experiences as a service provider or community leader. Keep in mind, however, that although we will discuss your experiences working to prevent CAN, I am not interested in personal information about the families or individuals with which you work.
- To assist our research team with analysis, we will use today's audio recording to transcribe our discussion verbatim. No identifying information will be included in the transcript.
- To assist with transcription, I'll state the date and our location and ask you to introduce yourself as you would like to be identified in transcripts before we begin the interview.

Proceed to Interview Questions (See document 'C-3 Interview Questions')

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Interview Protocol

Wrap-Up

Facilitator script

- Thank you for participating in this discussion and for sharing your experiences and perspectives with me today. As someone with knowledge of, and experience with, child abuse and neglect prevention in Alabama, your perspectives are critical to understanding how the system is organized and coordinated. (*Document responses on the following three wrap-up questions on Document 'C-7 – Referral and Follow-Up Form'*).
- I have a few more questions before we wrap up.
- As I analyze the data, I may need to contact you with clarification questions or to confirm that I am accurately understanding and interpreting your experiences. Can I contact you in the future for additional questions related to this study? (Y/N)
- Is there anyone with knowledge of, or experience with, CAN prevention in Alabama that you think I should talk with? If so, what is their name, role, and contact information?
- Would you provide them with my contact information and encourage them to call me?
- Do you have any questions for me today?
- You can follow up with me by phone if any questions arise or if you think of additional information that you would like to share.
- Again, thank you for meeting with me and thank you for your work to protect Alabama's children.

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C8: Interview Questions



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INTERVIEW QUESTIONS
for a Research Study entitled
“Community Contexts of Child Abuse and Neglect Prevention (CANP) Project”

Interview questions are designed to provide insight into the daily practices, general experiences, and knowledge of individuals that work to prevent child abuse and neglect in Alabama. Additional questions may arise during the course of an interview to ensure that the researcher understands the specific practices and experiences of interview informants. Interviewer will ask to view copies of texts that are referenced as important to CANP work.

General Questions about CANP Experience

1. Tell me about your experiences providing child abuse and neglect prevention services in Alabama.
2. In your current role as a _____ (*state current role of interview informant*), what does a typical day look like for you? Walk me through a typical day and describe what you do, from when you begin your work until you end your work.
 - a. Prompt
 1. What do you spend your time doing?
 2. What is the primary work that you do each day?
 - b. Follow-Up
 1. How do you determine how you will spend your time each day? In other words, who or what determines how your time is spent?
 2. How does your work help to prevent child abuse and neglect?

Service Initiation

3. How does your organization become involved with parents at risk of child abuse or neglect?
 - a. Prompt
 - i. How does your organization become aware that a parent or family needs the services and/or supports that your organization offers?
 - ii. Tell me about how individuals are referred to your organization.
 - b. Follow-Up
 - i. Why do you become involved at that point in time?
 - ii. How do community members become aware of the services offered by your organization?
 - iii. Describe how people talk about the type of work you do.
 - iv. Who completes referrals for services to your organization?
 - v. After your agency receives a referral for services, what happens?
 - vi. When you receive a referral, what do you look for?

Community Contexts of CANP – Interview Questions

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4. How do you determine the specific needs of the individuals and families with which you work?
 - c. Prompt
 - i. Describe the process that occurs to assess needs.
 - ii. What do you do with this information?

Service Provision

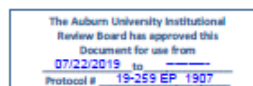
5. Describe a typical meeting, visit, or interaction with the people or families with which you work.
 - a. Prompt
 - i. When you meet with them, what do you do and discuss?
 - b. Follow-Up
 - i. How do you select meeting content?
 1. What informs this decision?
 2. With whom do you make this decision?
6. Describe challenges that arise in your work.
 - c. Follow-Up
 - i. Under what circumstances do these challenges occur?
 - ii. What are the causes of these challenges?
 - iii. What do you do to overcome these challenges?
7. How do you work with other community organizations to support the families and parents with which you work?
 - a. Follow-Up
 - i. Who do you work with?

Service Termination

8. How do you decide that your work with a parent or family is complete?
 - a. Prompt
 - i. What information do you utilize to inform this decision?
9. How do you end your interactions with a parent or family?
 - a. Follow-Up
 - i. When does this occur? Why does it occur at this point?

Community Contexts of CANP – Interview Questions

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- ii. What is involved in this process?
10. How do you know that your work helps to prevent child abuse and neglect?
- a. Follow-Up
 - i. What do you count as evidence?
 - ii. What evidence would you point out to other people?
11. After service completion, do you report on the program participation of the individuals and families with which you serve?
- a. Follow-Up
 - i. Describe the reporting process. What steps are involved?
 - 1. What do you report?
 - 2. To whom do you report this information?
 - 3. What is the purpose of this reporting?
 - 4. Who does the reporting?

Wrap-Up

12. In your work, is there something that is not available that, if present, would help prevent child abuse and neglect in Alabama?
13. Is there anything else I should know?

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Appendix D: State Legislation

D1: The Child Abuse Act

Section	Content
Torture, willful abuse, etc., of child under 18 years of age by responsible person (§26-15-3)	A responsible person, as defined in Section 26-15-2, who shall torture, willfully abuse, cruelly beat, or otherwise willfully maltreat any child under the age of 18 years shall, on conviction, be guilty of a Class C felony
Aggravated child abuse. (§26-15-3.1)	<p>(a)(1) A responsible person, as defined in Section 26-15-2, commits the crime of aggravated child abuse if he or she does any of the following:</p> <ul style="list-style-type: none">a. He or she violates the provisions of Section 26-15-3 by acts taking place on more than one occasion.b. He or she violates Section 26-15-3 and in so doing also violates a court order concerning the parties or injunction.c. He or she violates the provisions of Section 26-15-3 which causes serious physical injury, as defined in Section 13A-1-2, to the child. <p>(2) The crime of aggravated child abuse is a Class B felony.</p> <p>(b)(1) A responsible person, as defined in Section 26-15-2, commits the crime of aggravated child abuse of a child under the age of six if he or she does any of the following to a child under the age of six years:</p> <ul style="list-style-type: none">a. He or she violates the provisions of Section 26-15-3 by acts taking place on more than two occasions.b. He or she violates Section 26-15-3 and in so doing also violates a court order concerning the parties or injunction.c. He or she violates the provisions of Section 26-15-3 which causes serious physical injury, as defined in Section 13A-1-2, to the child. <p>(2) The crime of aggravated child abuse of a child under the age of six is a Class A felony. <i>(Act 2001-371, p. 477, §1; Act 2002-403, p. 1015, §1; Act 2016-43, §1.)</i></p>

Section	Content
<p>Chemical endangerment of exposing a child to an environment in which controlled substances are produced or distributed. (§26-15-3.2)</p>	<p>(a) A responsible person commits the crime of chemical endangerment of exposing a child to an environment in which he or she does any of the following:</p> <p>(1) Knowingly, recklessly, or intentionally causes or permits a child to be exposed to, to ingest or inhale, or to have contact with a controlled substance, chemical substance, or drug paraphernalia <i>as defined in Section 13A-12-260</i>. A violation under this subdivision is a Class C felony.</p> <p>(2) Violates subdivision (1) and a child suffers serious physical injury by exposure to, ingestion of, inhalation of, or contact with a controlled substance, chemical substance, or drug paraphernalia. A violation under this subdivision is a Class B felony.</p> <p>(3) Violates subdivision (1) and the exposure, ingestion, inhalation, or contact results in the death of the child. A violation under this subdivision is a Class A felony.</p> <p>(b) The court shall impose punishment pursuant to this section rather than imposing punishment authorized under any other provision of law, unless another provision of law provides for a greater penalty or a longer term of imprisonment.</p> <p>(c) It is an affirmative defense to a violation of this section that the controlled substance was provided by lawful prescription for the child, and that it was administered to the child in accordance with the prescription instructions provided with the controlled substance. (<i>Act 2006-204, p. 302, §2.</i>)</p>
<p>Mother of unborn child taking, with good faith belief, controlled substance pursuant to a lawful prescription. (§26-15-3.3)</p>	<p>(a) No one shall violate Section 26-15-3.2, and no one shall be required to report under Chapter 14 of this title, the exposing of an unborn child to any of the following:</p> <p>(1) A prescription medication if the responsible person was the mother of the unborn child, and she was, or there is a good faith belief that she was, taking that medication pursuant to a lawful prescription.</p> <p>(2) A non-prescription FDA approved medication or substance if the responsible person was the mother of the unborn child, and she was, or there is a good faith belief that she was, taking that medication or substance as directed or recommended by a physician or a health care provider acting within the authorized scope of his or her license.</p> <p>(b) No one shall be criminally liable under any Alabama law for the assistance or conduct of exposing the unborn child to a medication or substance if his or her assistance or conduct is allowed or accepted under subsection (a). (<i>Act 2016-399, §1.</i>)</p>

D2: Terms defined in the Child Abuse and Neglect Prevention Act

Term	Definition
Child	A person under 18 years of age.
Child abuse	Harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare, which harm occurs or is threatened through nonaccidental physical or mental injury; sexual abuse, which includes a violation of any provision of Article 4, Chapter 6, Title 13A.
Cultural competency	The ability of an individual or organization to understand and act respectfully toward, in a cultural text, the beliefs, interpersonal styles, attitudes, and behaviors of persons and families of various cultures, including persons and families of various cultures who participate in services from the individual or organization and persons of various cultures who provide services for the individual or organization.
Department	The Department of Child Abuse and Neglect Prevention.
Local council	An organization which meets the criteria described in Section 26-16-10.
Neglect	Harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
Organization	A nonprofit organization or a public agency which provides or proposes to provide child abuse and neglect prevention, early intervention services, or parent education.
Prevention program	A system of direct provision of child abuse and neglect prevention services to a child, parent, or guardian.
State board	The State Child Abuse and Neglect Prevention Board created in Section 26-16-3.
Trust fund	The Children's Trust Fund established in the State Treasury.

D3: Additional legislative and administrative code addressing child abuse and neglect in Alabama.

Term	Section	Definition
Abandonment of a child	§13A-13-5	A man or woman commits the crime of abandonment of a child when, being a parent, guardian or other person legally charged with the care or custody of a child less than 18 years old, he or she deserts such child in any place with intent wholly to abandon it. Abandonment of a child is a Class A misdemeanor.
Abandonment	§12-15-301	A voluntary and intentional relinquishment of the custody of a child by a parent, or a withholding from the child, without good cause or excuse, by the parent, of his or her presence, care, love, protection, maintenance, or the opportunity for the display of filial affection, or the failure to claim the rights of a parent, or failure to perform the duties of a parent.
Sexual abuse of a child less than 12 years old	§13A-6-69.1	(a) A person commits the crime of sexual abuse of a child less than 12 years old if he or she, being 16 years old or older, subjects another person who is less than 12 years old to sexual contact. (b) Sexual abuse of a child less than 12 years old is a Class B felony.

Term	Section	Definition
Foster parent engaging in a sex act, etc., with a foster child.	§13A-6-71	<p>(a) A person commits the crime of engaging in a sex act with a foster child if he or she is a foster parent and engages in sexual intercourse or sodomy, as defined by Section 13A-6-60, with a foster child under the age of 19 years who is under his or her care or supervision. Engaging in a sex act with a foster child is a Class B felony.</p> <p>(b) A person commits the crime of engaging in a sexual contact with a foster child if he or she is a foster parent and engages in a sexual contact, pursuant to Section 13A-6-60, with a foster child under the age of 19 years who is under his or her care or supervision. Engaging in sexual contact with a foster child is a Class C felony.</p> <p>(c) A person commits the crime of soliciting a sex act or sexual contact with a foster child if he or she is a foster parent and solicits, persuades, encourages, harasses, or entices a foster child under the age of 19 years to engage in a sex act including, but not limited to, sexual intercourse, sodomy, or sexual contact, as defined by Section 13A-6-60. The crime of soliciting a sex act or sexual contact with a foster child is a Class A misdemeanor.</p>
Nonsupport	§13A-13-4	<p>(a) A man or woman commits the crime of nonsupport if he or she intentionally fails to provide support which that person is able to provide and which that person knows he or she is legally obligated to provide to a dependent spouse or child less than 19 years of age.</p> <p>(b) "Support" includes but is not limited to food, shelter, clothing, medical attention and other necessary care, as determined elsewhere by law.</p> <p>(c) "Child" includes a child born out of wedlock whose paternity has been admitted by the actor or has been established in a civil suit.</p>

Term	Section	Definition
Domestic violence - First degree.	§13A-6-130	(a)(1) A person commits the crime of domestic violence in the first degree if the person commits the crime of assault in the first degree pursuant to Section 13A-6-20; aggravated stalking pursuant to Section 13A-6-91; or burglary in the first degree pursuant to Section 13A-7-5 and the victim is a current or former spouse, parent, step-parent, child, step-child, any person with whom the defendant has a child in common, a present household member, or a person who has or had a dating relationship with the defendant.
Domestic violence – Second degree.	§13A-6-131	(a)(1) A person commits the crime of domestic violence in the second degree if the person commits the crime of assault in the second degree pursuant to Section 13A-6-21; the crime of intimidating a witness pursuant to Section 13A-10-123; the crime of stalking pursuant to Section 13A-6-90; the crime of burglary in the second or third degree pursuant to Sections 13A-7-6 and 13A-7-7; or the crime of criminal mischief in the first degree pursuant to Section 13A-7-21 and the victim is a current or former spouse, parent, step-parent, child, step-child, any person with whom the defendant has a child in common, a present household member, or a person who has or had a dating relationship with the defendant.

Term	Section	Definition
Domestic violence - Third degree	§13A-6-132	(a)(1) A person commits domestic violence in the third degree if the person commits the crime of assault in the third degree pursuant to Section 13A-6-22; the crime of menacing pursuant to Section 13A-6-23; the crime of reckless endangerment pursuant to Section 13A-6-24; the crime of criminal coercion pursuant to Section 13A-6-25; the crime of harassment pursuant to subsection (a) of Section 13A-11-8; the crime of criminal surveillance pursuant to Section 13A-11-32; the crime of harassing communications pursuant to subsection (b) of Section 13A-11-8; the crime of criminal trespass in the third degree pursuant to Section 13A-7-4; the crime of criminal mischief in the second or third degree pursuant to Sections 13A-7-22 and 13A-7-23; or the crime of arson in the third degree pursuant to Section 13A-7-43; and the victim is a current or former spouse, parent, step-parent, child, step-child, any person with whom the defendant has a child in common, a present household member, or a person who has or had a dating relationship with the defendant. (<i>Act 2000-266, p. 411, §3; Act 2011-581, p. 1273, §1; Act 2015-493, p. 1679, §2; Act 2019-252, §1.</i>)

Term	Section	Definition
Domestic violence by strangulation or suffocation.	§ 13A-6-138	<p>(a) For the purposes of this section, the following terms have the following meanings:</p> <p>(1) STRANGULATION. Intentionally causing asphyxia by closure or compression of the blood vessels or air passages of the neck as a result of external pressure on the neck.</p> <p>(2) SUFFOCATION. Intentionally causing asphyxia by depriving a person of air or by preventing a person from breathing through the inhalation of toxic gases or by blocking or obstructing the airway of a person, by any means other than by strangulation.</p> <p>(b) A person commits the crime of domestic violence by strangulation or suffocation if he or she commits an assault with intent to cause physical harm or commits the crime of menacing pursuant to Section 13A-6-23, by strangulation or suffocation or attempted strangulation or suffocation and the victim is a current or former spouse, parent, step-parent, child, step-child, any person with whom the defendant has a child in common, a present household member, or a person who has or had a dating relationship with the defendant. For the purpose of this section, a household member excludes non-romantic or non-intimate co-residents, and a dating relationship means a current or former relationship of a romantic or intimate nature characterized by the expectation of affectionate or sexual involvement by either party.</p> <p>Class B felony punishable as provided by law.</p>

Term	Section	Definition
Failure to report missing child.	§13A-13-8	<p>(c) A child's custodian shall report, or cause a report to be made, to a law enforcement officer or agency that the child is missing when the child's whereabouts are unknown to the custodian and the custodian knows, believes, or has substantial reason to believe any of the following:</p> <p>(1) That the child's whereabouts are unknown to any person under whose temporary supervision the custodian placed the child.</p> <p>(2) That the child is the victim of an abduction or the victim of serious bodily harm, abuse, or sexual exploitation.</p> <p>(3) That the child is a lost or runaway child.</p> <p>(d) The report required under subsection (c) shall be made verbally, either by telephone or direct communication, followed by a written report as requested by a law enforcement official.</p> <p>(e)(1) A child's custodian who is subject to the duty imposed by subsection (c) is guilty of failure to report a missing child in the second degree if he or she fails or delays to make, or fails to cause to be made, the required report with willful or reckless disregard for the safety of the child. (e)(1) A child's custodian who is subject to the duty imposed by subsection (c) is guilty of failure to report a missing child in the second degree if he or she fails or delays to make, or fails to cause to be made, the required report with willful or reckless disregard for the safety of the child.</p> <p>(f)(1) A child's custodian who is subject to the duty imposed by subsection (c) is guilty of failure to report a missing child in the first degree if he or she fails or delays to make, or fails to cause to be made, the required report with willful or reckless disregard for the safety of the child and the child suffers serious bodily harm or death.</p>

Term	Section	Definition
Endangering welfare of a child	§13A-13-6	<p>(a) A man or woman commits the crime of endangering the welfare of a child when:</p> <p>(1) He or she knowingly directs or authorizes a child less than 16 years of age to engage in an occupation involving a substantial risk of danger to his life or health; or</p> <p>(2) He or she, as a parent, guardian or other person legally charged with the care or custody of a child less than 18 years of age, fails to exercise reasonable diligence in the control of such child to prevent him or her from becoming a "dependent child" or a "delinquent child," as defined in Section 12-15-1.</p> <p>(b) A person does not commit an offense under Section 13A-13-4 or this section for the sole reason he provides a child under the age of 19 years or a dependent spouse with remedial treatment by spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof in lieu of medical treatment.</p>
Parental incapacity	§12-15-301	Abandonment or incapacity of such a serious nature as to demonstrate that the parent, legal guardian, or legal custodian is unable, unavailable, or unwilling to perform the regular and expected functions of care and support of the child.
Reasonable efforts	§12-15-301	Efforts made to preserve and reunify families prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from his or her home, and to make it possible for a child to return safely to his or her home. Reasonable efforts also refer to efforts made to place the child in a timely manner in accordance with the permanency plan, and to complete whatever steps are necessary to finalize the permanency placement of the child. In determining the reasonable efforts to be made with respect to a child, and in making these reasonable efforts, the health and safety of the child shall be the paramount concern.

Term	Section	Definition
Membership in Alabama Network of Family Resource Centers.	§ 30-8-1	<p>(2) Having services consistent with the charter and values statement of the network, consisting of a variety of community-based, nonsectarian, and nondiscriminatory services that are available to all sectors of the community and have very limited eligibility requirements for participation. The services shall target prevention-based comprehensive services that strengthen and encourage greater self-sufficiency of family units. Services shall include, but are not limited to, case management at the intake and assessment stages, parenting education, emergency services, and early intervention services.</p> <p>(3) Having formal written family files for each family involved in case management. Each comprehensive file shall contain written releases of information and signed case notes and shall identify family strengths and goals with an evaluation of those goals by the family.</p>
Risk of Maltreatment	§660-5-34-.13	Family conditions or circumstances that, if left unchanged, can cause child abuse/neglect.
CPS Prevention Intake	§660-5-34-.13	To the extent possible, thorough and complete information about a child's and family's circumstances/conditions is obtained from the person making the referral. When situations are not appropriate for intervention by the Department, referral information on other community resources is provided.
CPS Prevention Assessment	§660-5-34-.13	CPS Prevention assessment is designed to determine whether family conditions and circumstances are presenting risks that are significant enough to warrant on-going services to prevent child maltreatment. The county in which the children are currently living is responsible for conducting the CPS Prevention assessment.

Term	Section	Definition
Imminent risk of placement (into DHR custody and/or foster care)	§660-5-34-.14	Family conditions and circumstances that threaten child safety are present and interacting in such a way that it leads a reasonable person to conclude that there is a very high likelihood that a child will need to be placed.
Safety threat	§660-5-34-.14	A condition or circumstance that presents a risk of serious harm to the children.
Protective Capacities	§660-5-34-.14	Parent/primary caregiver resources that can or do provide for child safety. These capacities include, but are not limited to, parenting/caregiving knowledge and skills; attachment to the children; awareness of and ability to interpret and meet children's needs; and a willingness and ability to act protectively when the children experience safety threats.
Risk of maltreatment	§660-5-34-.14	Family conditions or circumstances that, if left unchanged, can cause child abuse/neglect.
CPS Prevention Referral	§660-5-34-.14	Intake information that does not rise to the level of child abuse/neglect according to statutory and departmental definitions or the information provided is insufficient to determine whether a CA/N report exists but, reveals the children may be at risk of maltreatment.
CPS Prevention Assessment	§660-5-34-.14	Process used by child welfare staff to gather, analyze, and make decisions about children who may be at risk of maltreatment.
Significant risk of maltreatment	§660-5-34-.14	Conditions or circumstances revealed during the CPS Prevention assessment that are likely to cause abuse/neglect if ongoing services are not provided.

Term	Section	Definition
Instruction for avoiding child sexual abuse	§16-40-9	<p>(a)(1) The Legislature recognizes that Erin Merryn was raped and molested for six and a half years by a neighbor and a family member. She began a crusade her senior year of high school in 2004 to end the silence and shame around sexual abuse. Erin's Law has been adopted in a number of states to help address the problem of child sexual abuse.</p> <p>(2) The intent of Erin's Law is to shatter the silence and stigma around child sexual abuse, and to educate children and empower them to recognize and to report abuse.</p> <p>(3) The Legislature finds that without a specific initiative like Erin's Law, schools generally fail to give young students adequate awareness and a voice in this issue.</p>

D4: Creation of the Children's Trust Fund

Section	Content
Creation of fund (§26-16-30)	<p data-bbox="680 354 1507 569">(a) The Children's Trust Fund is created as a separate fund in the State Treasury. The function of the Children's Trust Fund shall be to serve as a permanent trust pursuant to Section 26-16-8, and as an investment account for the earnings and funds received by the Child Abuse and Neglect Prevention Board pursuant to Sections 26-16-8, 26-16-31, and 26-16-30(e).</p> <p data-bbox="680 611 1495 709">(b) The State Treasurer shall credit to the trust fund all amounts appropriated for this purpose under this article and any amounts received under Section 26-16-8.</p> <p data-bbox="680 751 1507 850">(c) The State Treasurer shall invest trust fund money in the same manner as funds are invested pursuant to Section 16-33C-6. Earnings shall be credited to the trust fund.</p> <p data-bbox="680 892 1511 1373">(d) A separate revenue trust account in the State Treasury is created to be known as the Child Abuse and Neglect Prevention Board Operations Fund which shall serve as the administrative fund for the Children's Trust Fund and the Child Abuse and Neglect Prevention Board. All State General Fund or Education Trust Fund appropriations designated for the trust fund or board shall be deposited directly into this fund. The fund shall be disbursed only by warrant of the state Comptroller, upon itemized vouchers, approved by the executive director or the chairman of the board. No funds shall be withdrawn or expended except as budgeted and allotted according to Sections 41-4-80 to 41-4-96, inclusive, and only in the amounts as appropriated by the Legislature.</p>

Section	Content
Creation of fund (§26-16-30)	<p>(e) One half of the funds received each year through the income tax refund designation program established in Section 26-16-31, and other amounts specified by motions passed by the board, are not available for transfer into the operations fund and shall become a permanent part of the trust fund. All other funds received by the trust fund after September 30, 1988, including earnings credited after September 30, 1987, and one half of the funds received each year through the income tax refund designation program shall be transferred to the operations fund. The executive director or chairman of the board is authorized to transfer all eligible funds from the trust fund into the operations fund for the purpose of disbursing the funds in accordance with this chapter.</p> <p>(f) The primary purpose of the trust fund and the operations fund is to encourage professional persons and groups to recognize and deal with problems of child abuse and neglect; to make information about the problems of child abuse and neglect available to the public and organizations and agencies which deal with problems of child abuse and neglect; and to encourage the development of community prevention programs. To these ends the fund shall be expended only as provided in this chapter, Sections 26-16-1 to 26-16-13, inclusive, or other laws specifically regulating those expenditures. <i>(Acts 1983, No. 83-735, p. 1195, §1; Acts 1985, No. 85-698, p. 1138; Acts 1989, No. 89-656, p. 1300, §1; Acts 1992, No. 92-606, p. 1253, §1.)</i></p>

Section	Content
<p>Repealed effective for tax years beginning after December 31, 2005) State income tax refund designation program – Authorization; procedure. (§26-16-31)</p>	<p>(a) For the tax year beginning October 1, 1983, and until the State Treasurer certifies that the assets in the Children's Trust Fund exceed \$10,000,000, a resident individual taxpayer who files an Alabama income tax return and who is entitled to an income tax refund from the State Department of Revenue sufficient to make a designation under this section may designate that \$5, \$10, \$25 or other sum of his or her refund be credited to the Children's Trust Fund. In the case of a joint return of husband and wife who are entitled to a tax refund sufficient to make a designation under this section, a designation may be made in the same denominations or sums of their refund to be credited to the Children's Trust Fund. Such designation shall be made by marking the appropriate box, printed on the return pursuant to subsection (b) of this section.</p> <p>(b) The State Department of Revenue shall print on the face of the state income tax form for residents a space for taxpayers to designate that a contribution be made to the Children's Trust Fund from their income tax refund due. The space for designating the contribution shall provide for checkoff boxes in the stated amounts or other dollar amount, commencing for the tax year 1989 and thereafter.</p> <p>(c) The State Child Abuse and Neglect Prevention Board, created pursuant to Section 26-16-3, may, from time to time, change the designated checkoff sums upon resolution passed, in accordance with the provisions of the administrative procedure laws, and upon proper notification to the Department of Revenue. <i>(Acts 1983, No. 83-735, p. 1195, §2; Acts 1988, No. 88-544, p. 843.)</i></p>

Section	Content
State income tax refund designation program – Disposition of contributions. (§26-16-32)	<p>(a) Each year that the refund designation program established in Section 26-16-31(a), above, is in effect, the Commissioner of the Department of Revenue shall transfer to the Children's Trust Fund an amount equal to the total amount designated by individuals to be paid to the fund under this article, less an amount, equal to not more than three percent of the total of such funds then collected, for the additional cost incurred by the Department of Revenue in collecting and handling such funds which shall be deposited the General Fund of the State Treasury for the use of the Revenue Department. Such deposits shall be made not less than quarterly commencing with the first day such funds are collected from the taxpayer.</p> <p>(b) Moneys contained in the Children's Trust Fund are continuously appropriated to the Child Abuse and Neglect Prevention Board for the purposes set out in Section 26-16-30(f) of this article. Such funds shall be supplemental to any and all other appropriations heretofore or hereafter made to the Child Abuse and Neglect Prevention Board. No provision of this article shall be construed to be in lieu of annual appropriations.</p> <p>(c) The Child Abuse and Neglect Prevention Board shall have access to and control of the moneys in the fund and shall be authorized to distribute such funds only for the purposes of this article and Section 26-16-9 of the Child Abuse and Neglect Prevention Act (the act proposed by House Bill No. 57 of the 1983 Regular Session of the Alabama Legislature). <i>(Acts 1983, No 83-735, p. 1195, §3; Acts 1989, No. 89-656, p. 1300, §1.)</i></p>
General repealer; construction of article. (§26-16-33)	<p>All laws or parts of laws which conflict with this article are hereby repealed except that no part of this article shall be construed to authorize any board, person, or entity to assume the duties and responsibilities of any other state agencies or to repeal or preempt or take precedence over any part of Title 26, Chapter 14, Sections 26-14-1 through 26-14-13. <i>(Acts 1983, No. 83-735, p. 1195, §5.)</i></p>

D5: Mandatory reporting legislation (§26-14).

Section	Content
Purpose of Chapter (§26-14-2)	In order to protect children whose health and welfare may be adversely affected through abuse and neglect, the Legislature hereby provides for the reporting of such cases to the appropriate authorities. It is the intent of the Legislature that, as a result of such efforts, and through the cooperation of state, county, local agencies and divisions of government, protective services shall be made available in an effort to prevent further abuses and neglect, to safeguard and enforce the general welfare of such children, and to encourage cooperation among the states in dealing with the problems of child abuse.
Mandatory Reporting (§26-114-3)	(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, physical therapists, nurses, public and private K-12 employees, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, employees of public and private institutions of postsecondary and higher education, members of the clergy as defined in Rule 505 of the Alabama Rules of Evidence, or any other person called upon to render aid or medical assistance to any child, when the child is known or suspected to be a victim of child abuse or neglect, shall be required to report orally, either by telephone or direct communication immediately, and shall be followed by a written report, to a duly constituted authority. (see link for full legislation)
Permissive Reporting (§26-14-4)	In addition to those persons, firms, corporations, and officials required by Section 26-14-3 to report child abuse and neglect, any person may make such a report if such person has reasonable cause to suspect that a child is being abused or neglected.
Penalty (§26-14-13)	Penalty for failure to make required report. Any person who shall knowingly fail to make the report required by this chapter shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months' imprisonment or a fine of not more than \$500.00.

Physical abuse	Neglect
<ul style="list-style-type: none"> ▪ Bone fractures ▪ Cuts and/or bruises, including those received in corporal punishment, with consideration given to the following factors: <ul style="list-style-type: none"> a. The child's age b. the child's physical, mental, and emotional condition; and any developmental, physical, or mental disability; c. severity of the cuts/bruises (size, number, depth, extent of discoloration) d. Location of the cuts/bruises e. Whether an instrument was used on the child f. Previous history of indicated abuse or neglect ▪ Human bites 	<ul style="list-style-type: none"> ▪ Failure to provide food sufficient to sustain normal functioning and prevent serious harm; ▪ Failure to provide shelter that protects the child against risk of serious harm including protection from weather elements and other hazards in the dwelling and on the property; ▪ Failure to provide adequate clothing or personal hygiene to the extent that it poses a risk of serious harm to the child; this allegation applies to children under age 12 and to those children, regardless of age, who have a disability that prevents self-care;

Physical abuse	Neglect
<ul style="list-style-type: none"> <li data-bbox="253 233 797 520">▪ Bizarre Discipline is extreme or aberrant disciplinary actions, events, and/or devices, used in an attempt to set behavioral standards or to modify behavior, which are manifestly over-reactive to the child’s behavior and the disciplinary situation; and which place the child at risk of serious harm. <li data-bbox="253 562 797 667">▪ Fetal Alcohol Syndrome or drug withdrawal at birth due to the mother’s substance use or misuse <li data-bbox="253 709 797 814">▪ Fetal Alcohol Syndrome or drug withdrawal at birth due to the mother’s substance use or misuse <li data-bbox="253 856 797 1398">▪ Factitious Disorder by Proxy which is defined as a form of child abuse where the parents or primary caregivers, in order to gain attention for themselves, exaggerate, fabricate, and/or induce illness or symptoms in a child, placing the child at risk of serious harm; and including Munchausen Syndrome by Proxy, which is a narrower type of Factitious Disorder, where the main gain for the parents or primary caregivers is attention from the medical or mental health community and the child is used to obtain and maintain the attention. 	<ul style="list-style-type: none"> <li data-bbox="878 233 1427 447">▪ Positive test for alcohol and/or drugs at birth – Infants who test positive for alcohol and/or drugs at birth due to the mother’s substance misuse, as determined by a medical professional, is considered abuse/neglect.

- Chemical endangerment occurs when children are in a situation/environment where, through direct or indirect exposure, they ingest or inhale a controlled substance (e.g., methamphetamine) or chemical substance (e.g., pseudoephedrine, freon, sulfuric acid, etc.) used in the production of methamphetamine and parents'/primary caregivers' purpose for being in possession of the chemicals is to produce or manufacture crystal meth for personal use or distribution.
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D7: Screening Definitions for Sexual Abuse, Mental Abuse/Neglect, and Other Risk Of Serious Harm

Sexual abuse	Mental Abuse/Neglect	Other risk of serious harm
<ol style="list-style-type: none"> 1. Sexual exploitation - the sexual use of a child for sexual arousal, gratification, advantage, or profit; 2. Sexual molestation - sexual conduct with a child when such contact, touching, or interaction over or under the child's clothes is used for arousal or gratification of sexual needs or desires; 	<p>extreme or aberrant behavior that directly results in severe impairment to a child's functioning. This allegation is based on a mental health professionals' written evaluation after the mental health professional is informed in writing of the Department's definition of mental abuse/neglect. The written evaluation must specify that the cited behavior fits within the department's definition in order for the allegation definition to be "indicated."</p>	<p>an allegation that applies when the total circumstances lead a reasonable person to believe that a child is at other risk of serious harm, includes situations where serious harm has not yet occurred, but a child has been placed in a situation that can result in significant physical injury; sexual abuse; severe impairment in the child's</p>

Sexual abuse	Mental Abuse/Neglect	Other risk of serious harm
<p>3. Sexual penetration - any intrusion or entrance, however slight, through the use of digits (i.e., fingers or toes), through the use of an inanimate object, or between the sex organ, mouth or anus of one person and the sex organ, mouth or anus of another person. Sexual emission or release is not required; and</p>		
<p>4. Sexually transmitted diseases - diagnosis of any sexually transmitted infection that was originally acquired as a result of sexual penetration or sexual contact with an afflicted individual.</p>		

Appendix E: Indexing of Focus Group Informant Experiences

E1: Prevention experiences of focus group informants

FG 1	1	2	3	4	5	6	7	8
DHR	x							
Applications for financial assistance	x							
Baby box program	x					x		
Connect to social supports, specifically church	x							
Drug testing	x			x				
Eligibility assessments	x							
Initiate in-home services	x							
Private funded program for prevention and reunification	x							
Grandparents raising grandchildren	x							
CAC		x						
School-based		x						
Child abuse and neglect prevention education								
Erin's Law training for faculty						x		
CSA prevention triggers disclosures		x						
Contributes to earlier intervention						x		
School			x					
Coordinate counseling to students (school, in-home)			x					
Monitoring and reporting of suspected CAN			x					
Annual employee training to learn what to report			x					
Mental health								
Residential Tx				x				
Emotion regulation				x	x			
Community prevention						x		
Employment skills				x				
Home visiting						x	x	
Observe interactions						x		
Help identify stressors						x		
Parent education						x		
7's soothe baby						x		
Resource book						x		
Signs postpartum depression						x		
Contact info as resource						x		
Importance of communicating with, responding to baby						x		
Early childhood brain development								
Counseling						x		
Erin's Law: Suicide prevention education in schools					x			
Reunification support				x				
Visitation assistance				x				
Mentoring program								x
how deal with baby father, issues with him if inappropriate or violent								x
How to deal with crying baby								x

FG 1	1	2	3	4	5	6	7	8
Provide concrete support							X	
Diapers							X	
Wipes							X	
Car seat							X	
Formula							X	
Clothes							X	
Washing machine						X		
Birth certificate						X		
Electric bill						X		
Build relationships via concrete needs	X							
Stress management								X
Pregnancy center							X	
Outreach								X
Link to services								X
Parenting education								X
Greater public trust and less fear of association								X
Stress management								X
DHR Quality Assurance: review if services adequate			X					
Partner to preserve resources, avoid duplication of services						X		
Service referrals	X					X		
Housing	X							
Financial assistance	X							
Teachable moments during daily activities				X				
Center thrift store				X				
Facilitate visitation				X				
Foster parent					X			
Service population								
DHR clients	X							
Grandparents	X							
Parents giving birth in local hospitals						X		
More time if nurse flag high risk (+ screen during pregnancy, fighting in room, distancing from baby)						X		
Parents with stressors	X							
Parents self-identified to be at risk of abuse						X		
Pregnant women, but most in poverty							X	
Students		X	X					
Women exiting prison/ homelessness				X				
Many children removed				X				
Service Location								
Home-based	X					X		
Jails								X
Residential facility				X				

FG 2	1	2	3	4
Employment and education program			X	
Assist to increase earning capacity			X	
Address struggles identified as a risk factor for abuse			X	
Holistic support to parents			X	
Put on path to enter, or re-enter, workforce			X	
Soft skills, basic life skills, training “that can help to build the family home,”			X	
Discuss social resources as mechanisms of support to deal with stressors			X	
Encourage reliance on friends/family, neighbor for childcare			X	
Encourage engagement in boarder society, community			X	
Communication skills			X	
Coping			X	
Help understand cannot take problems out on child			X	
Stress management			X	
Time management			X	
Soft skills → computer skills → job readiness			X	
Foster grandparent program				X
Work with child, in classroom to bring to grade level; follow assignment plan created by teacher; support academic achievement				X
Address concerns that teachers unable to monitor				X
Monitor and respond to ongoing needs				X
Parenting education	X			
Address stressors that contribute to CAN	X			
General life skills, such as ability to be head of household	X			
Use curriculum to guide implementation	X			
Tailor needs based on referral source’s identified needs (general or specific)	X			
Serve 40 groups, or cohorts, per year	X			
Evidence-based curriculum, STEP	X			
Training to teachers in child development centers in 4 counties		X		
Stress and resilience		X		
Teachers teach information to their parents		X		
If need specific training, can obtain resources from training room		X		
Additional tasks				
Address parenting challenges as learned behavior and remove fault	X			
Begin from recognition all people experience trauma, products of environ.	X			
Conduct initial assessments to understand individual, situations, challenges, needs			X	
Deeper, more genuine understanding of needs via relationships over time			X	
Relationship necessary to understand situation; encourage families to access resources they genuinely need, help facilitate connections			X	
Connect to resources		X	X	
Childcare		X		

FG 2	1	2	3	4
Increase awareness of available resources, supports			X	
Provide financial assistance, if needed		X		
Resource and referral person” to complete referrals		X		
Develop relationships with participants, self-confidence over multiple sessions	X			
Empower development of support among parents	X			
Funder requirement: promote parent leadership, specific requirements in curriculum, report to funder; creates ownership among parents	X			
Goal setting			X	
Maintain small groups to facilitate relationship development among peers;	X			
Mandated reporter	X			X
Meet families where they are			X	
Non-judgmental approach; learning without admission of guilt, being bad	X			
Offer GED/high school diploma option			X	
Offer services in English and Spanish; no citizenship required	X			
Parent Cafes, teach parenting class in facility; opportunity to bond other parents, over meal		X		
Parents can call and request education on various issues		X		
Pre-post tests	X			
Promote resource and referral in resource book of all classes, agency announcements		X		
Provide childcare, in very specific circumstances	X			
Provide encouragement (set realistic goals, reach out to resources to meet needs) (importance of communication, human relationships, connection)			X	
Provide opportunities for parents to teach class (parent leadership)	X			
Provide opportunities to lead and engage		X		
Ask questions to solicit perspective, get feedback, encourage participation, lead discussion	X	X		
Create environment where not afraid to ask questions, speak out (important to public health approach, normalizing experience);	X			
Process engages; witness blossom and grow, impacts other areas of lives	X			
Refer to other organizations for services, supports	X			
Self-assessments	X			
Teach classes to support basic needs		X		
Track program with evaluation at end each 6-month period				X
Use social media to spread awareness of services		X		
Resource and referral service);		X		
Volunteers often use personal stipend to support children				

FG 2	1	2	3	4
Service population				
Children in public schools or day cares				x
Not performing at grade level				x
Parents, mothers, fathers, and other caregivers	x			
Parents of caregivers of children 0 –5 (cur. 1)	x			
Parents of caregivers of children 6 –12 (cur. 2)				
Parents of caregivers of children 13 – 18 (cur. 3)				
Some attend multiple age groups	x			
50/50 mothers and fathers	x			
Experience stressors	x			
poverty	x			
income stress,	x			
history of trauma, lack of recognition as trigger	x			
Families interested in increasing educational or work skill capacities			x	
Individuals and families may or may not be involved with DHR)			x	
Workers, teachers from childcare programs, child development centers		x		
Service location				
Classroom setting				x
Service initiation				
can sign up for courses for free		x		
Court mandated; reunification, prevent disruption/ removal	x			
Individual, family court, advocate recognizes need “perfect your parenting skills” in certain areas	x			
70% mandated participation	x			

FG 4	1	2	3	4	5	6	7
Agreement with school system to visit during certain hours of day to meet with child, parent (e.g., recess, lunch)			x				
Meet with parents and youth in school system; parents come to office; depends on specific family where they meet			x				
Residential facility		x					
Parenting education							
Living the protective factors		x					
Some improved-on assessment on using nurturing behaviors		x					
Staff monitor behaviors		x					
Staff model how to manage behaviors of children		x					
Preassessment		x				x	
Adolescent Parenting Index		x					
Post assessment		x				x	
Assessments provided by grantor						x	
Host outside speakers		x					
Relationships		x					
Women's sexual health		x					
Send to community program after 12-18 months in facility		x					
Community program		x					
Training programs		x					
Ministries for job training		x					
Home visiting				x			
Parenting education in prison							
90-minute classes; 6 sessions						x	
Protective factors						x	
Nurturing						x	
Developmental stages						x	
Resiliency, although no control yet						x	
Visitation program for families						x	
Connect families to resources while mom incarcerated						x	
Mentoring for child running away						x	
Baseball program for above child						x	
Create fact sheets to distribute							x
ACES							x
Attend conferences, events to disseminate information/education							x
Booth at medical convention with pediatricians							x
Data and research							
Help providers understand changes							x
County level child abuse and neglect							x
Annual data publication							x
Academic remediation and behavior modification	x						
Attend community meetings, listen to concerns regarding school involvement	x						
Engage parent in child's progress	x						

FG 4	1	2	3	4	5	6	7
Success plan meeting after three weeks of child's enrollment	x						
Parent, teachers, counselors, other staff discuss status in academics, behavior	x						
Set goals with parent re: where child should be, when	x						
Positive interaction with staff (goal 1)	x						
Complete assignments in timely manner (goal 2)	x						
Parent-focused process: meet at door, offer drink, greeting, welcome, with goal to get parent in building	x						
Focus on what child doing right (already know how their kid messed up)	x						
“How we handle parents”	x						
Provide cell phone number to maintain communication; less formal than appointment for conference	x						
Incentives program to earn points for behavior, academics	x						
Redeem for snacks “sometimes not having enough to eat, is an issue,”	x						
Computer time to study for driving test	x						
Other rewards	x						
Put students on contract to encourage positive behaviors (if achieve, will earn xx)	x						
Transitional services to get from where you are to where you need to be	x						
Counselor took for college placement test because no parental involvement	x						
Attended orientation process	x						
Arranged transportation to/from class	x						
Students assigned to guidance counselor, like life coach	x						
One-hour daily group counseling	x						
Conflict resolution	x						
Job skills	x						
Career options	x						
Host guest speakers	x						
Navy recruiters	x						
Individual counseling available	x						
Family counseling available	x						
Individualized academic goals	x						
Encourage self-advocacy	x						
Provide concrete supports	x						
Hygiene products	x						
School-based trauma work						x	
Trauma-focused CBT						x	
Send kids to space camp, other camps to shift mindset about future possibilities; boost self-esteem, confidence						x	

FG 4 – Service population	1	2	3	4	5	6	7
Children, age 4 – 17/18					x		
Homeless women and their children		x					
Incarcerated mothers						x	
Most return home						x	
Families of incarcerated mothers						x	
Juveniles and at-risk youth	x						
At-risk							
Academic failure	x						
Drop-out	x						
Of involvement with juvenile court system	x						
Being a minority	x						
Living in poverty	x						
ACES	x						
All children at-risk for something, differs across children	x						
Prefer at-promise	x						
Upper class white kids: pressures for getting into college	x						
Upper class at risk of suicide; lower class at risk of crime, gang	x						
Service initiation							
Agency referrals		x					
Former participant referrals		x					
Internet search		x					
Referred by court to earn GED (opposed to traditional HS setting)	x						
“Last resort for most of the students we have.”	x						

FG 7	1	2	3	4	5	6
Caregiver training	x					
Effects of stress, trauma	x					
Understand and respond anger, other emotions	x					
CPR	x					
First aid	x					
Asthma management	x					
How to recognize abuse	x					
Connect to resources		x	x			x
Medical equipment		x				
Educational supports		x				
Supports to transition to adulthood		x				
Insurance		x				
Medical supports		x				
Supports that insurance won't cover		x				
Use hands on approach to connect						x
Childcare			x			
Food boxes			x			
Financial resources			x			
Counselors				x		
Focus on family strengths		x				x
Intake		x				
Case management			x			x
Follow-up via phone						x
Developmental milestones program (not focus of discussion)						x
Parent aide program						x
Discussion of protective factors on initial visit, with focus on family strengths						x
Importance of framing when talking with parents						x
Monthly social events for families						x
Solicit family input						x
Facilitate social connections with other parents						x
Caregivers become supports beyond trainings	x					
Inform of resources	x					
Domestic violence			x	x	x	
DV housing program			x			
Support group for transitional residents			x			
Monthly resident social event for parents, kids			x			
Low income housing			x			
DV counseling services			x			
Bi-weekly family fun night			x			
In-home counseling for moms			x			
Thera play counseling for children			x			
Parenting classes			x			
Children's support group				x		

FG 7	1	2	3	4	5	6
Use evidence-based curriculum				x		
Safe relationships				x		
How to seek shelter				x		
How to respond to incident in home				x		
Gender-based material				x		
Support group for moms				x		
Prevention education to recognize partner violence				x		
DV training (education)				x		

FG 7	1	2	3	4	5	6
Service population						
Relative caregivers	x					
Families with children with special needs, special healthcare needs		x				
Single women, single women with children homeless from DV			x			
DHR referred parents						x
Transitional clients			x			
Permanent clients			x			
Women with children who are victims of abuse				x		
Children and youth age 5-17 who have been exposed to DV				x		
Service location						
Community	x		x	x		
Home			x			x
Service initiation						
DHR (most)						x
Court-ordered						x
Must have custody of children						x
Income-based services						
Housing, requires min. income			x			
Non-income based						
Relative caregiver training	x					

FG 8	1	2	3	4	5	6
Afterschool program		x				
Meal		x				
Provide transportation		x				
Safe space after school		x				
Stay late, until parents arrive to pick up children		x				
Free to attend		x				
Safe haven for children						
Back to school events for tenants			x			
Goal planning			x	x		
Domestic violence shelter					x	x
Help find apartment					x	
Transitional living program					x	
Developmental perspective; consider how older youth react and respond to DV, compared to younger kids;					x	
Educate older youth on resources for DV, services offered at shelter					x	
Social work					x	
Educate children to influence parents					x	
Violence prevention education in schools						x
Provide resources on how to report, seek safety from abuse/violence						x
Educate students on mandatory reporters, encourage disclosure						x
Fundraising	x					
Connect to other community resources		x		x	x	
Domestic violence supports		x				
Juvenile justice		x				
Youth center		x				
DHR		x				
Food bank		x				
Will call on behalf of parents		x				
Tutoring				x		
Furniture				x		
Extracurricular activities				x		
Housing authority			x			
Motivation and encouragement to tenants			x			
Assess goals to develop plan			x			
Set deadlines			x			
Intergenerational dependency on public housing			x			
Must have income to qualify			x			
In-home parenting				x		

FG 8	1	2	3	4	5	6
Meet with potential/existing community partners		x				
Mentoring program for youth in juvenile justice system				x		
Community volunteers as mentors				x		
Help families build social connections				x		
Also works with families				x		
Needs assessment				x		
Summer program		x				
Group by age		x				
Consider student to teacher ratio; attempt to limit N students in class		x				
Longevity among HS students; help with camp		x				
Over target student to teacher ratio;		x				
Interview for summer work		x				
Transitional living program (previous experience)					x	
Overnight summer camp	x					

FG 8	1	2	3	4	5	6
Service population						
People abused by their partner						x
Can bring children to shelter						x
Kids pre-k through 12th grade						x
25,000/year in 4 counties						x
Priority to after school participants		x				
Open doors if have space		x				
Youth from communities 40 miles away		x				
Youth involved in juvenile justice system				x		
School-based						x
Children and youth					x	
Low income families			x			
Families in poverty	x					
Income-based eligibility			x			
Service initiation						
Juvenile court				x		
Volunteer (but court mandated)				x		

Experiences FG 9	1	2	3	4	5	6
Service type						
Healthy relationships classes				X		
Parent education	X		X	X		
Group	X	X		X		
Home						
Program 1	X					
Program 2	X					
Mental health					X	
Juvenile justice (JPO)						
Service population						
Families	X					
Parents				X		
Single mothers	X					
Teen mothers			X			
Older mothers			X			
Children				X		
Youth in juvenile program		X				
Parents of youth in juvenile		X				
Juveniles, 12-18						X
Usually not see before 11, 12						X
Juvenile delinquent or CHINS						X
Service initiation						
DHR	X		X	X		
Court				X	X	
Self	X			X	X	
Juvenile court		X				X
Physician					X	
Service components						
Apply for funding, client support		X				
Assess needs	X	X				
Assistance with applications						
Employment		X				
Food stamps		X				
Housing		X				
Medicaid		X				
Assist to obtain documentation						
Birth certificate		X				
ID		X				
Social security card		X				
Basic needs assistance to build trust, soften tensions		X				
Case management		X				
Develop service goals/plan		X			X	
Hopes and dreams	X					
How can we help you accomplish what you need to?	X					

Experiences FG 9	1	2	3	4	5	6
accomplish?						
with the legalities of things sometimes there are hoops people have to jump through	x					
Approach that allows them feel like they are “manning the ship”	x					
Helps break resistance to services, build trust, buy-in	x					
Inform of community resources				x		
Link to resources	x	x				x
Mandated reporter					x	x
Provide transportation stipend	x					
Solicit donations						
Bed						
Furniture						
Groceries						
Money						
Shoes						
Violin						
Facebook, social media		x				
Supervise visitations		x				
Teach basic living skills		x				
Transport to appointments						
Counseling		x				
Dentist		x				
Doctor		x				
Organizational tasks						
Build non-intimidating culture		x				
Build culture of resiliency in org	x					
Relationship development						
Community businesses	x					
Benefits						
Social connections	x					
Develop protective factors	x		x	x		
Connect to resources	x					

Experiences FG 10	1	2	3	4	5	6
Basic needs					x	
Community events for parents, organization leaders	x					
Community networking for resources			x			
Connect resources						
Clothing						
Housing						
Transportation						
Utility/bill assistance						
Refer all resources that benefit people in homeless situation					x	
Counseling sessions						
Individual						x
Group		x				x
Family		x				x
Trauma therapy			x			
Teach teachers how to incorporate children with special needs				x		
Grant writing			x			
Housing						
Assist permanent housing						x
Designated family shelter for families experiencing homelessness					x	
Family prioritization					x	
Job assistance						x
Parenting education/classes		x	x			x
Play groups						
Teach developmentally appropriate activities for children				x		
Prevention education in schools				x		
Simulator of drug exposed baby, shaken baby syndrome				x		
Single mother parent groups				x		
Respite services				x		
Social activities	x			x		
Skill development						
Communication	x					
Conflict resolution		x				
Emotional regulation		x				
Entrepreneurial skills	x					
Financial literacy					x	
First-time home buyer			x			
GED			x			
Life skills		x				
Self-confidence	x					
Writing	x					

Experiences FG 10	1	2	3	4	5	6
Service population						
Children and youth	x					
Homeless runaway kids abused, trafficked			x			
Students involved in the juvenile justice system		x				
Youth age 16-22						
Parents						
Children with special needs				x		
Single male with child			x			
Single female with child			x			
Pregnant with child			x			
Families						
Children with special needs				x		
Experiencing homelessness		x				x
Service location						
Community		x		x		
Home				x		
Home, if needed		x				
Residential facility			x			

Experiences FG 11	1	2	3	4	5	6
Assessment and intake					x	
Attachment style assessments					x	
Community presentations		x				
Early childhood literacy program		x				
Family counseling					x	
Life skills						
Communication					x	x
Conflict resolution					x	x
Co-parenting						x
Finances						x
Goal setting						x
Healthy relationships						x
Mental health					x	
Parenting classes				x		
Ages and stages				x		
Communication				x		
Roles and responsibilities of parenting				x		
Stress management				x		
Teen brain				x		
Programs for parents (social)					x	
Provide childcare resources			x			
Provide transportation to appointments					x	
Resources for basic needs					x	
Training for childcare providers						
Developmental information			x			
Reporting child abuse and neglect			x			

Experiences FG 11	1	2	3	4	5	6
Service population						
Childcare providers			x			
Children, age 3 - 12					x	
Children exposed to violence					x	
Parents					x	
Mandated parents				x		
In need of childcare assistance			x			
Service location						
Community						
Pediatric offices		x				
Service initiation						
Court				x	x	
Lawyer				x		
Self				x		

Experiences FG 13	1	2	3	4	5	6
Service population						
High-risk parents			x			
Survival						
Some		x				x
Many			x			
Two-gen approach			x			
Poverty			x			
Children, teens, families who lost loved one					x	
Non-English-speaking families		x				
Cambodian		x				
Indian Ocean		x				
Vietnamese		x				
Service initiation						
DHR			x			
Drug court			x			
Family drug court			x			
Walk-ins			x			
Pediatrician					x	

Experiences FG 13	1	2	3	4	5	6
Assessment			X			
Assessment via dialogue			X			
Child advocacy center						X
Communication classes			X			
Connect to resources	X					
Childcare			X			
DHR			X			
Food				X		
GED		X				
Head Start			X			
Interpreting services	X					
Literacy		X				
Medicaid				X		
Pediatrician			X			
Transportation			X			
YMCA			X			
Family Resource Center			X			
Home visiting		X				
Intake form			X			
Education supports (grief)						
Monthly support groups for children, teens, families				X	X	
Adult-only group for guardians				X	X	
Littles group				X		
Middles group				X		
Teen group				X		
Individual support under 4				X		
Family enrichment		X				
Family program 1		X				
Parenting education				X		
Program 1				X		
Positive parenting programs				X		
Parenting classes						
Parenting curriculum 1				X		
Parent education and support		X				
Therapies				X		
Work force development			X			

Experience FG 14	1	2	3	4	5	6	7	8	9	10
Chief police							x			x
Teacher		x								
DHR						x				
Anti-bullying				x						
Juvenile program								x		
Community outreach										
Serves										
Community				x	x		x		x	x
Kindergarten		x								

E2: Focus group informant use of additional funding

Spend money - FG 1	1	2	3	4	5	6	7	8
Mental health			x	x	x			
Transportation					x			x
Onsite childcare for prevention services						x		
True prevention						x		
Expand hospital-based parenting education to all hospital in AL						x		
Staffing						x		
Staff training (trauma)						x		
Daycare	x							
Pay for staff						x		
Home economics, sexual ed, other programs that cut		x						
Foster care system					x			

Spend money - FG 2	1	2	3	4
Transportation			x	
Childcare			x	
24-hour, low-cost, quality childcare	x			
Respite for parents		x		
Make classes more accessible		x		
Parenting education for young men				x
Tablets and notebooks for programming	x			

Spend money – FG 4	1	2	3	4	5	6	7
Items children cannot access because mom in prison						x	
School uniforms						x	
Counseling						x	
Affordable, possibly free, childcare							x
Housing						x	
Open gateway to basic necessities of life				x			
New environment that allow to dream				x			
Need move from high-risk areas to suburb, better school systems							
Job training for women re: how to run own business; help obtain livable wage			x				
Entrepreneurship opportunities, such as sowing business						x	
Training						x	
Supplies						x	

Spend money - FG 7	1	2	3	4	5	6
Resources for infrastructure	x			x		x
Resources for equipment				x		
Promote self-care for clients			x			
Provide opportunities for families to engage in activities together			x			
More assistance for families, generally			x			
Transportation					x	
Access to healthy food					x	
Books					x	
System-level advocates					x	
Mental health access						x
Community centers with access to comprehensive services: housing, health care clinics, mental health, food pantry, childcare						x
Train pediatricians, first responders, police officers on ACES and impact on physical, mental health, brain development						x
Address mental health as do physical health						x
Public awareness to raise understanding of disability; what is, is not; various impacts, presentations (visible, invisible)		x				

Spend money - FG 8	1	2	3	4	5	6
Affordable housing	x					
After school programming		x		x		
Change laws re: people released prison	x					
Gun violence reduction	x					
Housing		x	x			
Job training	x					
Mental health	x					x
More funding		x				
Parent education		x				
Prevention					x	
Talk when young, DV, violence, preg.					x	
Understand behaviors are not normal						
Tell someone if experience					x	
Programming for older youth		x				
Transportation		x				x
Tutoring				x		

Spend money FG 9	1	2	3	4	5	6
Affordable housing	x					
Assisted living for families with “mental limitations”			x			
Childcare						
Night, evening, and weekend	x					
Drug treatment						
Drug therapy					x	
Family-focused drug therapy						x
Mental health or counseling		x				
Transportation	x				x	

Spend money FG 10	1	2	3	4	6
Incorporate parents into program		x			
Distribute amongst social service agencies for use not bounded by budget (e.g., gas, college application, ID)			x		
Mental health					
Facilities with more beds, adults and kids				x	x
Services and supports for civilians					s
Respite					
Increase amount available				x	
Substance abuse detoxification				x	

Spend money FG 11	1	2	3	4	5	6
ACES training for pediatricians					x	
Engage employers in supporting families, access to resources			x			
Poverty reduction efforts	x	x				
Mental health services						x
Job training and skills development						x
Multi-media, really great public awareness campaign			x			
Redevelopment of adolescent mental health system	x					
Trauma therapy training for counselors					x	
Trauma treatment	x					

Spend money FG 13	1	2	3	4	5	6
'Baby court' for kids in system				x		
Comprehensive visiting nurses				x		
Coordinated system of care	x					
Mental health supports for parents					x	
Housing	x					
Housing options for families						x
Better quality housing	x					
Housing for individuals with mental health issues	x					

Spend money FG 14	1	2	3	4	5	6	7	8	9	10
Family housing	x									
Industry						x				
Transportation						x				
Parenting training class						x				

E3: Focus group informant experiences of stigma

Stigma – FG 1 **“how would you describe them?” in FG 1**	1	2	3	4	5	6	7	8
Mental health and not talking about problems					x			
Unrealistic expectations of child’s development						x		
Lack understanding brain development						x		
Poor without social connections							x	
Extreme poverty level in county, majority students on free, reduced lunch: moral compass shifted; if it feels good, do it generation			x					
Survivors				x		x		
Intergenerational exposure to abuse				x		x	x	
Crosses all boundaries; not limited to								x
Age group								x
Race								x
SES								x

Stigma FG 2 **Skipped question due to time constraints**	1	2	3	4
Fear (of DHR or system involvement)			x	

Stigma FG 4	1	2	3	4	5	6	7
Lack public understanding of poverty mindset, complexity of solution	x						
Misperceptions about school environment of at-risk youth, juvenile offenders	x						
Anticipate loud, disruptive	x						
Confusion about decoration attempts	x						
Lack understanding of:							
Home environment and stressors on behaviors	x						
Importance basic needs for academic engagement / achievement	x						
Maslow's	x						
Importance of exposure / limited exposure based on environment	x						
Unaddressed mental illness, abuse or trauma							x
Lack recognition of world beyond own four-block radius	x						
Don't know how big world is so don't know can have access to it	x						
Need shift to service from place of trauma, pain				x			
Lack of recognition that individuals accustomed to trauma				x			
Survivors				x			
Lazy							x
On drugs							x
Don't want job							x
Driving with suspended license anyway							x
Judgmental							x
Lack attention to / willingness to address systemic issues							x

Stigma FG 7	1	2	3	4	5	6
People don't want to ask for help						X
People in need of services made bad choices						X
Lazy		X				X
Welfare recipients (live off gov.)		X				X
Don't care about kids						X
Don't love their kids						X
Should stop having babies						X
Service recipients don't have same mental health problems or stresses						X
Judgmental approach to recipients						X
Don't work hard enough		X				
Low income equated with vulnerabilities	X					
Belief that violence limited to low income families	X					
Lack understanding						
Of what disability is and is not		X				
That disability impacts families across race, SES		X				
Of root of challenges, experiences that led to challenges						X
People with disabilities have lower worth; less value		X				

Stigma FG 8	1	2	3	4	5	6
Associations school poverty and academic success/achievement						x
Behavioral challenges from PTSD mislabeled as bad child	x					
Difference between wants for children among people living in substandard, low-income housing, low income, not educated		x				
Domestic violence						
Blame victim						x
Lack understanding of why often “can’t just leave”						x
Kids they serve are bad kids		x				
Lack empathy and ability to see from position other than own						x
Lack public awareness						
CAN occurs among all families						x
Challenges associated with poverty				x		
DV occurs among high income					x	
Kids not responsible for family challenges		x				
Number of teen parents in community		x				
Perceptions that teen pregnancies limited to certain zip codes		x				
Lack understanding of people in circumstances differ from yours		x				
DV, CA is problem among people of color						x
Means v will		x				
Poor people bad parents						x
Poverty				x		
More than “just getting a job”				x		
Victim blaming				x		
People’s preconceived idea v reality		x				
Provider perceptions about student workers		x				
Teacher bias/perspectives						x

Stigma FG 9	1	2	3	4	5	6
Parents with drug problems						
Don't deserve help		x				
Lack understanding underlying conditions		x				
Parents with mental health problems						
Mental is crazy					x	
Drawing a check					x	
Stigma	x					
Need normalize conversations re: mental health, seeking help	x					
Organization						
Only serve low-income families	x					
Juvenile delinquents						
General		x				
Judgment toward visible behaviors						x
Advocate to send youth away						x
Lack understanding underlying conditions						x
Social media main information sharing avenue, use break stigmas	x					

Stigma FG 10	1	2	3	4	6
Lack understanding:					
Of importance of respite				x	
Of PTSD in Veterans; defenses misinterpreted as crazy					x
That can change behavior		x			
People can change			x		
Of importance of support person			x		
Lack value, worth of, belief in, youth in JJ system		x			
Lack hope for kids that experience PTSD, ADHD, DV exposure	x				
Work to challenge among youth themselves					

Stigma FG 11	1	2	3	4	5	6
Lack understanding						
Poverty (extent, experience) and implications		x				
How parent trauma impacts children					x	
Conditions, contexts behind socially unacceptable behaviors, (e.g., substance use)					x	
All families face risk of CAN			x			

Stigma FG 13	1	2	3	4	5	6
Lack public understanding children's emotional needs				x		
Inability to see message behind behavior				x		
Blame for conditions				x		
All parents want good relationship with child; not chaos	x					
Mental health, fear of asking for help	x					

Stigma FG 14	1	2	3	4	5	6	7	8	9	10
Lazy								x		
Juveniles are bad kids				x						
Folks that struggle are bad people										x
Poor parenting leads poor parenting			x							

E4: Focus group informant experiences of challenge

FG 1	1	2	3	4	5	6	7	8
Doctor quickness to prescribe pain medication								x
High levels of substance abuse	x							
Extreme poverty			x					
Majority free reduced lunch; attributes to shift moral compass			x					
High removals re: substance use (85% in one county)	x							
Waiting list for section 8	x							
Only take housing applications on certain days			x					
Waiting list for childcare assistance	x							
Waiting list for grandparent program	x							
“there is a waiting list for this program so it can be a barrier for us to try to prevent or reunify because this is the only one that we have that we can use within the Dept.”	x							
Prevalence of sex outside marriage, esp. among teens								x
Teen pregnancy								x
Trafficking		x						
Difficult to implement evidence-based programs						x		
Mental health								
Lack mental health beds					x			
Lack mental health services and supports		x	x	x				
Need for more mental health funding			x					
Inability to access available mental health supports				x				
Stigma surrounding mental health					x			
Intergenerational substance use	x							
Intergenerational abuse		x				x		
Broken foster care system					x			
Need for foster families	x							
DHR workers sleep in office with children due to lack of foster homes, number kids in care	x							
Transportation					x			
Lack of jobs for felons								x
Prevention work								
Waiting lists						x		
Quick turnover among DHR employees who are recent graduates	x							
Mismatched field placements	x							
Overworked staff			x		x			
Inadequate staffing			x	x		x		
Unprepared graduates	x							

FG 1	1	2	3	4	5	6	7	8
Staff becoming physically ill		x				x		
Staff burnout				x				
Demanding nature of work				x	x			
Need for better pay						x		
Lack of visibility of prevention						x		
Lack of availability of true prevention						x		
Need for training for professionals						x		
Lack of attention to trauma among mental health workers						x		
Inadequate funding of prevention						x		
Limits reach						x		
High levels of funding for crisis						x		
Multiple roles of workers	x		x	x		x		
Temporary nature of funding						x		
Funding tied to outcomes						x		
Reliance on fundraising						x		
Lack adequate time to clients						x		
Large number children should not be in their home; inability for school to do anything			x					
Over medication of children						x		
Reactive nature of system						x		
Low number of childcare facilities to accept payments	x							
Lack public knowledge of brain development						x		
Prevalence sex abuse						x		
Greed of physicians and over prescribing medication								x
Lack knowledge how to change social norm re: normalcy of teen sex							x	
Societal shifts in attitudes toward sex								x
Alabama is a poor state						x		
Lack of jobs						x		
Combination of above two leads to substance use						x		
Individual								
Cycle of abuse		x						
Financial stressors	x							
Lack social connection	x						x	
Lack social support	x				x		x	x
Many families new to area	x							
Lack healthy support systems						x		
Lack of social emotional competence/ skills in residents				x				
Transpiration barriers					x			x
if you aren't right there where they live there is no way for them to go unless they get into the home								x
Prevent service participation, which is often required					x			

FG 1	1	2	3	4	5	6	7	8
Lack childcare					x			
Maladaptive behaviors manifest as socially deviant Behaviors; perpetuates stereotypes								
Substance abuse	x			x				
Unaddressed trauma	x			x				
Overcrowded housing			x					
Mental health challenges			x					
Parents			x					
Children			x					

Challenge FG 2	1	2	3	4
Contexts in which services exist; processes involved		x		
Need increase accessibility of services		x		
Challenges of paperwork process: length of paperwork, time at which completed (after work, after stressful situation)		x		
Need to decrease or condense paperwork		x		
Current societal application of rehabilitation in prison			x	
Need for realization that doesn't work; guide prevention to understanding, support, and empowerment of the person (clients)			x	
Creating inclusive culture, easy to talk about, difficult to create		x		
Difficulty sustaining dad-focused parenting programs	x			
Generational shift in consumption of info. (methods, willingness, etc.)	x			
Dissemination material, importance of presentation, appearance; multiple formats for multiple learning styles	x			
Need tablets for programming, complete surveys	x			
Necessitates attention to dissemination and presentation of material; colorful, online, 1-page, front, back has greatest reach	x			
Lack 24-hour, quality, low-cost childcare (need) (supports respite; drop- in opportunities)	x			
Need access to resources; knowledge where are, how work, how can help			x	
Lack sympathy of court system for inability get to services (lack of transportation)	x			
Penalized if no show; consequences from court	x			
Parents attend, despite challenges, barriers; not easy, small number dropouts, program incompletes	x			
Misplaced focus of prevention services			x	
Services improve skills related to stress management, coping, anger management; not underlying factors/conditions (access transportation, childcare); would alleviate need for other services			x	
Need more financial assistance to alleviate stress				
Need: services for father to increase parenting skills ("for young men who don't know how to parent"), who lacked male role model				x
Get fathers involved and engaged in child's life, more than day care				x
Need respite service for parents		x		
Need holistically address, support families as individuals v lumping as bad parents "because of their situations mirroring each other's."			x	
Need increase accessibility classes, re: cannot physically access services		x		
Online		x		
Television		x		
Often unable to attend due to unanticipated events- would like to make available by alternative means to still provide material		x		
Need to ensure access to childcare			x	

Challenge FG 2	1	2	3	4
Need to ensure access to transportation			x	
Outdated resources and materials (curriculum catalog from 2015 for 2020 grant),	x			
Funding requirement to use curriculum “to meet the protective factors”	x			
Dated curriculum does not speak to current audiences, family characteristics, conditions, etc. not relatable, relevant (“it’s like teaching my high school curriculum to my child thirty years later.”)	x			
Overgeneralizing of clients, v responding to ind. needs; need recognize not one fix for all, meet people where are, develop relationships, understand needs, strengths, work together identify ways make situations better; learned via experience at DHR, that “not everybody is a bad person and that there are different ways to rehabilitate an individual.”			x	
Need attention, responsiveness to diverse needs (“this one model seems to have helped many it may not help all.”) (MR agrees)			x	
Pressures to confirm and look like other families	x			
Social and cultural factors	x			
Societal changes	x			
Changing family structure	x			x
In-tact family previous more common, not exclusive; unaware non-intact families existed because not exposed to it				x
Adjust how meet needs of families in changing contexts;	x			
No longer teach cursive, keyboarding	x			
Understaffed community organizations and public agencies	x			
Differences in child resilience; some resilient, some not			x	
Economic stress common		x		
Fear (of system, other parents involved)		x		
Parents do not interact with each other, with childcare staff; try foster connections among parents, to use each other as supports.		x		
Fear DHR re: intrusion factor, that assistance will lead to involvement			x	
Work help parents understand services meant to help and involvement in certain circumstances not bad; increase awareness, knowledge of available resources			x	
Fear (of seeking help, of letting you in, of losing child) (“if they’re not already involved, they’ve heard so many bad stories, that they don’t want to get involved”) (addressed again)			x	
Fear overpowers need for help (need: help understand agencies to help)			x	
History trauma	x			
Income stress	x			
Initial resistance, fear, superficial relationship, don’t know how much to share → not fully open; must understand that workers care before will truthfully open up			x	
Develop deeper understanding needs over time; trust relationship quality important to parent engagement/success			x	

Challenge FG 2	1	2	3	4
Job stress	x			
lack of awareness of community resources	x		x	
Lack childcare as barrier to (re)entry into workforce			x	
Parents often leave children in bad circumstances, due to no childcare (alone, at odd hours of day/night			x	
Lack of medical home for some families	x			
Lack of pride in work that currently exists, different from previous generations				x
no pride because drift farther from “basic ideals” and skills like ability to read (“everything just goes to heck in a hand basket				x
Lack of understanding of circumstances that contribute to challenges	x			
Literacy deficits, inability to read and write			x	x
Should ensure material to address; often reviews information with clients, line by line, make them comfortable, rather than inquire about their ability; may come for job readiness, but really need to address literacy			x	
Neglect: Volunteers witness effects on neglect on children they serve (not having snack, unclean clothes,				x
Volunteers keep (personal, often volunteer stipend) resources on hand to assist and distribute when needed: purchase snacks; keep clothing in car				x
Parent inability to help children with homework	x			x
Poverty	x			
Rejection of assistance (as opposed to requesting assistance for specific issues/mandated participation)	x			
Resistance as first defense	x			
Requirements to provide documentation of citizenship	x			
Barrier to assistance	x			
Transportation barriers	x		x	
Stresses associated with efforts to meet basic needs, despite environmental/resource challenges, can manifest in anger/abuse			x	

Challenge FG 4	1	2	3	4	5	6	7
Systemic contributors to CAN/barriers to success							X
Poverty							X
Hopelessness							X
Broken system							X
Lack basic needs							X
Employment and risk loss of benefits							X
Food insecurity							X
Affordable childcare							X
Co-occurring challenges							X
For progress must address structural issues (throwing baby in river)							
AL ratio mental health professionals dbl. U.S. avg. (1:1,400 v 1:500)							X
Mental health in children birth to five							X
Certain demographic groups predisposed to pain, trauma							
Economic instability					X		
Lack of prevention programs						X	
Historically, reactionary service system						X	
Loss of grant funding (temporary)						X	
Create non-profit in attempt to provide more prevention services						X	
No free, affordable counseling services for kids with incarcerated mom						X	
Inability for women to make living working at McDonald's		X					
Difficult for women to find job in nontraditional professions						X	
Men not want to hire women						X	
Generational differences between grandparent caregivers and children							X
Lack of parental involvement	X						
Housing, generally			X				
Families reside in substandard housing							X
Inability to afford live other places							X
Makes difficult to access services							X
Unsafe neighborhoods							X
Lack transportation							X
Lack of money							X
Many things families need but can't get to							X
Poverty		X					
Shift mindset required from living in crisis to living in different way		X					
Accessibility				X			
Inability of children to see beyond current situation, location				X			
Mindset that they are not worthy of better life				X			
Need to show that better life is possible				X			
Lack of full-time parent						X	
No one to check on them, makes feel unimportant						X	
Lack ability to manage emotions				X			

Challenge FG 7	1	2	3	4	5	6
Food deserts in low income communities	x					
Inadequate infrastructure for trainings/services	x			x		
Lack resources to meet needs of specific population	x					
Lack resources in low-income communities	x					
Inadequate equipment to conduct trainings/services				x		
Internet connection				x		
Lack mental health supports/services						x
Public transportation						x
Band-aid approach to prevention						x
Low-paying jobs, with cost of living (e.g., rent)			x			
Outdated laws	x					
Lack of dignity that exists in work individuals with disabilities			x			
Lack of understanding about people with disabilities			x			
Inadequate funding	x					
Lack resources to get people out of poverty			x			
Disconnect of funders, need for compassion	x					
People not comfortable asking for help			x			x
Parent personal experiences of trauma						x
Parental isolation						x
Shame over DHR						x
Lack transportation				x		x
Lack access to multi-service center unless experienced						x
DV, trauma, or other crisis						
Dating violence	x					
Intergenerational disadvantages			x			x
Poverty			x			
Provider bias			x			

Challenge FG 8	1	2	3	4	5	6
Systemic poverty	x					
Systemic racism	x					
Poverty as root cause of other challenges	x					
Level of poverty across state	x					
Media representation of poverty across race; masks extent of white poverty	x					
Services only address tip of the iceberg						
Need for more services	x					
After school	x					
Counseling	x					
Mentoring	x					
Children suffer PTSD	x					
Untreated PTSD manifests as behavioral problems, mislabeling as bad child, contributes to intergenerational challenges	x					
Need for more funding for services	x					
Need for more school funding	x					
Many youth lack things to do				x		
Don't want failing schools in our neighborhood	x					
Over summer, children from low income HH forget higher % learned	x					
Need for more summer programs for low-income youth	x					
Children dread end school re: conditions (less food, creepy uncle babysits)						x
Lack (and importance) of trust among community and providers		x				
Need for student workers but inability to pay			x			
Parks and rec age limit on activity participation		x				
Treat 13-14 y/o as young adults		x				
Federal minimum wage and inability to afford rent		x				
Laws regarding employment of previously incarcerated individuals	x					
Mental health among individuals experiencing homelessness	x					
Child removal often due to mental health			x			
Gun violence	x					
High number of children exposed	x					
Trauma experienced by victims and "the one that pulls the trigger"	x					
Removes parent from home when go to jail	x					
Lack of after school program funding from department of parks and rec		x				
Circumstances create problems; prevent choice, options for adaptive experiences					x	
High suspension rate not small offenses	x					
Contributes to teen pregnancy	x					
Multiple suspension often leads to drop out/ school to prison pipeline	x					
Misconceptions come from top-down in this country to local levels	x					
Parents lack reliable transportation		x				x
Level of trauma children experience	x	x				x
Children shut down			x			

Challenge and need FG 9	1	2	3	4	5	6
Individual/family challenge						
Compounding challenges	x					
Domestic violence						x
Drug use / abuse						
Heroin						x
Meth						x
Opioids						x
Expectations that providers will fix them, instead of partner with them to address; families need providers to hold hand for minute, not do for them						
Housing conditions						
Deteriorating housing						x
Lack beds		x				
Multi-families		x				
No power						x
No water						x
Mental limitations			x			
Inability to cope with family loss				x		
Inability for individuals to see own potential, have hope		x				
Lack childcare						
Lack education						x
Lack health insurance				x		
Living conditions in rural areas						x
Low likelihood of follow-through						x
Low parent involvement in programs		x				
Poverty						
Substance use	x					
Transportation	x	x		x		x
Transportation, accessing resources	x	x		x		x
Vision success may differ from provider; must recognize and accept		x				
Work hours	x					
System challenges						
Approach to service provision	x					
Childcare	x					
Lack public awareness of needs		x				
Lack detox units for juveniles		x				
Existing program, via sheriff's dept., does not address family (Project name); send to whatever placement can obtain	x					x
Address crisis and send home				x		
Need greater than supply	x					

Challenge and need FG 9	1	2	3	4	5	6
Statewide shortage of beds	x			x		
Need for crisis unit to avoid sending to Birmingham					x	
Limited affordable housing	x					
Limited funding for services		x				
Limited service access in rural areas						x
Need services to families earlier, when children younger	x					
Need for provider training on trauma, early recognition		x				
Need for continual trauma training for JPO's to identify need for supports among clients		x				
Need for concerted efforts to increase community awareness of mental health, train youth ministers, medical professionals, Sunday school teachers, teachers, all providers		x				
Need to normalize conversations about mental health	x					
Public transportation						
General lack of availability	x					
Limited service among existing	x			x		
Substance use epidemic						
Opioids	x					
Majority DHR removals	x		x			
Limited treatment	x					x
Insufficient residential beds						
Lack juvenile residential beds						
Lack juvenile hospital detox						x
Overwhelmed service system						x
History of substance use						
Crack	x					
Truancy identified as indicator of other problems	x					
Truancy during elementary school seen as family problem	x					
Truancy at young age becomes judicial issue; see families with 6 yo for truancy						x
Prevention needs						
Affordable housing	x					
Affordable mental health services		x				
Assisted living for families			x			
Community buy-in to resiliency	x					
Drug therapy					x	
Family-focused drug treatment						x
Night, weekend childcare	x					
Shift approach to service provision	x					
Transportation	x				x	
Challenges FG 10	1	2	3	4	5	6

Challenge and need FG 9	1	2	3	4	5	6
Resistance from schools	x					
Lack mental health services			x			
Loss access without insurance			x			
High prescription costs			x			
Not enough mental health workers			x			
No substance abuse detoxification			x			
Inadequate medical staff			x			
Hospitals don't want to accept			x			
Shortage mental health professionals						x
Shortage insurance that will cover mental health						x
Hospitals going away						x
Shortage of beds						x
No mental health in small communities						x
Incarcerate for several weeks before release; compounds problem						x
Not enough DHR workers to conduct in-home studies as required			x			
Overloaded caseloads			x			
Not enough money			x			
Reason networking so important			x			
People falling through cracks of system			x			
Lacking in a lot of areas			x			
Broken family's system			x			
Lack of trust in service providers	x					
Grant restrictions on use of funds		x				
Specific goals (points to hit) and how can and cannot spend money		x				
Drug overdose			x			
Doctor prescriptions for pain medication			x			
Doctor arrests			x			
Only two places in state allows children on medicated assistant treatment (methadone, suboxone); homeless shelter is one of two					x	
Need for support for people in recovery					x	
Need to provide resources to whole family to keep intact					x	
Dated legislation		x	x			
Alarming HIV rates in state		x				
Lack supports aging out		x				
Couch surfing common in rural areas			x			
Drug trafficking			x			
Labor trafficking from Puerto Rico; often leads to prostitution			x			

Challenge and need FG 9	1	2	3	4	5	6
Homelessness due to parent deportation		x	x			
High cost of childcare, even when subsidized					x	
Subsidized rates compared to other locations in Alabama					x	
Requirements to obtain subsidized childcare rates					x	
Parents work to pay for childcare			x			
Intergenerational transmission of parenting behaviors, access to resources to strengthen		x	x			
Parents give what they've been given			x			
Modern day slavery is a generational curse			x			
Need for more money		x				
Turn people away		x				
Work late hours		x				
Money spent other ways		x				
Funding misused						x
Individual						
Lack of hope (given no reason to)			x			
Opioid use			x			
Marijuana use			x			
Meth			x			
Pills			x			
Fentanyl			x			
Rather be homeless than enter treatment facility						x
Transition when aging out system		x				
Families are broken					x	
Unable to become whole again if family is separated					x	
Lack of halfway houses that allow children to accompany parents receiving treatment						

Challenges FG 11	1	2	3	4	5	6
Structural						
Childcare			x			
Special needs			x			
Poverty		x				
Transportation		x				
Limited funding		x				
Individual						
Transportation					x	

Challenges FG 13	1	2	3	4	5	6
Lack housing	x			x		
Inadequate funding	x	x	x	x	x	x
Need shift from behavioral based TX modalities to relationship based				x		
intergenerational trauma				x		
Language barrier	x					
Meeting elemental needs				x		

Challenge FG 14	1	2	3	4	5	6	7	8	9	10
Substance abuse			x							
Employment										
Need more jobs						x				
Travel for employment						x				
Opportunities outside county						x				
Inability to qualify for jobs				x						
Inability to pass drug screen			x							
Substance abuse			x							
Unable to fill local, minimum wage jobs										x
Unable to pass credit check (required for prison fed job)			x							
Pride, lack understanding of responsibility			x							
Mental health			x							x
Lack resources										x
Closed hospitals			x							
Alternate policies										x
Mental health mislabeled as bad children			x							
Inadequate funding for services				x		x				
Inadequate staff						x				
Fear/distrust of police			x				x			
Fear/distrust prevents service engagement				x						
Stigma prevents service use				x						
Lack community trust and connections				x						
Lack awareness of resources, supports among individuals not engaged			x			x				
Pride	x		x					x		x
Use/abuse of resources	x									x
Intergenerational challenges										x
Changing social dynamics			x	x						
Lack family time				x						
Social media				x						x
Lack of physical discipline / change in practices										x
Inability to discipline other people's children			x							
Derogatory music towards women										x
Misunderstanding of corporal punishment laws										x
Increased number of single parents										x
Hours of employment of single moms often leaves children unattended				x						
Lack parent engagement		x	x	x						

Challenge FG 14	1	2	3	4	5	6	7	8	9	10
Possible overdiagnosis, overmedication of kids to avoid responsibility			x							x
Children with disabilities for monthly income check				x				x		

E5: Focus group informant experiences of collaboration

Partner / resource FG 1	1	2	3	4	5	6	7	8
Community, in general								x
Medical center	x							
ER doctor conducts mental health assessment, holds in ICU until other services available	x							
Children's mental hospital 1	x							
Children's mental hospital 2	x							
Each other			x					
Erin's Law training						x		
CSA prevention		x						
Suicide training for law enforcement	x							

Partner/resource – FG 2	1	2	3	4
Child Care				
Regularly refer because partner, friend, meet need	x			
Connect (refer) to				
Medical resource	x			
DHR	x			
Conducts two clinics/year on interview preparation	x			
Food bank	x			
GED and education assistance	x			
Job training, interview skills	x			
Medicaid	x			
“opens the doors to the developmental responses that we may, or may not address through our programs”	x			
Medical resources at free or no cost	x			
Teachers				x

Partner/resource FG 4	1	2	3	4	5	6	7
Alabama Department of Child Abuse and Neglect Prevention							x
Assist with interpretation/understanding of changes in data, in relation to CAN							x
Providers							x
State departments/agencies							x
County agencies							x
Example: Increase in CAN after closing of dog track							x
Understanding community connections to CAN helps better prepare, prevent							x
Send to community program before leave facility (at 12-18 months)		x					
Program name		x					
Training programs (xxx)		x					
Ministries for job training ()		x					
Community partners, generally							x
School supply donations							x
Church programs that collect school supplies							x
Church							
Christmas donations							x
City distribution of school supplies; inform families							x
Organization (self) fundraising to meet unfunded and unmet needs							x
Uniform pants							x
Uniform tops							x
Organization in Montgomery, Birmingham							
Christmas needs							x
Counseling center							x
Refer for counseling							
Service Center							
Refer for counseling							x

Partner / resource	1	2	3	4	5	6
Counselors				x		
Topic experts from other agencies	x					
Outreach	x					
United Abilities (formerly UCP)	x					
Childcare	x					
Childcare	x					
Autism-focused organization	x					
YWCA	x					
United Way				x		
211				x		
Area sexual assault and DV agencies				x		
Economic Opportunities Program				x		
Childcare facilities				x		
Food bank				x		
Parenting organization			x			
Parenting classes			x			
6-week course			x			
Tailor towards parent needs			x			
Support Center	x					
501 C 3 class	x					
navigating special needs services in the educational system	x					
Education on dyslexia	x					
Children's Policy Council						x
Community organization						x
Advisory committee of various community reps	x					
Housing Authority	x					
Community Center	x					
State-wide connections to community connections		x				
Local CRS		x				
Local Family Resource Center		x				
Local respite support		x				
Local libraries	x					
Local senior centers	x					
Community centers	x					
DV						x
Children's policy council						x

Partner / resource FG 8	1	2	3	4	5	6
All agencies/providers in community		x				x
Anyone that can help meet need		x				
Boys and Girls Club		x				
Businesses					x	x
Costco						x
Family Dollar			x			
Fundraisers					x	
Furniture store			x			x
Grocery stores						x
Kiwaniis Club			x			
Medical suppliers					x	
Restaurants						x
Sam's Club						x
Target						x
Wal-Mart grants						x
Churches						x
Donations						x
Food						x
United Methodist Church		x				
Collaborations give and take						x
Community youth			x			
Food bank						x
Health department		x				
Housing Authority		x				
Summer workers		x				
DV shelter		x				
Provide training		x				
Personal church members		x				
Police department		x				
Family intervention services		x				
Refer to community organizations						
DV		x				
Juvenile justice		x				
DYS		x				
DHR		x				
Food bank		x				
Will call on behalf of parents		x				
School personnel						
Counselor						x
Teachers						x
Teenage pregnancy prevention (prev. experience)		x				
Superintendent of school system		x				
Head of health services		x				

Partner / resource FG 9	1	2	3	4	5	6
Referrals from						
DHR			x			
Juvenile program (JPO)		x				
Referrals to						
Basic needs assistance						
Bill assistance						x
Childcare assistance						x
Food pantry	x					
Emergency benevolent services	x					
Counseling services	x	x				
Drug counseling						x
Grief services						
Center	x					
Community resource						x
Community resource 2				x		
Community college system				x		
Service Center						
Parenting education						
[name] Program						x
Education and awareness						
All Kids (state insurance)				x		
Community Foundation						
Housing assistance (financial)		x				
Family Services						
Bill assistance					x	
Childcare assistance					x	
Community businesses						
Donations	x					
Discounts	x					
Community members						
Donations						
Groceries		x				
Furniture		x				
Money		x				
Shoes		x				
Violin		x				
Service providers						x
Social media		x				
Important for providers to have consistent messaging, an indicator of good collaboration	x					

Partner / resource FG 10	1	2	3	4	5	6
Agencies that serve children						
Non-profit organization	x					
Learning center	x					
Public libraries						
Space for programming	x					
Rec centers	x					
Churches	x		x	x		
Community events that build organization awareness	x					
Respite night (monthly)				x		
Space for programming	x					
Space for children to meet during training	x					
Community, general			x			
Counselors						
Clean up records			x			
Day cares				x		
Federal agencies						
Federal agency 1						x
Refer to all resources that benefit people in a homeless situation					x	
Basic documentation						
Birth certificates					x	x
ID					x	
Diapers						
Organization 1					x	
Organization 2					x	
On-hand resources					x	
Case management					x	
Clothing closet referrals						
Center					x	
Christmas charities					x	
Counseling services						
In-house					x	
Food stamps					x	
Job placement opportunities					x	
Mental health referrals						
Agency					x	
Substance abuse counseling services						
In-house					x	
Recovery services					x	
TANF						
Homeless shelters						x
Shelter services 1					x	
Housing						
Housing Authority					x	
Local children's homes for 13 counties						x

Partner / resource FG 10	1	2	3	4	5	6
Group homes		x				
Education						
Colleges			x			
Job Corps			x			
Trade schools			x			
Event centers						
Space for programming	x					
Legal						
Jails						x
Judges						
Clean up records			x			
Juvenile court		x				
Federal courts						x
Lawyers						
Clean up records			x			
Local probation officers		x				
Probation officers						x
State courts						x
Local support programs, teen moms						
Best daughter pregnancy hotline						
Mental health						
Mental health center 1		x	x			
Nonprofit organizations in 13 counties						x
Related organizations	x					
any organization that touches on the programs that we use			x			
Build online academy to train children across US			x			
Service organizations				x		
Provide business opportunities						
Children's business fair 1						
Children's business fair 2						
Workforce and education						
Career centers						
Workforce Initiative Program (WIA)			x			
Similar unnamed program (above)			x			
Workforce programs						
Community College 1		x				
Technical College 1		x				
Local programs		x				
General						
Colleges			x			
Job Corps						
Trade schools			x			

Partner / resource FG 11	1	2	3	4	5	6
Alabama Chapter of the American Academy of Pediatrics		x				
Community action agency	x					
Community college					x	
DHR			x			
Family resource centers		x				
Funders		x	x			
Community organization		x	x			
Help Me Grow		x	x			
Local school system						x
Early Head Start						x
Early intervention		x				x
Mental health						
Counselors	x					
North Alabama Council of Local Government						x
Parenting assistance line			x			
Respite services			x			

Partner / resource FG 13	1	2	3	4	5	6
Community organizations	x					x
County DA						x
Department of Justice	x					
Department of Mental Health (state)						
DHR						x
FBI	x					
Guardian ad litem			x			
Law enforcement						x

Partner/resource FG 14	1	2	3	4	5	6	7	8	9	10
Arch	x									
DHR								x		
Energy assistance	x									
Juvenile support				x						
Health								x		
Health Connect			x			x				
Law enforcement								x		
School								x		

Tables

Table 1*Overview of The Social Indicators of Child Abuse and Neglect Prevention Project*

Phase 1: Scoping review	Phase 2: Stakeholder consultations	Phase 3: Community asset mapping
Preliminary review of project resources recommended by project funder Community-Based Child Abuse Prevention funding guidelines FRIENDS resource site Iowa Community Readiness Evaluation Scoping review of state-of-the-art child abuse and neglect prevention practices, in 6 key categories (followed by number of articles included in final review) Family supports 42 Parenting education 69 Community supports 31 Diversity 31 Special needs 15 Public health 52	Focus group consultations with community stakeholders across state of Alabama Service providers, community leaders with knowledge of community conditions Speak to community strengths and needs Representation from all seven Alabama Department of Child Abuse and Neglect Prevention funding/service regions	Mapping of community assets, by county

Table 2*Social Indicators for Child Abuse and Neglect Prevention Project Focus Group Informant**Characteristics*

Informant characteristics		<i>N</i>
Role	Community leader	21
	Service provider	68
State Funding	Funded	28
	Non funded	61
Service Region	Rural	53
	Urban	35
Race	Black	39
	White	57

Table 3*Number of Social Indicators for Child Abuse and Neglect Prevention Project Focus Group**Participants That Serve Populations of Interest, By Prevention Role*

Experience	Community leader <i>N</i>	Service provider <i>N</i>
Immigrated to U.S.	12	43
Children with special needs	18	62
Experiencing poverty	19	67
Native American	10	29
Non-traditional family form	18	68
Health challenges	19	58
Experiences of incarceration	19	66
Military	18	54
Title IX, Head Start, Early Head Start	10	33

Table 4*Pool of Possible Interview Informants*

Focus group	Total participants (<i>N</i>)	Consented to interview (<i>N</i>)
1	9	9
2	4	4
3	10	10
4	7	7
5	5	5
6	7	7
7	6	6
8	6	5
9	6	6
10	6	5
11	6	6
12	5	5
13	6	6
14	11	6
15	5	5
Total	99	92

Table 5*Overview of the Community Contexts of Child Abuse and Neglect Prevention (CANP) Project*

Data 1: Focus group discussions	Data 2: Individual interviews	Data 3: Document review
Access to interview informants	In-depth insight into daily work practices and experiences	Review of texts identified in focus group and interview discussions
Understanding of services considered prevention	Identify traces of ruling relations that coordinate work	Identification of structural influences that organize work and understanding of how they organize work
Social consensus on experiences of child abuse and neglect prevention work across service providers and community stakeholders	Identify texts used in daily work and develop understanding of how they help to coordinate work of ruling relations	Ability to visualize how work is organized across settings
Broad understanding of the conditions in which child abuse and neglect prevention exists	Level 1 data	Level 2 data
Level 1 data		

Table 6*Interview Informant Demographic Characteristics*

Pseudonym	Age	Race	Gender
Susan	50 - 59	White	Female
Dani	30 - 39	Black	Female
Rick	70 - 79	White	Male
Mia	60 - 69	White	Female
Marie	40 - 49	White	Female
Nicole	30 - 39	Black	Female
Lisa	50 - 59	White	Female
Linked In	60 - 69	White	Female
Max	40 - 49	White	Female

Table 7*Interview Informant Educational Background*

Pseudonym	Educational background
Susan	B.S. Education, 7-12
	M.S. Consumer affairs and public relations
	Ed. S. Adult education
Dani	Bachelor's psychology
	Master's Counseling
Rick	BA Sociology
	Legal assistant degree
	Law degree
	Full time local pastor degree
Mia	B.S. Education
	Certified Trainer by National Alliance of Children's Trust Fund
	Certified Zero to Three trainer: The Growing Brain
Marie	Undergraduate and Graduate Degree in Criminal Justice
	Parenting certification
Nicole	Bachelor of Science
	MPA

Pseudonym	Educational background
Lisa	AA Education 20 years non-profit experience Grant Professionals Association National Grant Management Association
Linked In	Some college
Max	Master's Degree Educational Leadership

Table 8*Interview Informant Professional Background*

Informant	Organization	Role	Time in Organization	Time in Field
Susan	State outreach organization	Parent educator	12 years	19 years
Dani	Domestic violence center	Victim services coordinator	2 years	5 years
Rick	Inner city ministry After school program Homeless shelter	Pastor/Director	15 years	15 years
Mia	Professional training	Statewide coordinator	5 years	5 years
Marie	Child abuse and neglect prevention	Executive director	10 years	20 years
Nicole	Faith-based organization	Executive director	3 years	17 years
Lisa	Non-profit organization	Director of grants and contracts	6 years	24 years
Linked In	Children's advocacy organization	Director	19+ years	19+ years
Max	County school board	Federal grants manager	12 years	20 years

Table 9*Interview Informant Data Sources*

Activity	Date	Potential sources of data
Interview 1	September 24, 2019	<p>Transcript</p> <p>The Alabama Marriage Handbook and Raising your child Together: A Guide for Unmarried Parents in Alabama</p> <p>Parenting education packet</p> <p>Travel funds policy</p> <p>Contact reporting requirements</p>
Interview 2	September 27, 2019	<p>Transcript</p> <p>Application for Protection from Abuse</p>
Interview 3	October 1, 2019	<p>Transcript</p> <p>State budget</p> <p>Required evaluations and assessments</p>
Interview 4	October 3, 2019	<p>Transcript</p> <p>Children's books</p> <p>Alabama Parent Handbook</p> <p>Curriculum material</p>
Interview 5	October 7, 2019	<p>Transcript</p> <p>Treatment plan</p> <p>Information regarding no-show rates and monthly reporting</p> <p>Psychosocial evaluations</p> <p>Service referrals</p> <p>Screening tools</p> <p>Information provided in hospital-based program</p>

Activity	Date	Potential sources of data
		Required outcome assessments
Interview 6	October 10, 2019	Transcript
		Needs assessment
		Outcomes reporting
Interview 7	October 11, 2019	Transcript
		Quarterly financial reporting documents
		Documentation regarding direct service reporting
		Pre-post surveys
		Protocol for use of efforts to outcomes database
		Trends impacting curriculum
		Status report
		Daily funding list
		Agency list
		Review literature
		Federal funding initiatives / requests for proposals
Interview 8	October 16, 2019	Transcript
		ACES fact sheet
		Ying-Yang of Advocacy
		Advertisements
Interview 9	December 5, 2019	Transcript
		School needs assessment
		Funding forms
		Reporting forms

Table 10

Questions Guiding Analysis of Focus Group and Interview Transcripts and Key Texts, Indicators of Analytic Questions, and Insights Garnered from Information

Analytic Questions	Indicators (Reflected in)	Insights Yielded
<p>1. <i>What does this tell me about how and why child abuse and neglect prevention work occurs as it does (process and structure) in Alabama? What are the social relations that coordinate this work?</i></p>	<ul style="list-style-type: none"> ▪ Diversity of roles, services ▪ Delivery of services (community, in-home) ▪ Informant descriptions of service recipients, service referral and initiation process ▪ Description of service coordination and collaboration across entities ▪ Legislative descriptions and definitions 	<ul style="list-style-type: none"> ▪ What is and is not deemed preventative ▪ Ease of access; who (targeted for participation v widespread access) ▪ How unique service entities work together to achieve prevention ▪ Similarities and differences in prevention practices, discourse across roles ▪ Overall approach to prevention
<p>2. <i>What does this tell me about what service providers do and how their work is connected to others?</i></p>	<ul style="list-style-type: none"> ▪ Description of services provided, service recipients ▪ Description of service coordination and collaboration across entities ▪ Identification of community partners and commonly utilized community resources ▪ Legislative mandates re: community partnerships ▪ Administrative structure of welfare supports 	<ul style="list-style-type: none"> ▪ Similarities and differences in prevention practices, discourse across roles ▪ Relation of provider roles to broader prevention system ▪ Nature of relationship to DHR (fear/resistance v resource and support) ▪ Informal knowledge of community resources ▪ How community partnerships come

Analytic Questions	Indicators (Reflected in)	Insights Yielded
3. <i>What does CAN prevention work involve on a daily basis for service providers and community leaders?</i>	<ul style="list-style-type: none"> ▪ Work descriptions ▪ Job requirements (formal and informal) ▪ Organizational-specific processes 	<ul style="list-style-type: none"> ▪ Identification of formally and informally recognized prevention work ▪ Unique service contributions to prevention
4. <i>How does it feel to do CAN prevention work in Alabama?</i>	<ul style="list-style-type: none"> ▪ Description of challenges and successes of prevention in current conditions ▪ Expectations v realities ▪ Perceptions of public ▪ Proximity of decision makers and funders ▪ Despair regarding parents ▪ Service provision in system constraints ▪ Service and funding constraints 	<ul style="list-style-type: none"> ▪ Insight into organization-specific goals; unique contribution to broader system of prevention ▪ Identification of community/organizational conditions and/or capacity that impact prevention work ▪ Nature of community relations to social relation of prevention work ▪ Level of community awareness and understanding of CAN, contributors to CAN; commitment to, and involvement in, CAN prevention ▪ Sense of community responsibility to protect all children ▪ Institutional support for prevention, or lack thereof

Analytic Questions	Indicators (Reflected in)	Insights Yielded
5. <i>What (formal or informal) knowledge or skills appear to be required for CAN prevention work?</i>	<ul style="list-style-type: none"> ▪ Characteristics of workers, job (Dedication, passion for job, willing to work in demanding conditions; flexibility due to multiple demands; creativity in decision-making and use of resources, connections to meet family needs in current funding constraints, family poverty) ▪ Professional development and training requirements (mandatory reporting, training on Erin’s law, protective factors = formal; informal training: modeling practices during HV) ▪ Knowledge of community resources (who to contact, for what) ▪ Use of personal resources to meet needs, perform job tasks 	<ul style="list-style-type: none"> ▪ Identification of state mandated requirements, institutional links to prevention ▪ Institutional values that underlie prevention practices ▪ Identification of informal work processes, skills, provider characteristics involved in prevention (reliance on community support for donations, space to host events) ▪ Nature of community relations

Analytic Questions	Indicators (Reflected in)	Insights Yielded
<p>6. <i>What challenges or successes and accomplishments do people experience in CAN prevention work? What tensions are present in this work?</i></p> <p>a. <i>*Note this refers to the work experiences and practices of service providers and community leaders; not recipients of CAN prevention services.</i></p>	<ul style="list-style-type: none"> ▪ Description of how work contributes to protective factors ▪ Description of funding constraints ▪ Description of environmental and family/parental challenges 	<ul style="list-style-type: none"> ▪ Insight into similarities and differences in discussion and attributions of success/challenges across prevention roles ▪ Attributions of challenges (individual v environmental) (parental deficit v environmental conditions) ▪ Perceptions of, and attitudes towards, parents and other service recipients ▪ Role of social location on orientation to prevention work ▪ Potentially competing goals among prevention workers <ul style="list-style-type: none"> ○
<p>7. <i>What processes are involved with the initiation and termination of CAN prevention work?</i></p>	<ul style="list-style-type: none"> ▪ Description of service initiation and referral process ▪ Reporting and assessment requirements and practices ▪ Legislative service mandates ▪ Legislative descriptions of services, service aims, and service recipients 	<ul style="list-style-type: none"> ▪ Accessibility of prevention services ▪ Orientation to prevention ▪ How services are coordinated across entities ▪ How prevention work, in various social locations, contributes to broader institution of prevention

Analytic Questions	Indicators (Reflected in)	Insights Yielded
8. <i>How are CANP practices connected to the institutional order, institutional processes, and underlying institutional values?</i>	<ul style="list-style-type: none"> ▪ State level legislation ▪ Documents and texts utilized in daily work ▪ Mandatory training requirements ▪ Mandatory curriculum or service material 	<ul style="list-style-type: none"> ▪ Understanding of political nature of prevention work ▪ Influence of limited financial support to families, for prevention services ▪ Shared environmental challenges across prevention entities ▪ Shared service and funding restraints across organizations
9. <i>What are the role of texts in CANP work in Alabama?</i>	<ul style="list-style-type: none"> ▪ Service advertisements and announcements ▪ Texts to initiate service (service referrals, court orders) ▪ Monitor progress (updates to referral source, communication) ▪ Curriculum ▪ Agency-specific paperwork ▪ Training material ▪ Legislation ▪ Budgeting documents ▪ Grant requirements ▪ Reporting 	<ul style="list-style-type: none"> ▪ Orientation to prevention ▪ How prevention services/supports framed, advertised (prevention discourse) ▪ Identification of institutionally valued information (interest in factors assessed) ▪ Institutional use of prevention services and supports (by courts, DHR) (surveillance, compliance) ▪ How current framing masks ▪ State identification and conceptualization of child abuse and neglect ▪ Organizational and administrative structure of prevention work and entities involved in prevention

Analytic Questions	Indicators (Reflected in)	Insights Yielded
<i>10. How does CAN prevention work come to be described in this way?</i>	<ul style="list-style-type: none"> ▪ Description of work, clients served ▪ Social position of work, work descriptions ▪ Legislative requirements and descriptions ▪ Training material 	<ul style="list-style-type: none"> ▪ Unique experiences across roles in prevention, function of larger system ▪ Prevention discourse, similarities and differences across prevention roles ▪ Proximity to challenges, families

Table 11*Criminal Charges and Penalties for Child Abuse and Neglect and Related Charges*

Abuse-related crimes	Criminal charge	Punishment
Mandatory reporting: Illegal to discipline employees who report (§26-14-3)	Class C misdemeanor	NA
Mandatory reporting: Penalty for failure to make required report. (§26-14-13)	Misdemeanor	Not more than six months' imprisonment or a fine of not more than \$500.00
Violation of the provision of confidentiality re: statewide central registry (§26-14-8)	Class A misdemeanor	NA
Torture, willful abuse, etc., of child under 18 years of age by responsible person (§26-15-3)	Class C felony	NA
Aggravated child abuse (§26-15-3.1)	Class B felony	NA
Aggravated child abuse of a child under the age of six (§26-15-3.1)	Class A felony	NA
Chemical endangerment of exposing a child to an environment in which controlled substances are produced or distributed, includes any of the following: (§26-15-3.2)	NA	

Abuse-related crimes	Criminal charge	Punishment
Knowingly, recklessly, or intentionally causes or permits a child to be exposed to, to ingest or inhale, or to have contact with a controlled substance, chemical substance, or drug paraphernalia (defined in 13A-12-260) (§26-15-3.2)	Class C felony	It is an affirmative defense to a violation of this section that the controlled substance was provided by lawful prescription for the child, and that it was administered to the child in accordance with the prescription instructions provided with the controlled substance.
Violates subdivision (1) and a child suffers serious physical injury by exposure to, ingestion of, inhalation of, or contact with a controlled substance, chemical substance, or drug paraphernalia (§26-15-3.2)	Class B felony	The court shall impose punishment pursuant to this section rather than imposing punishment authorized under any other provision of law, unless another provision of law provides for a greater penalty or a longer term of imprisonment 2 years to 20 years (§ 13A-5-6)
Violates subdivision (1) and the exposure, ingestion, inhalation, or contact results in the death of the child (§26-15-3.2)	Class A felony	The court shall impose punishment pursuant to this section rather than imposing punishment authorized under any other provision of law, unless another provision of law provides for a greater penalty or a longer term of imprisonment Minimum of ten years, up to 99 years or life in prison (§ 13A-5-6)
Incest (§13A-13-3)	Class C felony	NA

Abuse-related crimes	Criminal charge	Punishment
Engaging in a <u>sex act</u> with a foster child (§13A-6-71)	Class B felony	NA Consent is not a defense to a charge
Engaging in <u>sexual contact</u> with a foster child (§13A-6-71)	Class C felony	NA Consent is not a defense to a charge
<u>Soliciting</u> a sex act or sexual contact with a foster child (§13A-6-71)	Class A misdemeanor	NA Consent is not a defense to a charge
Nonsupport (§13A-13-4)	Class A misdemeanor	NA
Abandonment of child (§13A-13-5)	Class A misdemeanor	NA
Endangering welfare of child (§13A-13-6)	Class A misdemeanor	NA
Failure to report missing child (§13A-13-8) (Caylee's Law)	Class A misdemeanor	NA
e) (1) A child's custodian who is subject to the duty imposed by subsection (c) is guilty of failure to report a missing child in the <u>second degree</u> if he or she fails or delays to make, or fails to cause to be made, the required report with willful or reckless disregard for the safety of the child.		

Abuse-related crimes	Criminal charge	Punishment
Failure to report missing child (§13A-13-8) (Caylee’s Law)	Class C felony	NA
(f)(1) A child's custodian who is subject to the duty imposed by subsection (c) is guilty of failure to report a missing child in the <u>first degree</u> if he or she fails or delays to make, or fails to cause to be made, the required report with willful or reckless disregard for the safety of the child and the child suffers serious bodily harm or death.	Class A felony	<p>The defendant shall serve a minimum term of imprisonment of one year without consideration of probation, parole, good time credits, or any other reduction in time for any second or subsequent conviction under this subsection.</p> <p>(c) The minimum term of imprisonment imposed under subsection (b) shall be double without consideration of probation, parole, good time credits, or any reduction in time if either of the following occurs:</p>

Abuse-related crimes	Criminal charge	Punishment
Domestic violence – first degree (§13A-6-130)	Class A felony	<p>(1) A defendant willfully violates a protection order issued by a court of competent jurisdiction and in the process of violating the order commits domestic violence in the first degree.</p> <p>(2) The offense was committed in the presence of a child under the age of 14 years at the time of the offense, who is the victim's child or stepchild, the defendant's child or stepchild, or who is a child residing in or visiting the household of the victim or defendant. For purposes of this subsection, "in the presence of a child" means that the child was in a position to see or hear the act. <i>(Act 2000-266, p. 411, §1; Act 2011-581, p. 1273, §1; Act 2015-493, p. 1679, §2; Act 2018-538, §1; Act 2019-252, §1.)</i></p>
Domestic violence – second degree (§13A-6-131)	Class B felony	<p>a minimum term of imprisonment of six months without consideration of probation, parole, good time credits, or any reduction in time for any second or subsequent conviction under this subsection.</p> <p>(c) The minimum term of imprisonment imposed under subsection (b) shall be double without consideration of probation, parole, good time credits, or any reduction in time if either of the following applies:</p>

Abuse-related crimes	Criminal charge	Punishment
Domestic violence – second degree (§13A-6-131)	Class B felony	<p>(1) A defendant willfully violates a protection order issued by a court of competent jurisdiction and in the process of violating the order commits domestic violence in the second degree.</p> <p>(2) The offense was committed in the presence of a child under the age of 14 years at the time of the offense, who is the victim's child or stepchild, the defendant's child or stepchild, or who is a child residing in or visiting the household of the victim or defendant. For purposes of this subsection, "in the presence of a child" means that the child was in a position to see or hear the act.</p>
Domestic violence – third degree (§13A-6-132)	Class A misdemeanor	<p>The minimum term of imprisonment imposed under subsection (a) shall be 30 days without consideration of reduction in time if a defendant willfully violates a protection order issued by a court of competent jurisdiction and in the process of violating the order commits domestic violence in the third degree (<i>Act 2000-266, p. 411, §3; Act 2011-581, p. 1273, §1; Act 2015-493, p. 1679, §2; Act 2019-252, §1.</i>)</p>
	(c) A second conviction under subsection (a) is a Class A misdemeanor	<p>the defendant shall serve a minimum term of imprisonment of 10 days in a city or county jail or detention facility without consideration for any reduction in time.</p>

Abuse-related crimes	Criminal charge	Punishment
Domestic violence – third degree (§13A-6-132)	(d) A third or subsequent conviction under subsection (a) is a Class C felony.	NA
Domestic violence – third degree (Section 13A-6-132), cont.	(e) If the defendant has a previous conviction for domestic violence in the first degree pursuant to Section 13A-6-130, domestic violence in the second degree pursuant to Section 13A-6-131, domestic violence by strangulation or suffocation pursuant to Section 13A-6-138, or a domestic violence conviction or other substantially similar conviction from another state or jurisdiction, a conviction under subsection (a) is a Class C felony.	NA

Table 12

Varying Conceptualization of 'Child' Across Legislation

Section	Definition
Child abuse and neglect prevention act (§26-16-2)	Child: A person <u>under 18</u> years of age.
Mandatory reporting (§26-14-1)	a. A person <u>under the age of 18</u> years. b. A person under the age of 19 years who is in need of protective services and does not qualify for adult protective services under Chapter 9 of Title 38.
Article 6A Solicitation of Children by Electronic Means. (§13A-6-120)	For the purposes of this article, a child is defined as a person <u>under 16 years of age</u> .
Persons who rescue child or incapacitated person from unattended motor vehicle; public safety officials. (§6-5-332.5)	A person who is under nine years of age.
Lack of consent (§13A-6-70)	A person is deemed incapable of consent if he or she is either: (1) <u>Less than 16 years old</u> . (2) Incapacitated.
Foster parent engaging in a sex act, etc., with a foster child. (§13A-6-71)	A foster child <u>under the age of 19</u> years
Domestic violence - Second degree. (§13A-6-131)	The minimum term of imprisonment imposed under subsection (b) shall be double without consideration of probation, parole, good time credits, or any reduction in time if either of the following applies: The offense was committed in the presence of a child <u>under the age of 14</u> years at the time of the offense, who is the victim's child or step-child, the defendant's child or step-child, or who is a child residing in or visiting the household of the victim or defendant. For purposes of this subsection, "in the presence of a child" means that the child was in a position to see or hear the act.

Section	Definition
Article 3 Dependency and Termination of Parental Rights. (§12-15-301)	Caregiver: An individual <u>21 years of age or older</u> , other than a parent, legal guardian, or legal custodian of a child who is an approved foster parent and who is a relative of the child and has been providing care and support for the child while the child has been residing in the home of the caregiver for at least the last six consecutive months while in the legal custody of the Department of Human Resources or a designated official for a child-placing agency or a successor guardian.
Age of majority (§26-1-1)	Age of majority designated as <u>19 years</u> . Any person in this state, at the arrival at the age of 19 years, shall be relieved of his or her disabilities of minority and thereafter shall have the same legal rights and abilities as persons over 21 years of age. No law of this state shall discriminate for or against any person between and including the ages of 19 and 21 years solely on the basis of age.
Minor (§13A-12-200.1)	Any <u>unmarried person under the age of 18 years</u> .
Harmful to minors (§13A-12-200.1)	The term means: a. The average person, applying contemporary community standards, would find that the material, taken as a whole, appeals to the prurient interest of minors; and b. The material depicts or describes sexual conduct, breast nudity or genital nudity, in a way which is patently offensive to prevailing standards in the adult community with respect to what is suitable for minors; and c. A reasonable person would find that the material, taken as a whole, lacks serious literary, artistic, political or scientific value for minors.

Section	Definition
Conduct of adjudicatory hearings (§12-15-310)	<p>A statement made by a child <u>under the age of 12</u> describing any act of child abuse committed against the child, if it is not otherwise admissible by statute or court rule, is admissible only in dependency cases brought by the State of Alabama acting by and through a local department of human resources if both of the following are true:</p> <p>The statement was made to a social worker, therapist, counselor, licensed psychologist, physician, or school or kindergarten teacher or instructor, or during a forensic interview.</p> <p>The juvenile court finds that the time, content, and circumstances of the statement provide sufficient indicia of reliability. In making its determination, the juvenile court may consider the physical and mental age and maturity of the child, the nature and duration of the abuse or offense, the relationship of the child to the offender, and any other factor deemed appropriate.</p>
Endangering welfare of child (§13A-13-6)	<p>A man or woman commits the crime of endangering the welfare of a child when:</p> <p>He or she knowingly directs or authorizes a child <u>less than 16 years</u> of age to engage in an occupation involving a substantial risk of danger to his life or health; or</p> <p>He or she, as a parent, guardian or other person legally charged with the care or custody of a <u>child less than 18</u> years of age, fails to exercise reasonable diligence in the control of such child to prevent him or her from becoming a "dependent child" or a "delinquent child," as defined in Section 12-15-1.</p> <p>A person does not commit an offense under Section 13A-13-4 or this section for the sole reason he provides a child under the age of 19 years or a dependent spouse with remedial treatment by spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof in lieu of medical treatment.</p>

Section	Definition
A person allegedly responsible for abuse/neglect (§26-15-2)	For purposes of child protective services, a person allegedly responsible for abuse/neglect is defined as a person <u>fourteen years of age or older</u> . No child under the age of fourteen will be listed on a child abuse/neglect report as responsible for abuse/neglect. Reports of physical, mental or sexual abuse committed by a child under the age of fourteen will be accepted and assessed (Refer to Rule 660-5-34-.12) to determine the possibility of neglect, lack of supervision or exploitation contributing to the child's behavior. If a child under the age of fourteen commits sexual acts that go beyond curiosity or experimentation on another child, the report will be assessed to consider the possibility that the child committing such acts may be a victim of child sexual abuse and/or in need of services.

Section	Definition
<p>Acts for which person who has attained age <u>16 shall be charged, arrested, and tried as adult</u>; removal of person from jurisdiction of juvenile court. (§12-15-204)</p>	<p>(1) A capital offense.</p> <p>(2) A Class A felony.</p> <p>(3) A felony which has as an element thereof the use of a deadly weapon.</p> <p>(4) A felony which has as an element thereof the causing of death or serious physical injury.</p> <p>(5) A felony which has as an element thereof the use of a dangerous instrument against any person who is one of the following:</p> <ul style="list-style-type: none"> a. A law enforcement officer or official. b. A correctional officer or official. c. A parole or probation officer or official. d. A juvenile court probation officer or official. e. A district attorney or another prosecuting officer or official. f. A judge or judicial official. g. A court officer or official. h. A person who is a grand juror, juror, or witness in any legal proceeding of whatever nature when the offense stems from, is caused by, or is related to the role of the person as a juror, grand juror, or witness. i. A teacher, principal, or employee of the public education system of Alabama. <p>(6) Trafficking in drugs in violation of Section 13A-12-231, or as the same may be amended.</p>

Section	Definition
<p>Acts for which person who has attained age 16 shall be charged, arrested, and tried as adult; removal of person from jurisdiction of juvenile court. (§12-15-204) (cont.).</p>	<p>(7) Any lesser included offense of the above offenses charged, or any lesser felony offense charged arising from the same facts and circumstances and committed at the same time as the offenses listed above. Provided, however, that the juvenile court shall maintain original jurisdiction over these lesser included offenses if the grand jury fails to indict for any of the offenses enumerated in subsections (a)(1) to (a)(6), inclusive. The juvenile court shall also maintain original jurisdiction over these lesser included offenses, subject to double jeopardy limitations, if the court handling criminal offenses dismisses all charges for offenses enumerated in subsections (a)(1) to (a)(6), inclusive.</p> <p>(b) Notwithstanding any other provision of law, any person who has been convicted or adjudicated a youthful offender in a court handling criminal offenses pursuant to the provisions of this section shall not thereafter be subject to the jurisdiction of juvenile court for any pending or subsequent offense. Provided, however, pursuant to Section 12-15-117, the juvenile court shall retain jurisdiction over an individual of any age for the enforcement of any prior orders of the juvenile court requiring the payment of fines, court costs, restitution, or other money ordered by the juvenile court until paid in full.</p>
<p>Child (§660-5-24-.02)</p>	<p>An individual under the age of 18, or an individual under 19 years of age who comes before the juvenile court for a matter arising before that individual's 18th birthday.</p>

Table 13

Mandated Partnerships Across Child and Family Serving Agencies

Partner	Child abuse and neglect prevention board (§26-16-3) (state)	Child advocacy centers (§26-16-70) (local)	Children’s Policy Council (County) (§26-24-33)	Children’s Trust Fund (§26-16-10) (local)	Multidisciplinary teams (§26-16-50)	Multiple needs(state exec) (§12-15-504)	Multiple needs (state) (§12-15-505)	Multiple needs (county) (§12-15-506)
Alcoholic beverage control board			x					
Alabama Chief Probation Officers Association							x	
Chair, county Commission			x					
Child abuse and neglect prevention								
Child development						x		
Community Representatives			x					
Department human Resources	x	x	x	x	X	x	x	x

Partner	Child abuse and neglect prevention board (§26-16-3) (state)	Child advocacy centers (§26-16-70) (local)	Children's Policy Council (County) (§26-24-33)	Children's Trust Fund (§26-16-10) (local)	Multidisciplinary teams (§26-16-50)	Multiple needs(state exec) (§12-15-504)	Multiple needs (state) (§12-15-505)	Multiple needs (county) (§12-15-506)
District/prosecuting Attorney		x	x	x	X			
Education	x		x	x	X	x	x	x
Public school system								
Health department/field			x		X			
Juvenile judge/court			x		x			
Juvenile probation			x					x
Law enforcement	x	x	x	x	X			
Legal representatives			x		x			
Local legislators			x					
Medicaid agency			x					
Mental health	x	x	x	x	x	x	x	x

Partner	Child abuse and neglect prevention board (§26-16-3) (state)	Child advocacy centers (§26-16-70) (local)	Children's Policy Council (County) (§26-24-33)	Children's Trust Fund (§26-16-10) (local)	Multidisciplinary teams (§26-16-50)	Multiple needs(state exec) (§12-15-504)	Multiple needs (state) (§12-15-505)	Multiple needs (county) (§12-15-506)
Organization staff		x						
Public health	x			x		x	x	
Private agencies				x				
Rehabilitation services			x					
Social service organizations					x			
Youth services			x			x	x	x

X = mandated; x = optional

Table 14*Mandated Service Provision Across Prevention Actors*

	Domestic violence (§30-6-6)	Family resource centers (§30-8-1)	Multidisciplinary teams (§26-16-50)
24-hour support line	x		
Advisory case consultation			X
Assessment and referral of resident children			
Case management	x	X	
Community education	X		
Counseling	x		
Early intervention		X	
Educational services for community awareness, prevention, and treatment, care, and rehabilitation of victims	x		X
Emergency services		X	
Emergency shelter	x		
Information and referral	x		X

	Domestic violence (§30-6-6)	Family resource centers (§30-8-1)	Multidisciplinary teams (§26-16-50)
Intake and assessment		X	
Legal assistance			
Outreach services (for counties without a physical emergency shelter facility)	X		
Parenting education		X	
Resource development			X
Training for law enforcement	x		
Treatment			X

If a 24-hour hotline, professional training, or community education is already provided by a certified domestic violence center within its designated service area, the director may exempt the certification requirements for a new domestic violence center serving the same service area in order to avoid duplication of services.

Table 15

Indexing of Work Experiences of Interview Informants

	1	2	3	4	5	6	7	8	9
With client									
Safety plan		X							
Intake		X			X				
Needs assessment (text)		X	X		X	X			
Client narrative		X							
Active listening		X	X						
Danger assessment		X							
Receive contextual information from nurses			X						
Attention to children			X						
Psychosocial assessment					X				
Parenting assessment					X				
Parenting Stress Index					X				
NicFast					X				
Observe family unit					X				
Develop relationships			X		X	X			X
Identify challenges			X						
Maintain relationships			X		X				X
Host training summit				X					
Free lodging, food for parents				X					
Goal development	X				X	X			
Discuss concerns	X				X	X			
Develop treatment or service plan					X	X			
Parenting curriculum	X				X				
Discuss parenting resources	X			X	X				
5 S's to soothe crying baby					X				
In-home parenting					X				
Individualized and responsive to need					X				
Model support for parents that parents provide children					X				
Phases of healing					X				
Discuss how to address criminal background						X			
Classroom participation						X			
Process and use data								X	
Facilitate communication, connection among parents in Facebook group				X					
For client									
Link services, supports					X				
Schedule appointments					X				

	1	2	3	4	5	6	7	8	9
Referrals	x	x	x		x	x			x
Shelter		x	x		x	x			x
Legal assistance		x	x						
Securing support to meet immediate needs; not long-term solution	x	x	x		x	x			x
Counseling			x						
Food	x		x						
Utility assistance	x		x						
Rehab			x						
Counseling to family members			x						
Tangible assistance to family members			x						
Parenting education	x				x				
Review incident and offense reports		x							
Administrative tasks	x	x	x	x					
Email	x	x	x						
Phone	x	x	x						
Follow-up	x	x	x						
Santa's Workshop									
Christmas program									
Training / employment opportunities							x		
Relations with partners	x	x	x		x	x			
Monitor			x		x				
Staff interactions			x		x				
Client behaviors			x		x			x	
Administrative	x	x	x	x					
Social support		x	x		x				
Facilitate opportunities for communication and connections among parents via webinars				x					
Resource for parents	x	x		x	x				
Training preparation	x			x					
Tailor training information for audience	x			x					
Progress report to DHR	x					x	x		
Background checks						x			
Credit checks						x			
Reporting to probation					x	x			
Legislative advocacy									x
Monitor community trends							x	x	
Produce data									x
Community engagement									x
Community education		x							x
Use of personal contacts to obtain items for families		x							

	1	2	3	4	5	6	7	8	9
Interact with nurses, hospital staff to obtain updates prior to visit					x				
Link parents in hospital program to HV program					x				
To client									
Resources		x							
Hygiene supplies		x							
Furniture						x			
Financial assistance			x			x			
Emotional support			x						
Lead training	x			x					
Teach protective factors				x					
For DHR				x					
Presentations to parents, community				x					
Community presentation	x		x	x	x				
Drug screens					x				
Follow-up support									
Call to check in; remind you are resource, PRN		x							
Support to family members when parent in rehab			x						
Financial and emotional support to families, following injury or death			x						
Support parents who were traumatized as children and did not receive help			x						
For organization									
Network		x	x			x	x	x	
Grant writing			x		x	x	x	x	x
Fundraising		x	x		x				
Solicitation of donations		x	x		x				x
Identified of new property for services			x						
Contact reporting	x			x	x		x		
Staff meetings					x	x	x		x
Develop parenting education program					x				
Documentation					x		x		
On-call duty					x				
Administrative tasks					x	x	x		x
Agency communication							x		x
Cross-train staff					x				x
Identify training opportunities for staff					x				
Fill in					x				
Participant tracking				x	x	x	x		x

	1	2	3	4	5	6	7	8	9
Compile demographics							x		
Compile service data							x		
Compliance reporting							x		x
Monitor curriculum							x		
Prepare/update budgets							x		
Status report							x		
Manage demographic reporting							x		
Monitor funding with list of online databases							x		
Self									
Social connections with youth (service recipients)			x						x
Plan of action		x							x
Response to urgent need			x						x
Maintain calendar				x	x	x	x		x
Administrative tasks					x		x		x
Documentation					x				

Table 16*Monthly Income Limits for Social Assistance Programs in Alabama*

	Monthly Income Limit by Family Size									
	1	2	3	4	5	6	7	8	9	10
Federal poverty limit ²	\$1,063	\$1,437	\$1,810	\$2,183	\$2,557	\$2,930	\$3,303	\$3,677	\$4,050	\$4,423
Food assistance ³ (Gross)	\$1,354	\$1,832	\$2,311	\$2,790	\$3,269	\$3,748	\$4,227	\$4,705	\$5,184	\$5,663
Food assistance Net	\$1,041	\$1,410	\$1,778	\$2,146	\$2,515	\$2,883	\$3,251	\$3,620	\$3,989	\$4,358
Family assistance (TANF) ⁴	\$165	\$190	\$215	\$245	\$275	\$305	\$335	\$365	\$395	\$425
Women, Infants, and Children ⁵	\$1,926	\$2,607	\$3,289	\$3,970	\$4,652	\$5,333	\$6,015	\$6,696	\$7,377	\$8,059

² U.S. Department of Health and Human Services. (2020). 2020 Poverty Guidelines. Retrieved <https://aspe.hhs.gov/2020-poverty-guidelines>

³ Department of Human Resources Food Assistance Program Summarized Eligibility Requirements, 2019. Retrieved <https://dhr.alabama.gov/wp-content/uploads/2020/02/DHR-FAP-1942-new.pdf>

⁴ AL Department of Human Resources (2020). Family Assistance Program Summarized Eligibility Requirements: Is my family eligible? Retrieved <https://dhr.alabama.gov/wp-content/uploads/2020/01/DHR-FAD-595-1.pdf>; must have net monthly income less than payment standard for family size; continues through family of 16

⁵ Alabama Public Health. (2019, December, 17). Women, Infants, and Children Nutrition Program. Income eligibility guidelines. Retrieved April 30, 2020 <http://www.alabamapublichealth.gov/wic/eligibility.html>

	Monthly Income Limit by Family Size									
	1	2	3	4	5	6	7	8	9	10
Low income home energy assistance (gross) ⁶	\$1,561	\$2,113	\$2,666	\$3,218	\$3,771	\$4,323	\$4,876	\$5,428	\$5,980	\$6,532
Children's health insurance⁷										
Medicaid	\$1,553	\$2,098	\$2,643	\$3,188	\$3,733	\$4,278	\$4,823	\$5,368	\$5,914	\$6,460
All Kids	\$1,659	\$2,242	\$2,824	\$3,406	\$3,989	\$4,571	\$5,154	\$5,736	\$6,319	\$6,902
All Kids fee	\$3,371	\$4,555	\$5,738	\$6,922	\$8,105	\$9,289	\$10,472	\$11,656	\$12,433	\$13,210

⁶ Alabama Department of Economic and Community Affairs. (2019, October 1). Low Income Home Energy Assistance Program (LIHEAP) Summarized eligibility requirements. Retrieved April 30, 2020

<https://adeca.alabama.gov/Divisions/energy/liap/News/FY2020%20LIHEAP%20Summarized%20Eligibility%20Requirements.pdf>

⁷ Alabama Public Health. (n.d.) 2020 AllKids monthly income guideline – Effective 2/1/2020. Retrieved April 30, 2020

<https://www.alabamapublichealth.gov/allkids/assets/allkids2020income.pdf>

Table 17*Monthly Income, By Weekly Hours Worked and Hourly Rate*

	5	10	15	20	25	30	35	40
7.25	145.00	290.00	435.00	580.00	725.00	870.00	1015.00	1160.00
8.00	160.00	320.00	480.00	640.00	800.00	960.00	1120.00	1280.00
8.25	165.00	330.00	495.00	660.00	825.00	990.00	1155.00	1320.00
8.50	170.00	340.00	510.00	680.00	850.00	1020.00	1190.00	1360.00
8.75	175.00	350.00	525.00	700.00	875.00	1050.00	1225.00	1400.00
9.00	180.00	360.00	540.00	720.00	900.00	1080.00	1260.00	1440.00
9.25	185.00	370.00	555.00	740.00	925.00	1110.00	1295.00	1480.00
9.50	190.00	380.00	570.00	760.00	950.00	1140.00	1330.00	1520.00
9.75	195.00	390.00	585.00	780.00	975.00	1170.00	1365.00	1560.00
10.00	200.00	400.00	600.00	800.00	1000.00	1200.00	1400.00	1600.00
10.25	205.00	410.00	615.00	820.00	1025.00	1230.00	1435.00	1640.00
10.50	210.00	420.00	630.00	840.00	1050.00	1260.00	1470.00	1680.00
10.75	215.00	430.00	645.00	860.00	1075.00	1290.00	1505.00	1720.00
11.00	220.00	440.00	660.00	880.00	1100.00	1320.00	1540.00	1760.00
11.25	225.00	450.00	675.00	900.00	1125.00	1350.00	1575.00	1800.00

	5	10	15	20	25	30	35	40
11.50	230.00	460.00	690.00	920.00	1150.00	1380.00	1610.00	1840.00
11.75	235.00	470.00	705.00	940.00	1175.00	1410.00	1645.00	1880.00
12.00	240.00	480.00	720.00	960.00	1200.00	1440.00	1680.00	1920.00
12.25	245.00	490.00	735.00	980.00	1225.00	1470.00	1715.00	1960.00
12.50	250.00	500.00	750.00	1000.00	1250.00	1500.00	1750.00	2000.00
12.75	255.00	510.00	765.00	1020.00	1275.00	1530.00	1785.00	2040.00
13.00	260.00	520.00	780.00	1040.00	1300.00	1560.00	1820.00	2080.00
13.25	265.00	530.00	795.00	1060.00	1325.00	1590.00	1855.00	2120.00
13.50	270.00	540.00	810.00	1080.00	1350.00	1620.00	1890.00	2160.00
13.75	275.00	550.00	825.00	1100.00	1375.00	1650.00	1925.00	2200.00
14.00	280.00	560.00	840.00	1120.00	1400.00	1680.00	1960.00	2240.00
14.25	285.00	570.00	855.00	1140.00	1425.00	1710.00	1995.00	2280.00
14.50	290.00	580.00	870.00	1160.00	1450.00	1740.00	2030.00	2320.00
14.75	295.00	590.00	885.00	1180.00	1475.00	1770.00	2065.00	2360.00
15.00	300.00	600.00	900.00	1200.00	1500.00	1800.00	2100.00	2400.00

Figures

Figure 1

Map of Focus Group Recruitment Regions

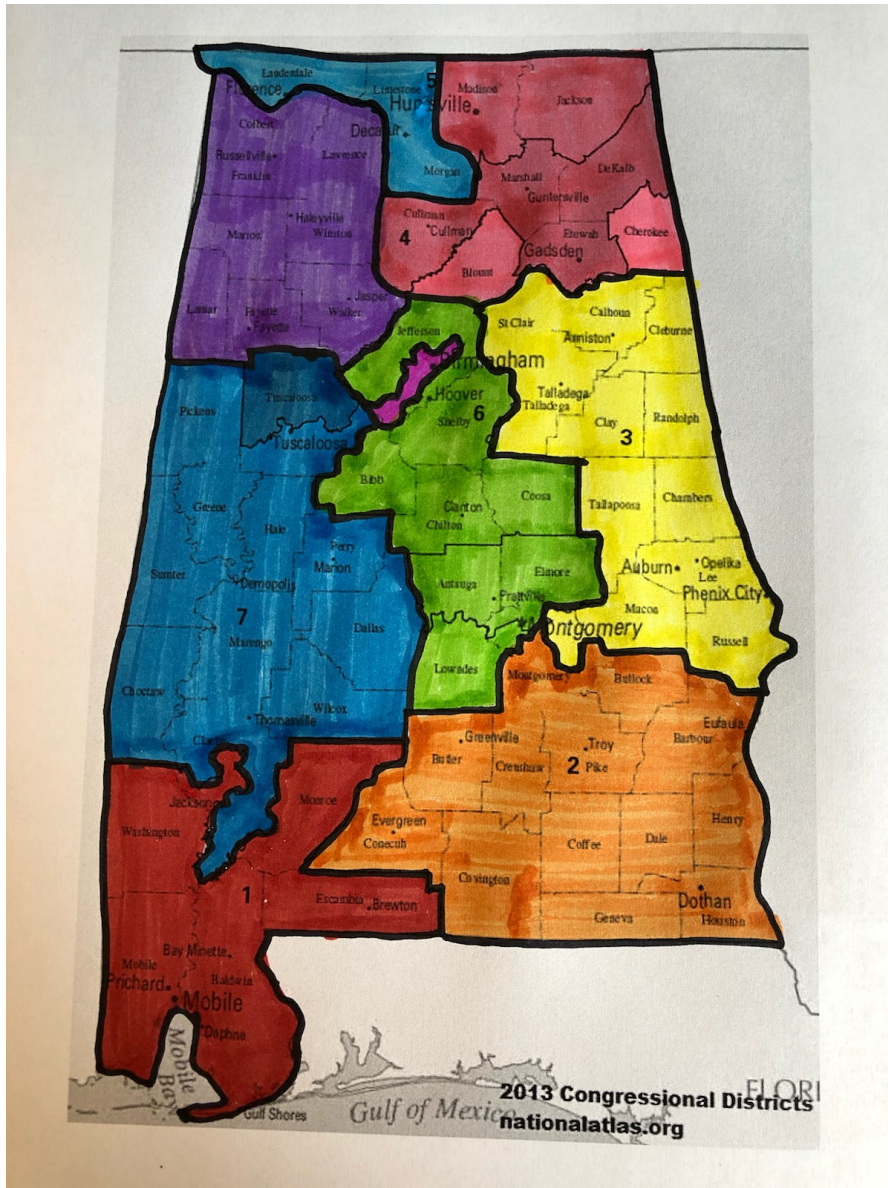


Figure 2

The Criminalization of Abuse

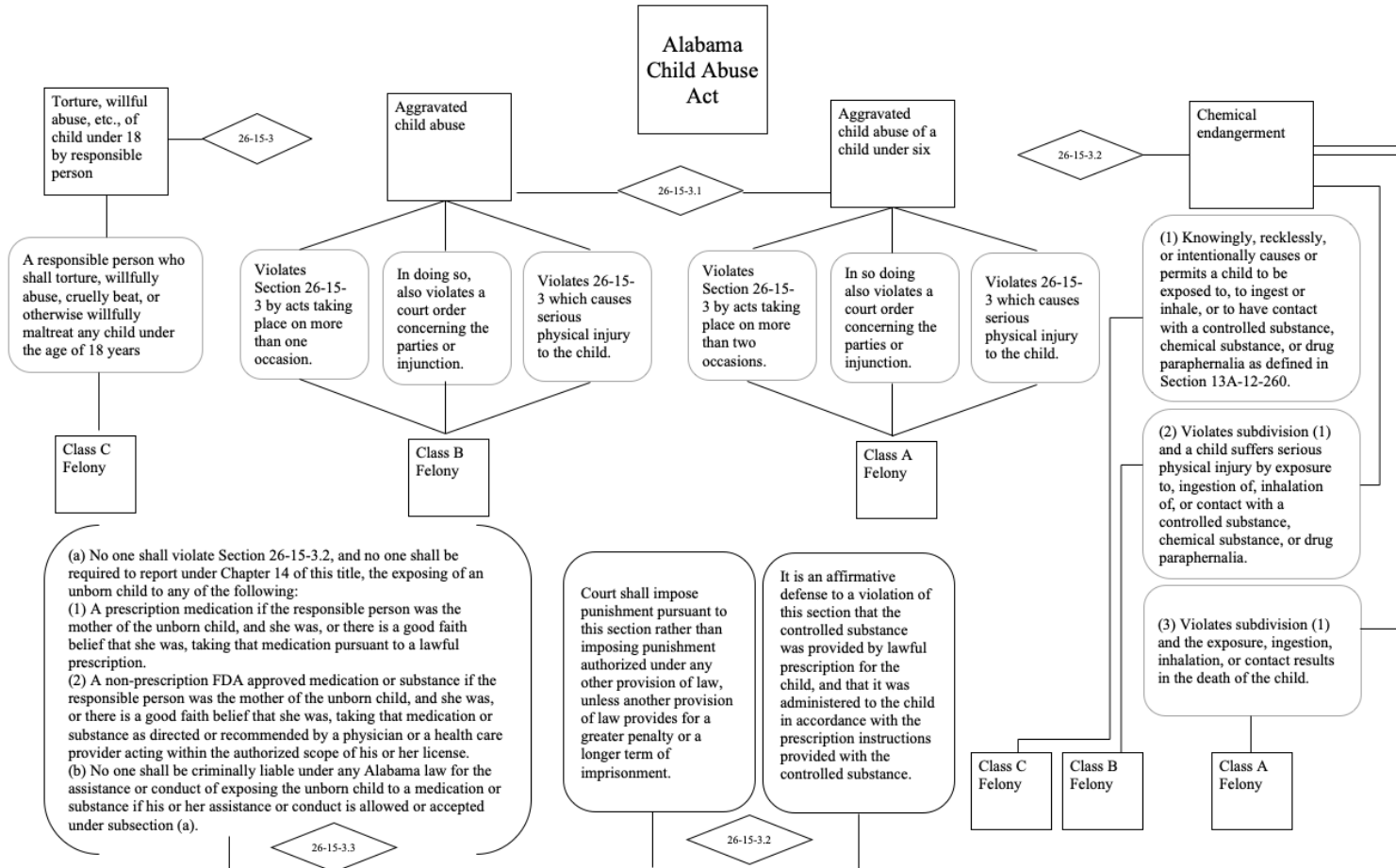


Figure 3

Administrative Structure of Child Abuse and Neglect Prevention in Alabama (26-16-3,4,5)

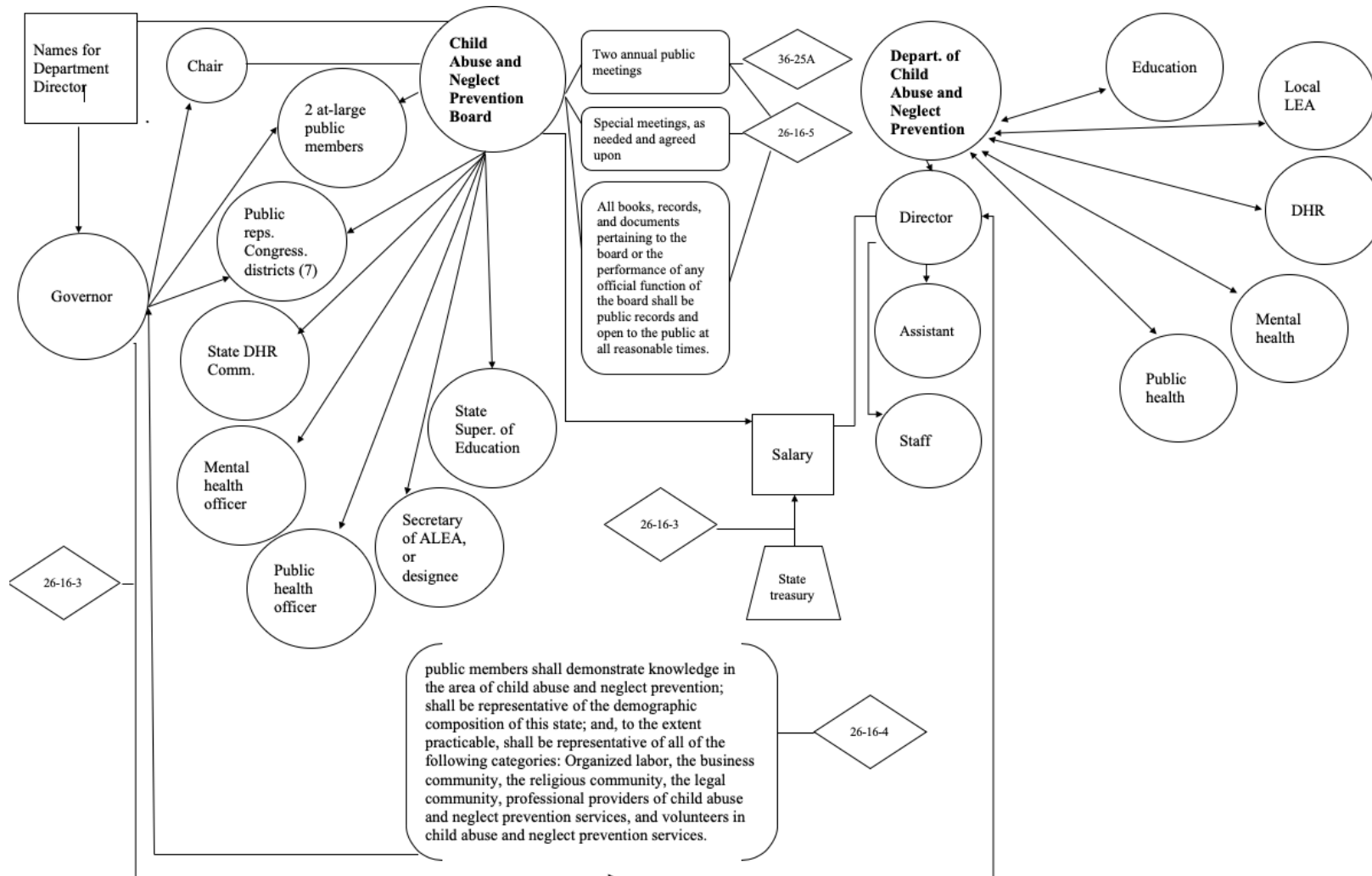


Figure 4

Alabama Department of Child Abuse and Neglect Prevention Departmental Responsibilities (Section 26-16-6)

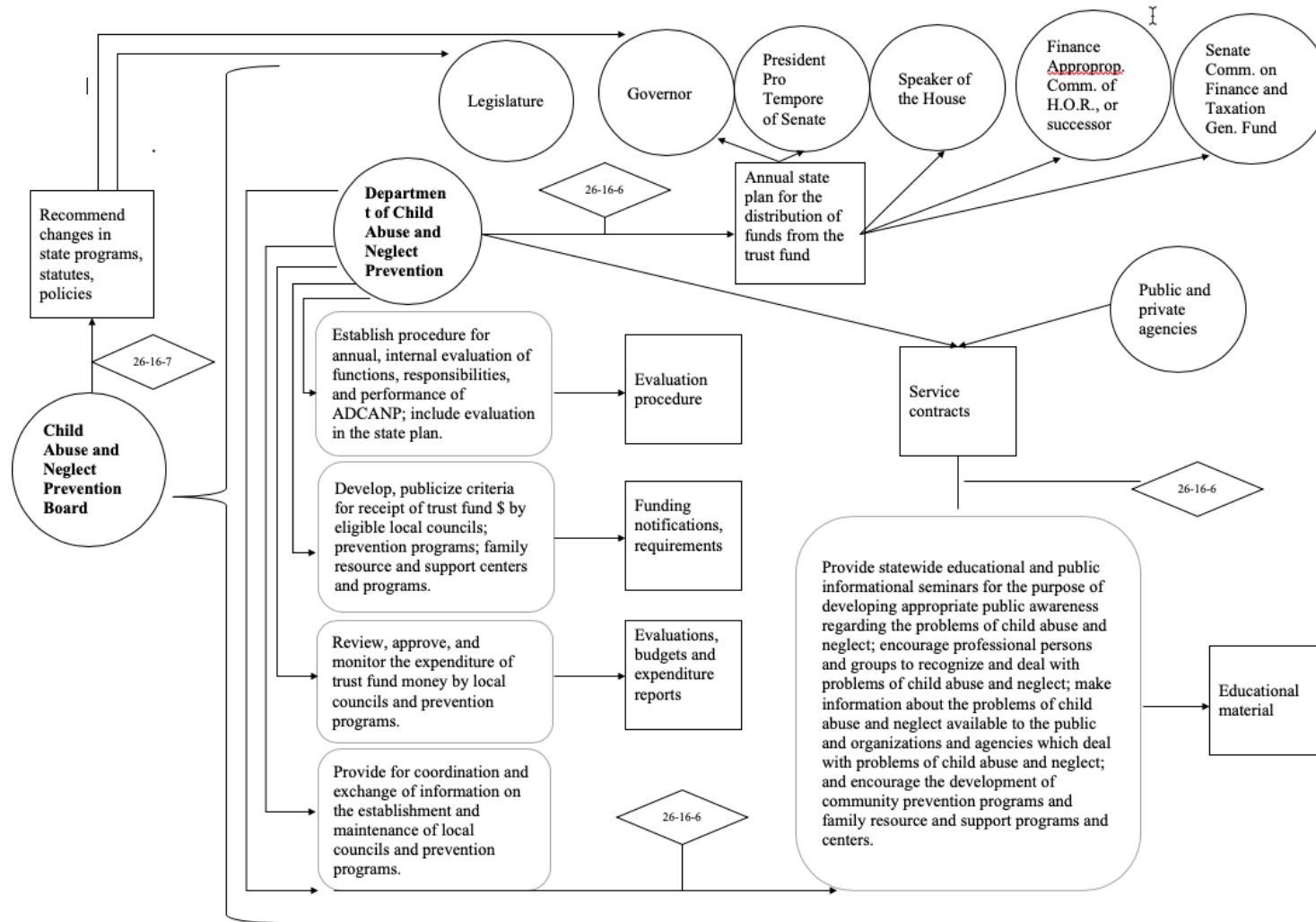


Figure 5

Organization of Children's Trust Fund

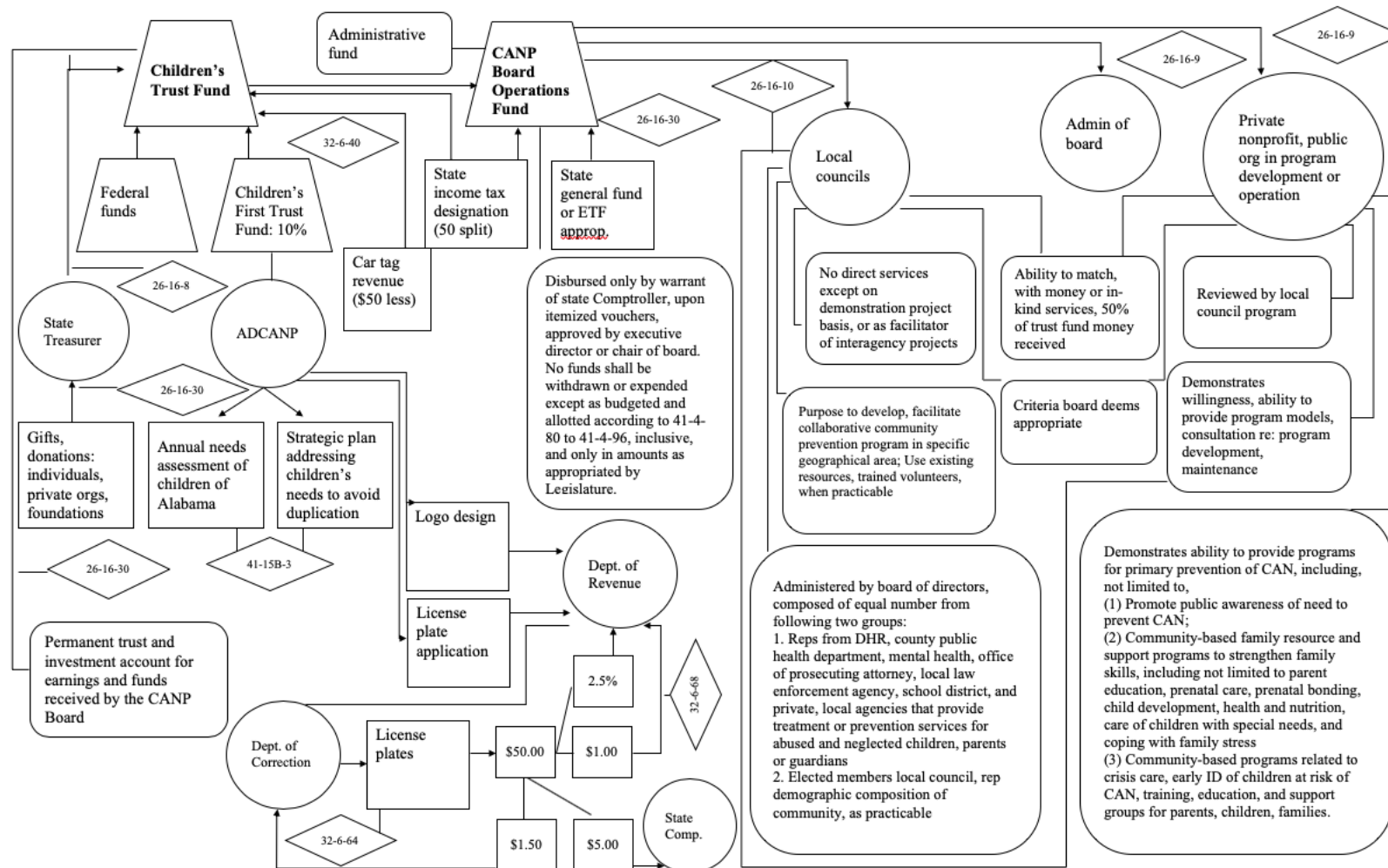


Figure 6

Function of Children's First Trust Fund (41-15-2)

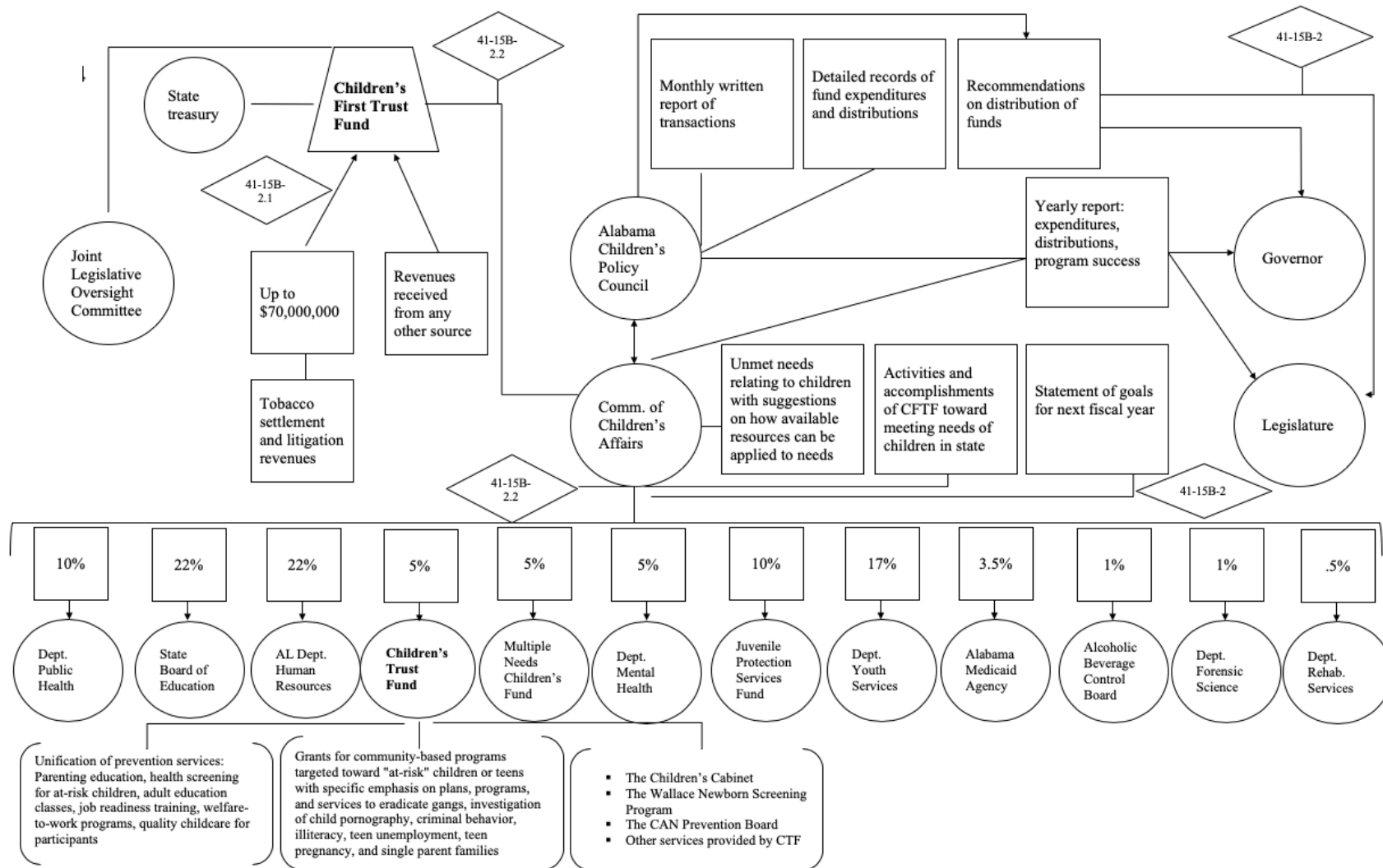
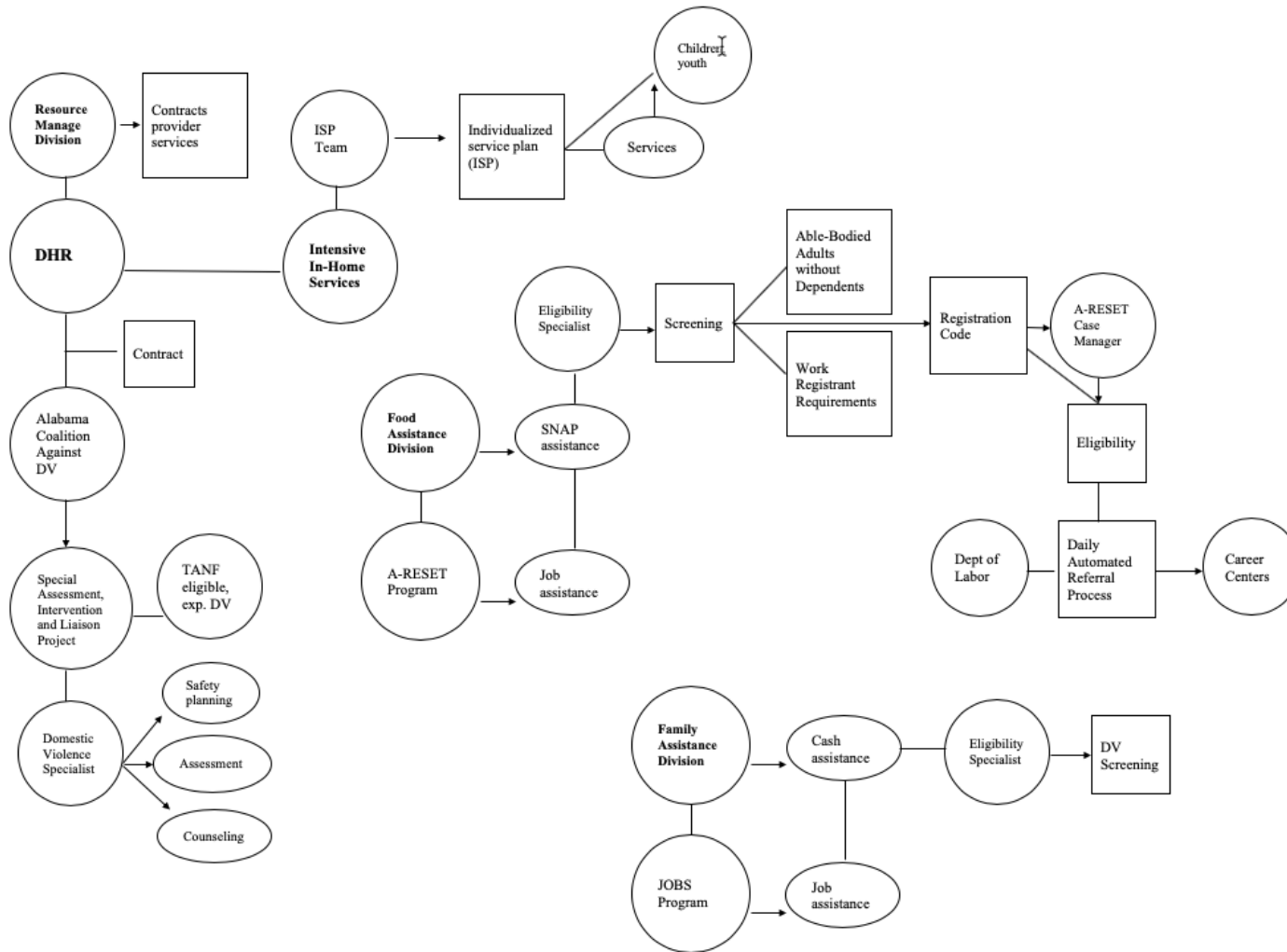


Figure 7a

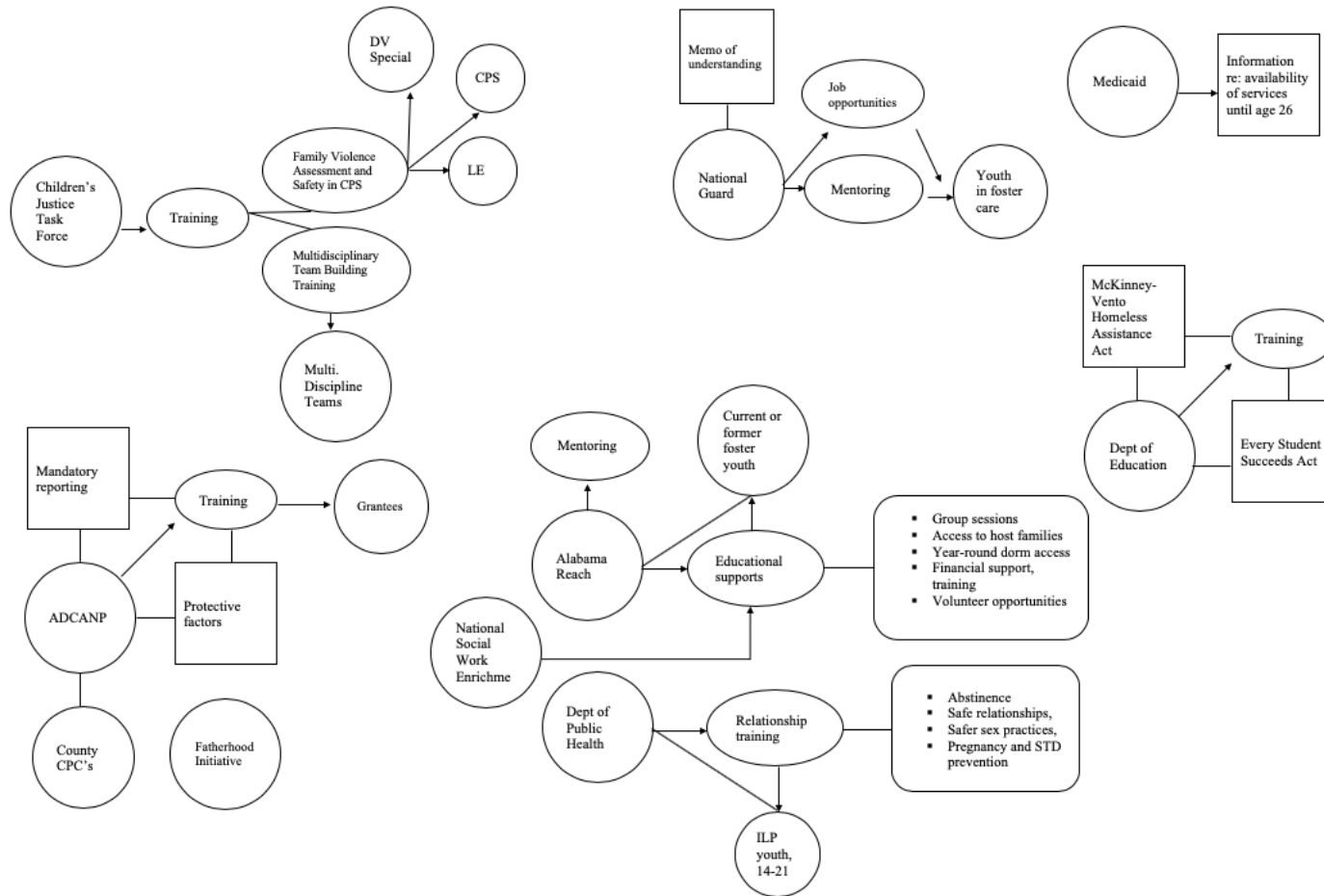
Diversity of DHR partnerships, part 1.



Department of Human Resources, 2019.

Figure 7b

Diversity of DHR partnerships, part 2.



Department of Human Resources, 2019.

Figure 8

Function of Juvenile Court

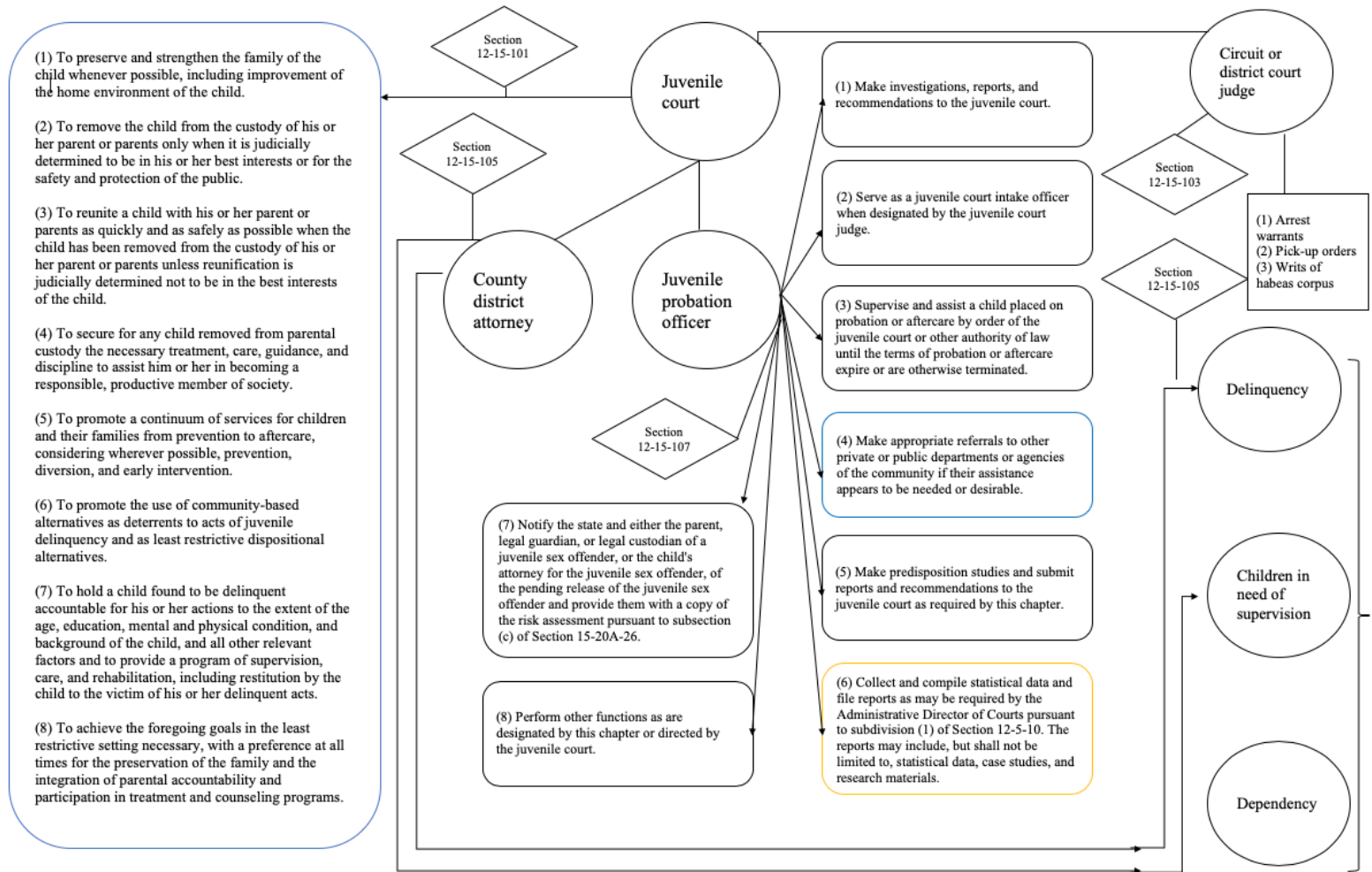


Figure 9

Jurisdiction of the Juvenile Court (12-15-114; 12-15-115; 12-15-116)

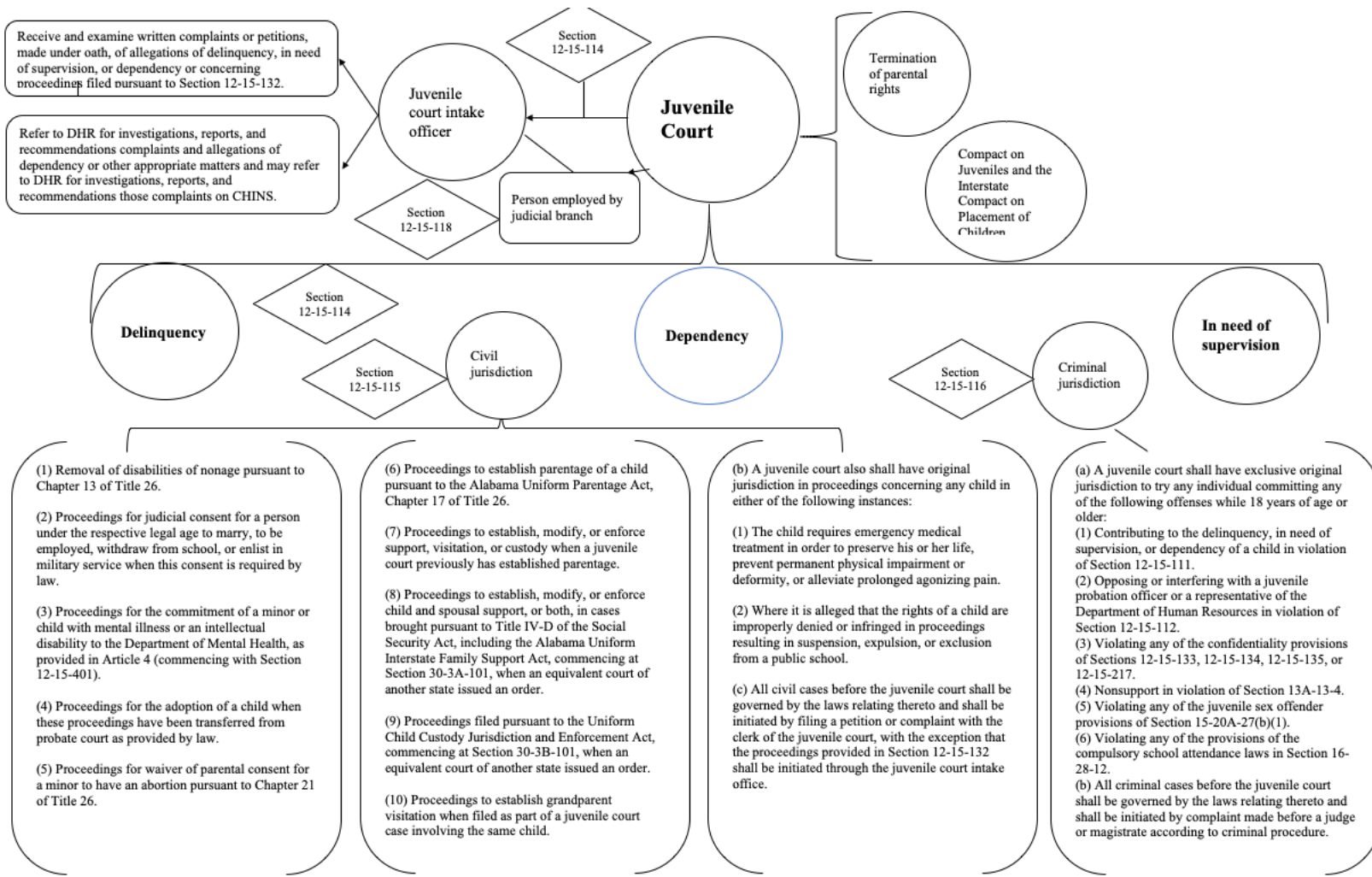


Figure 10

Social Organization of Juvenile Court Intake

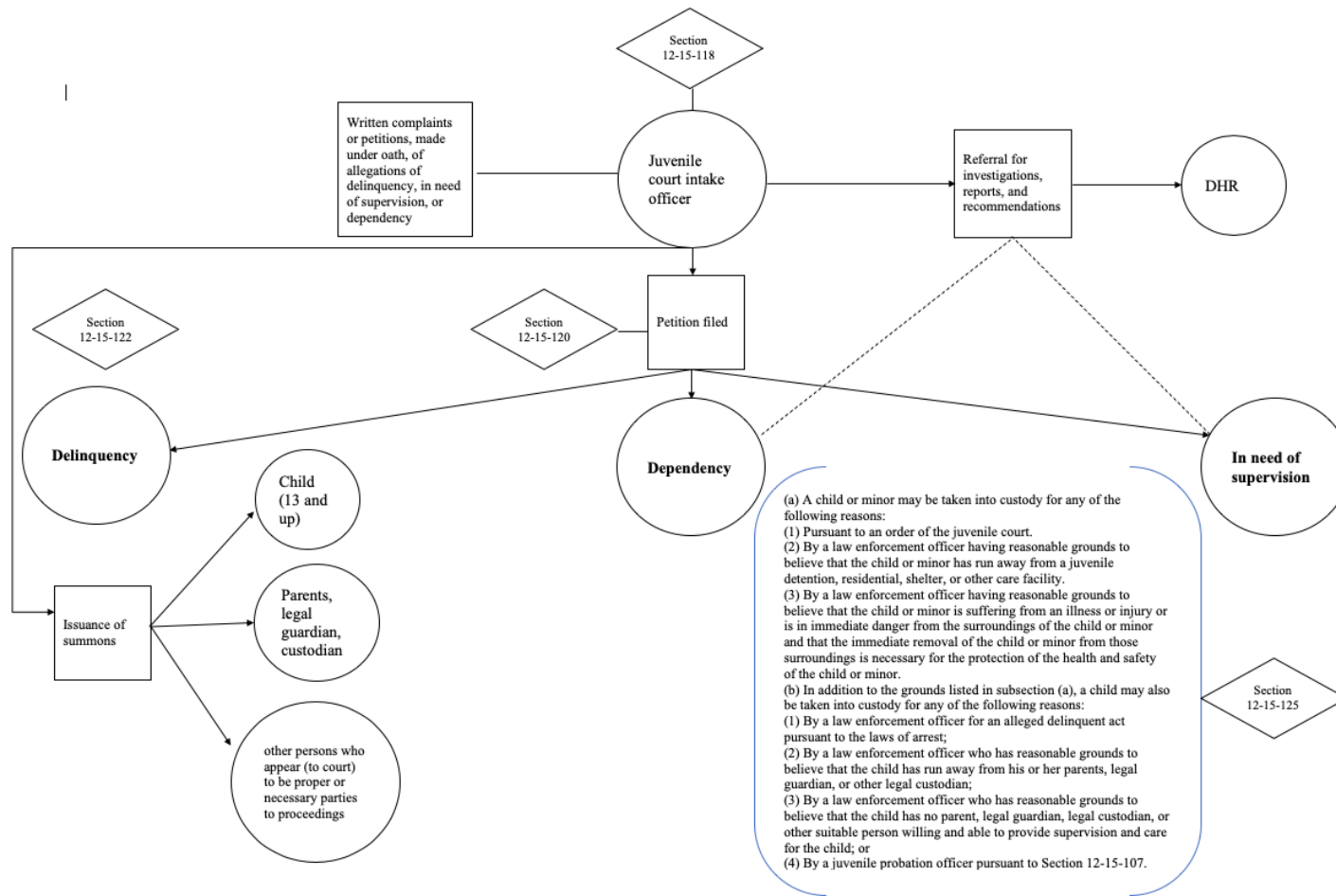


Figure 11

Social Organization of Juvenile Court Involvement (12-15-306; 12-15-308; 12-15-309; 12-15-310)

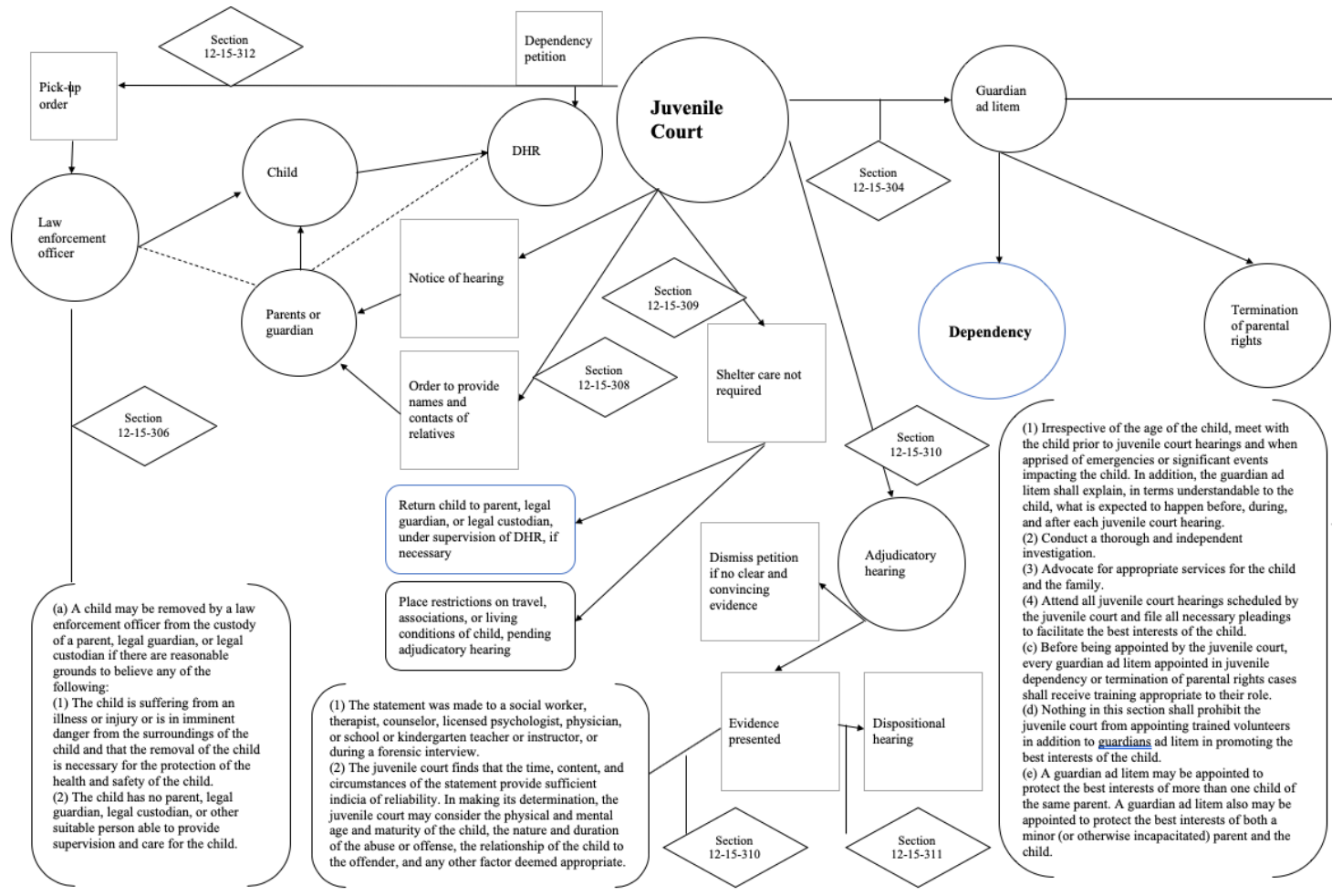


Figure 12

Reasonable Efforts and the Juvenile Court

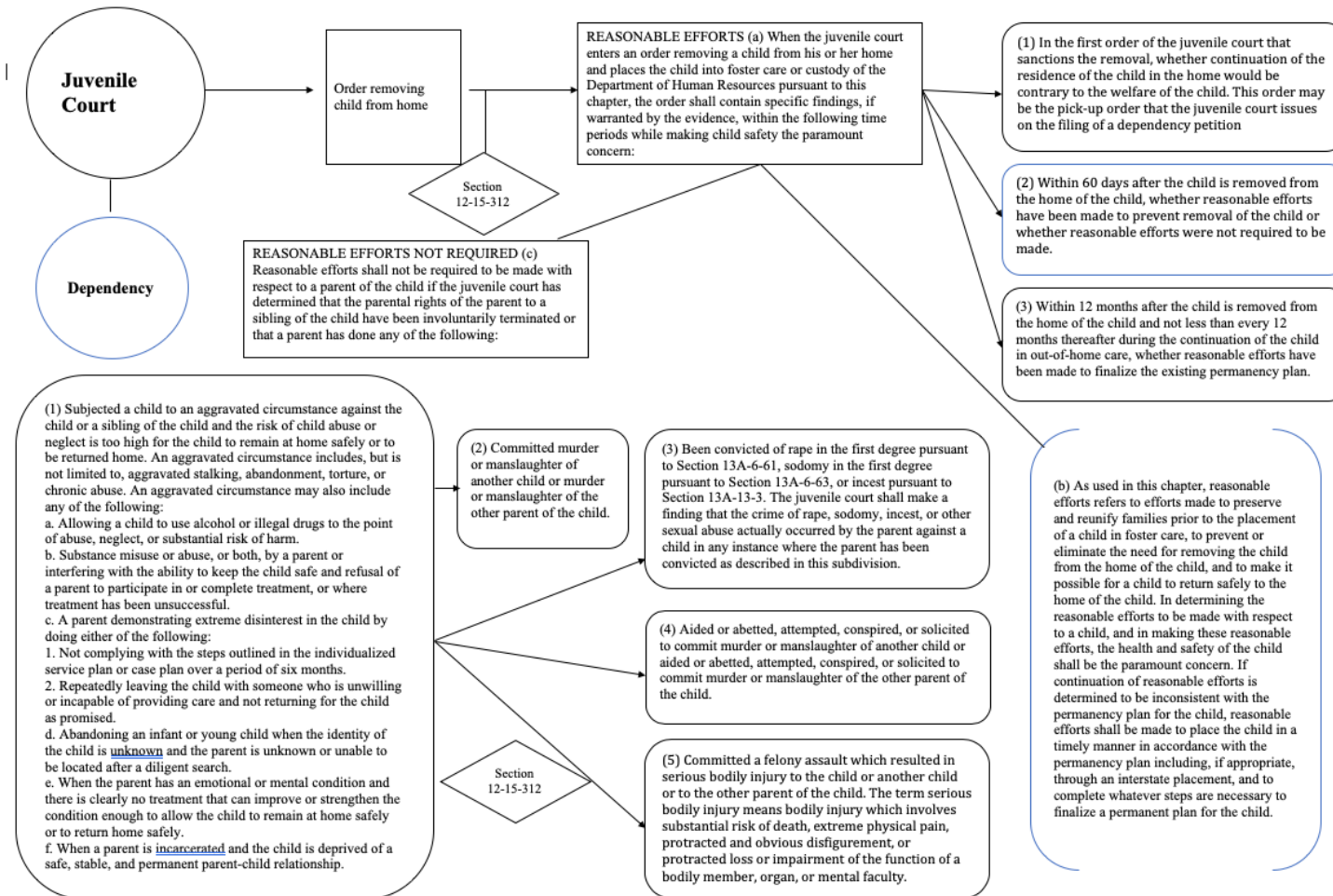


Figure 13

Administrative Structure of Juvenile Court (12-15-104; 12-15-105; 12-15-106)

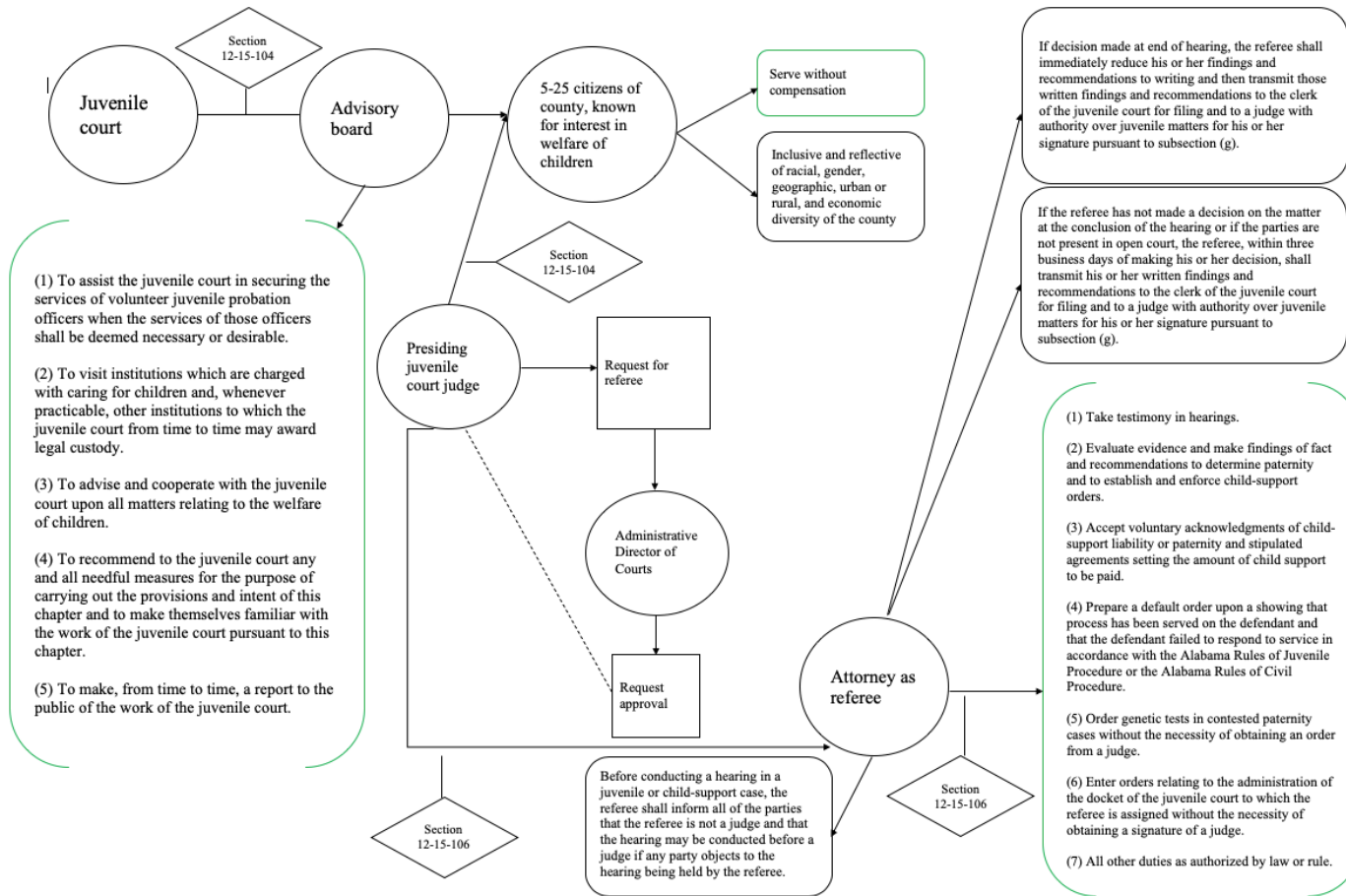


Figure 14

Function of Family Resource Centers

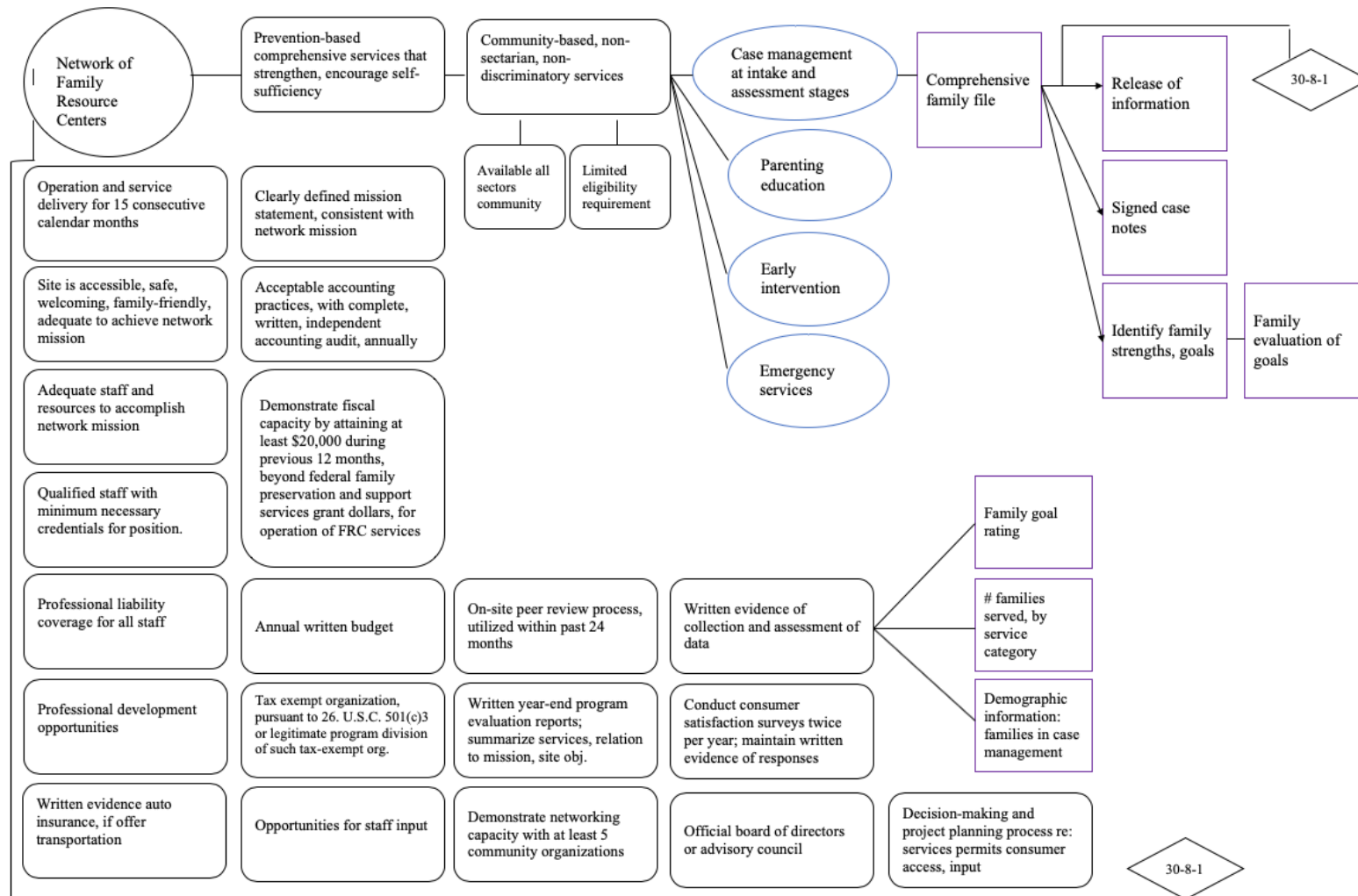


Figure 15

Administrative and Funding Structure for Certified Domestic Violence Centers (305-4-4.07)

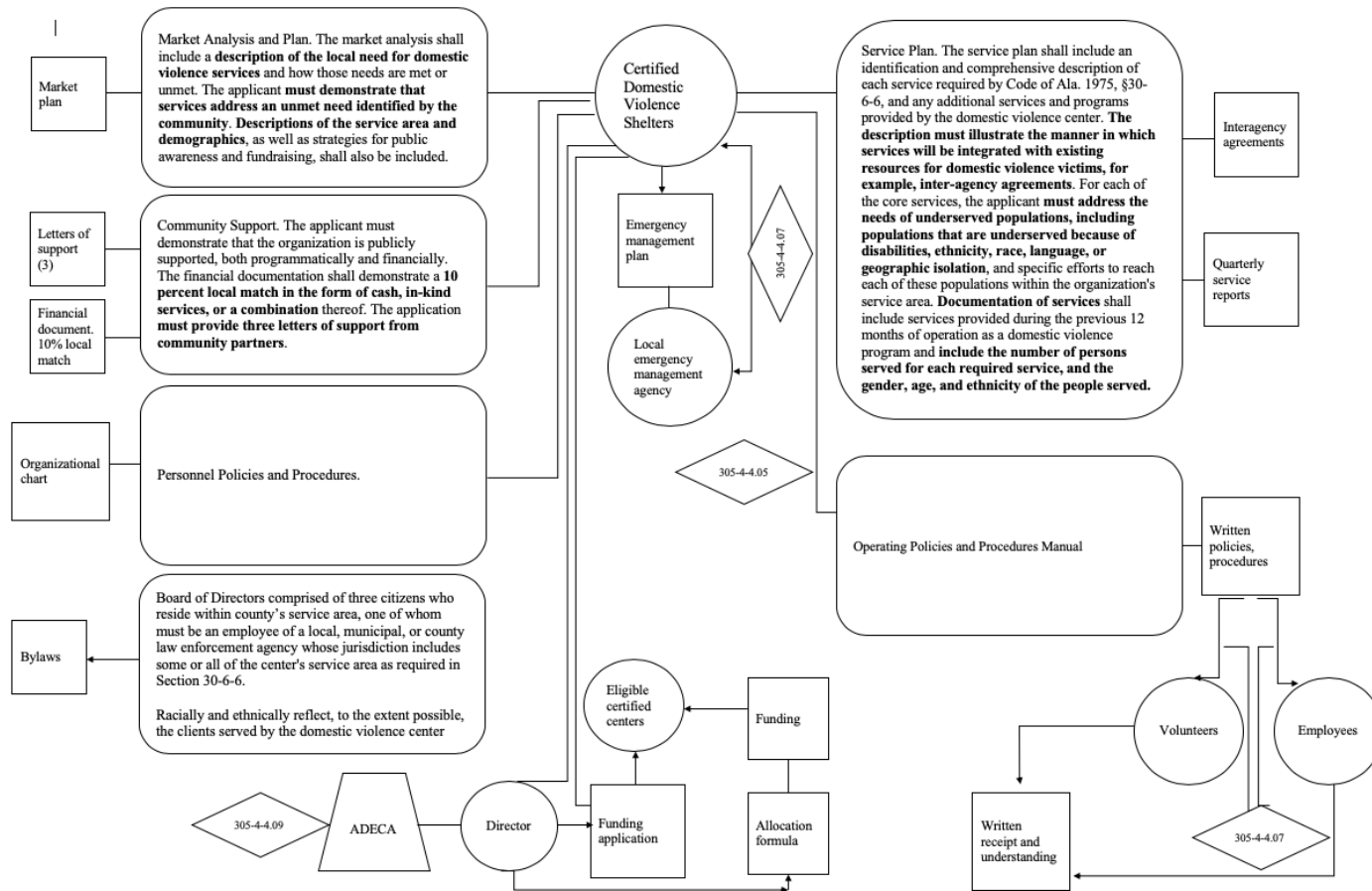


Figure 16

Social Organization of Certified Domestic Violence Centers

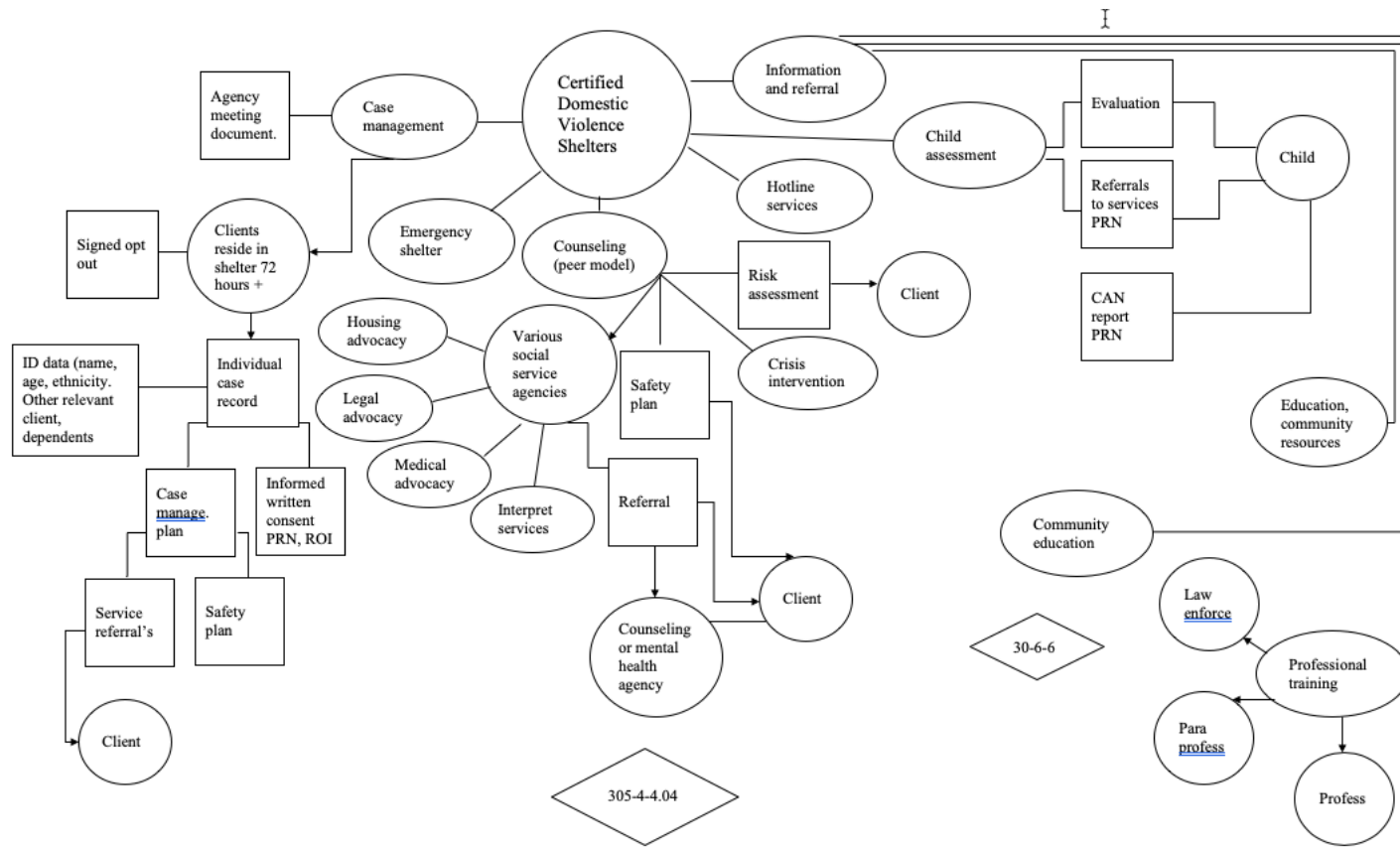


Figure 17

Function of Community Action Agencies (11-96-5)

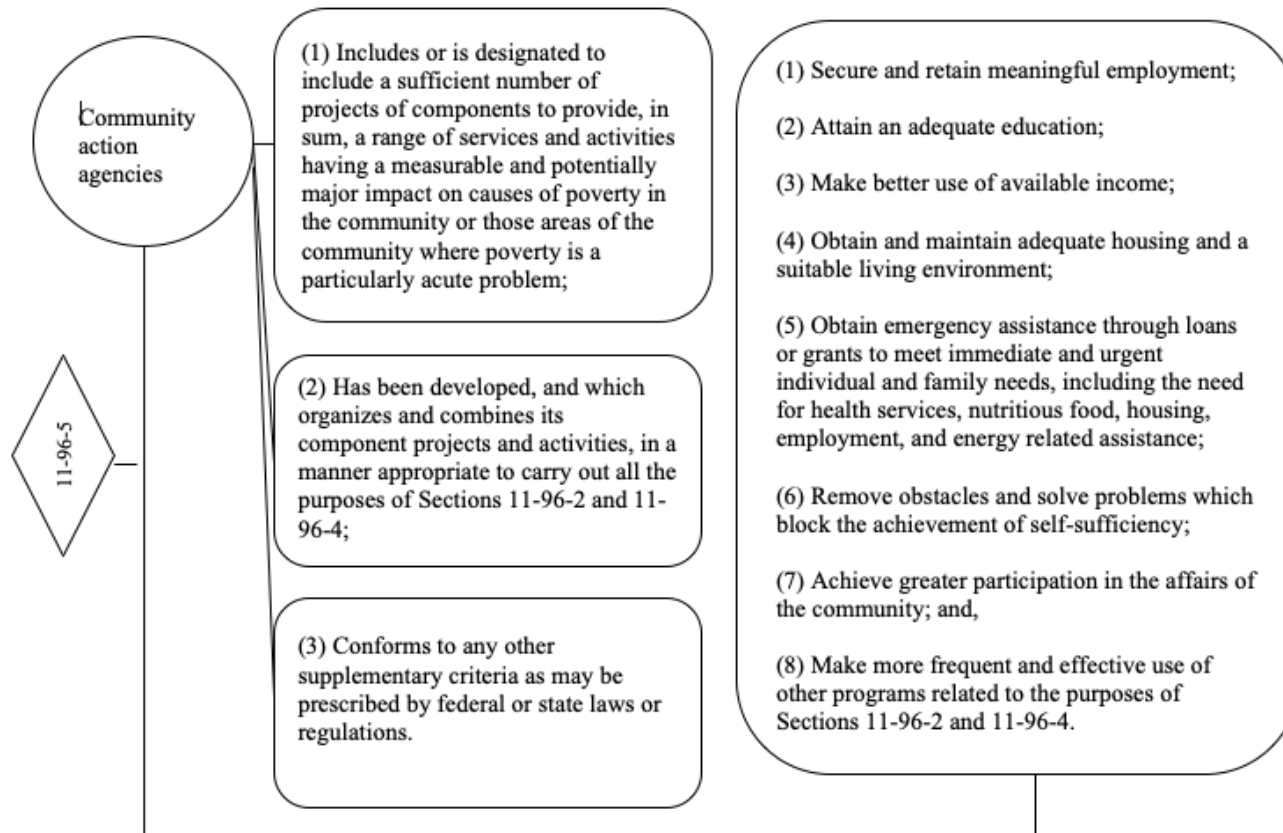


Figure 18

Social Organization of Community Action Agencies

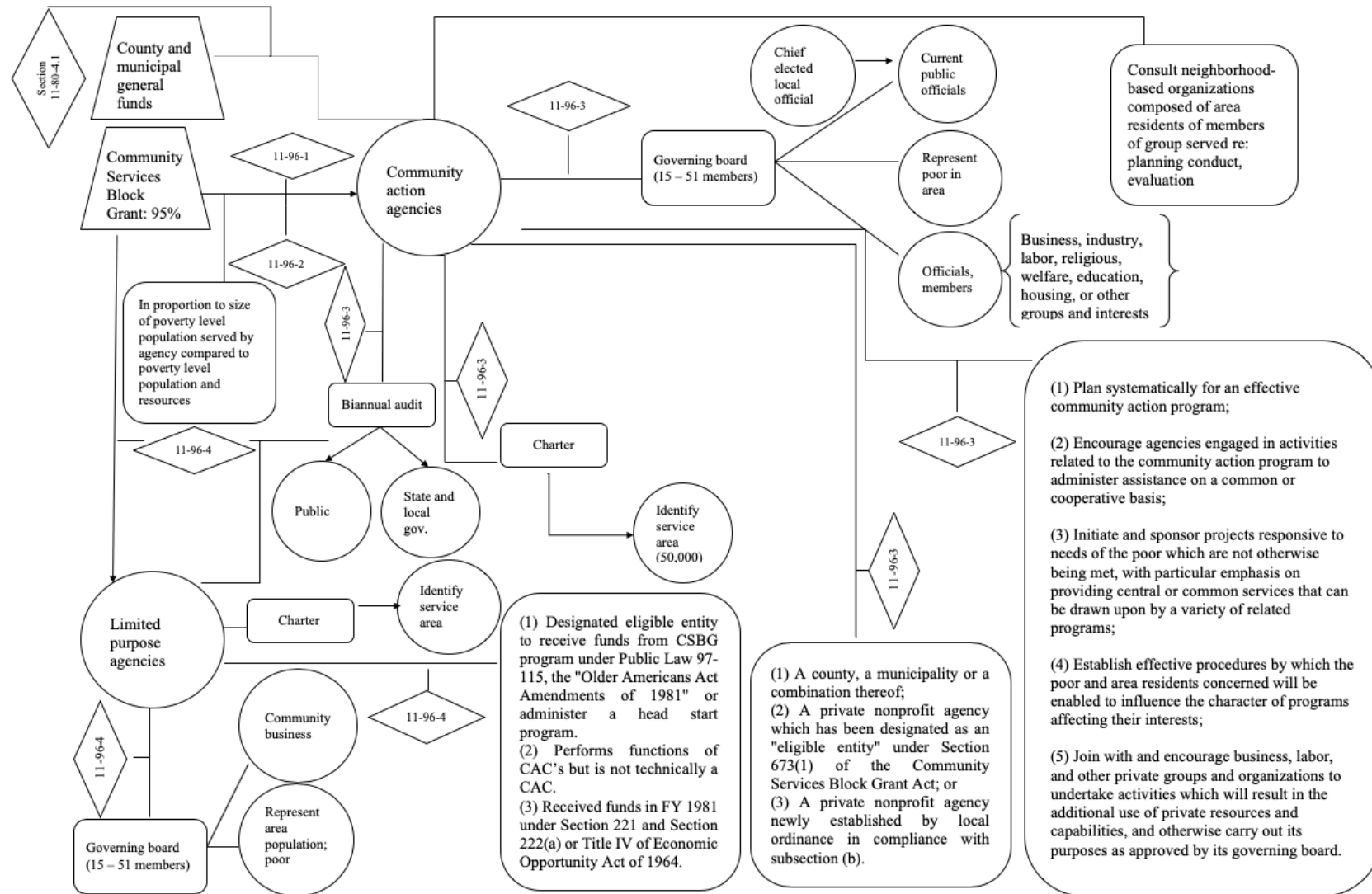


Figure 19

Function of Weatherization Fund (41-23-100, 101)

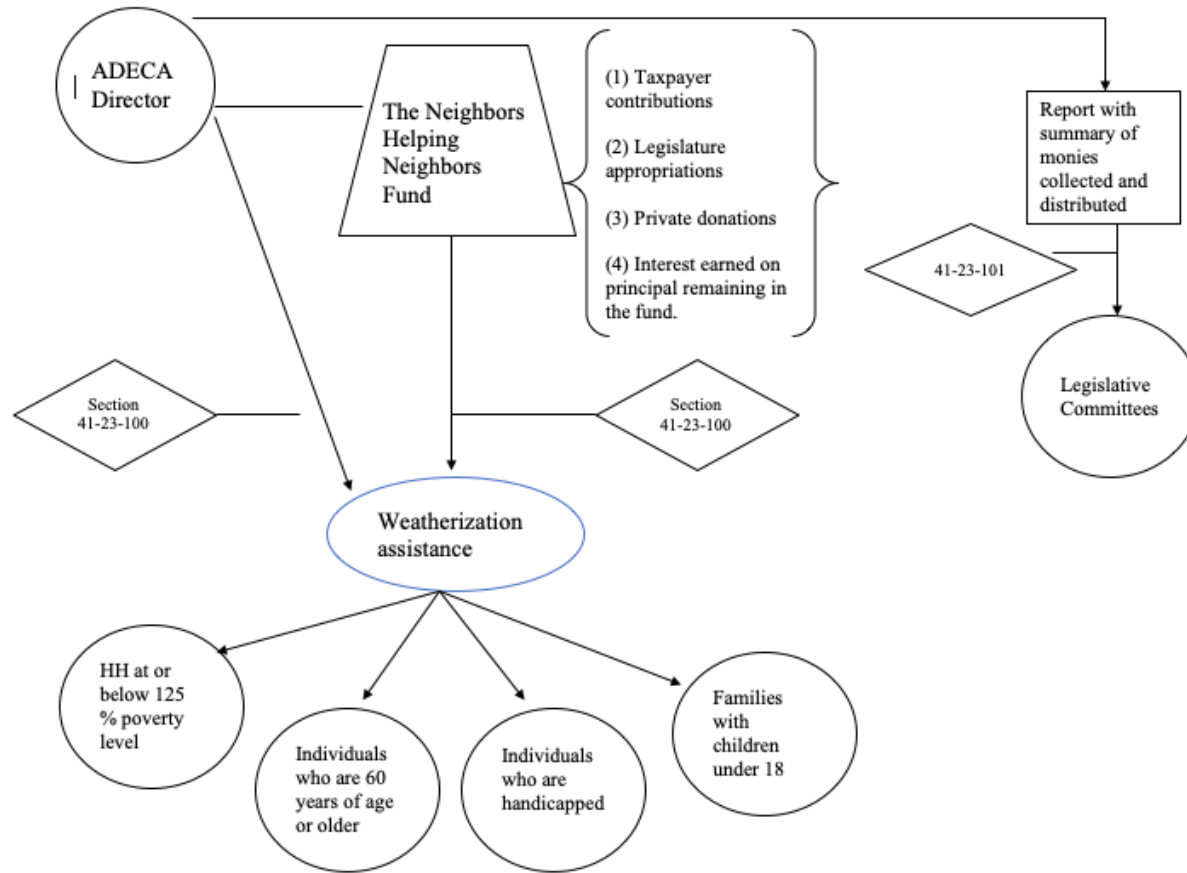


Figure 20

Administrative structure of Alabama Children's Policy Council.

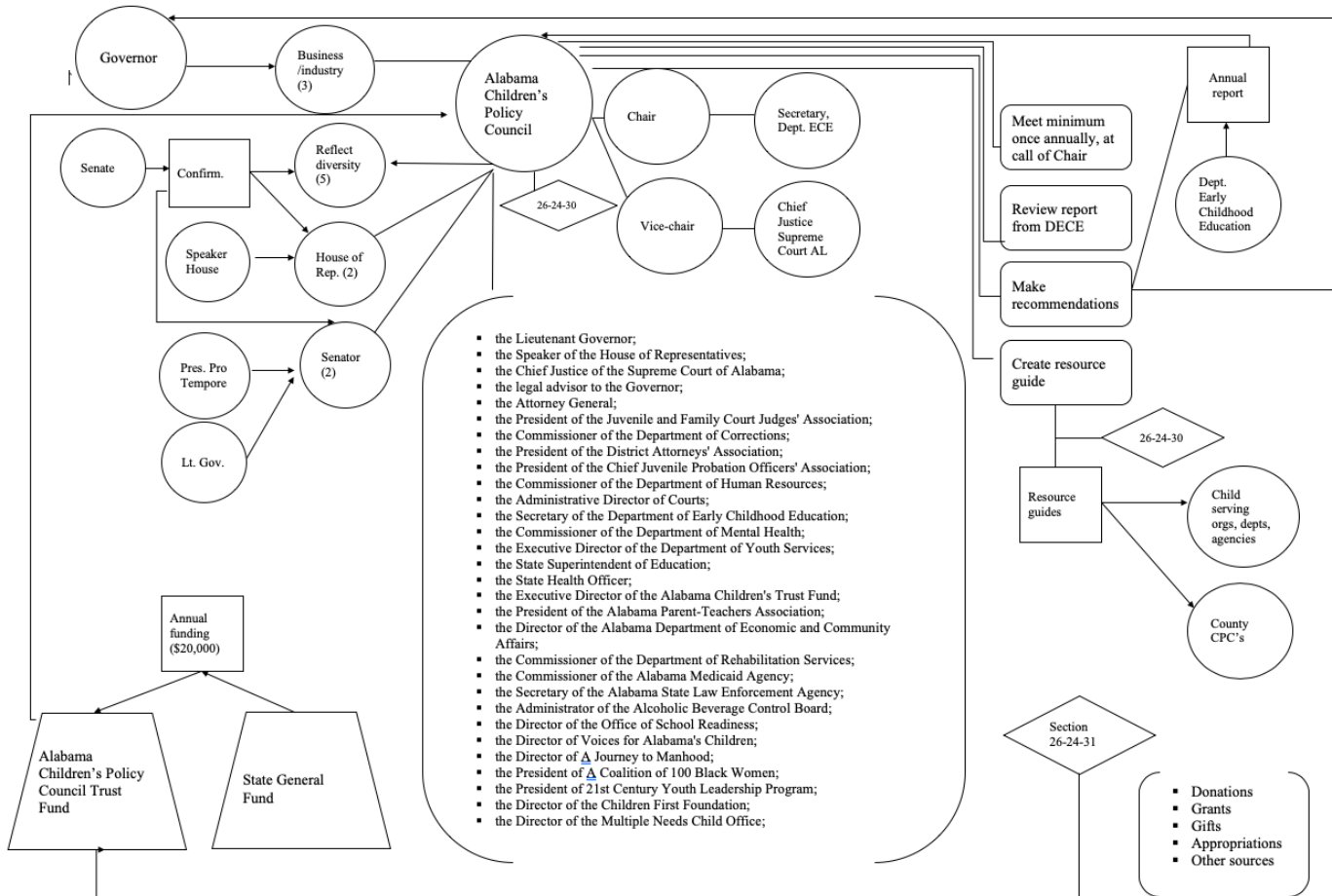


Figure 21

Function and Structure of County Children’s Policy Council

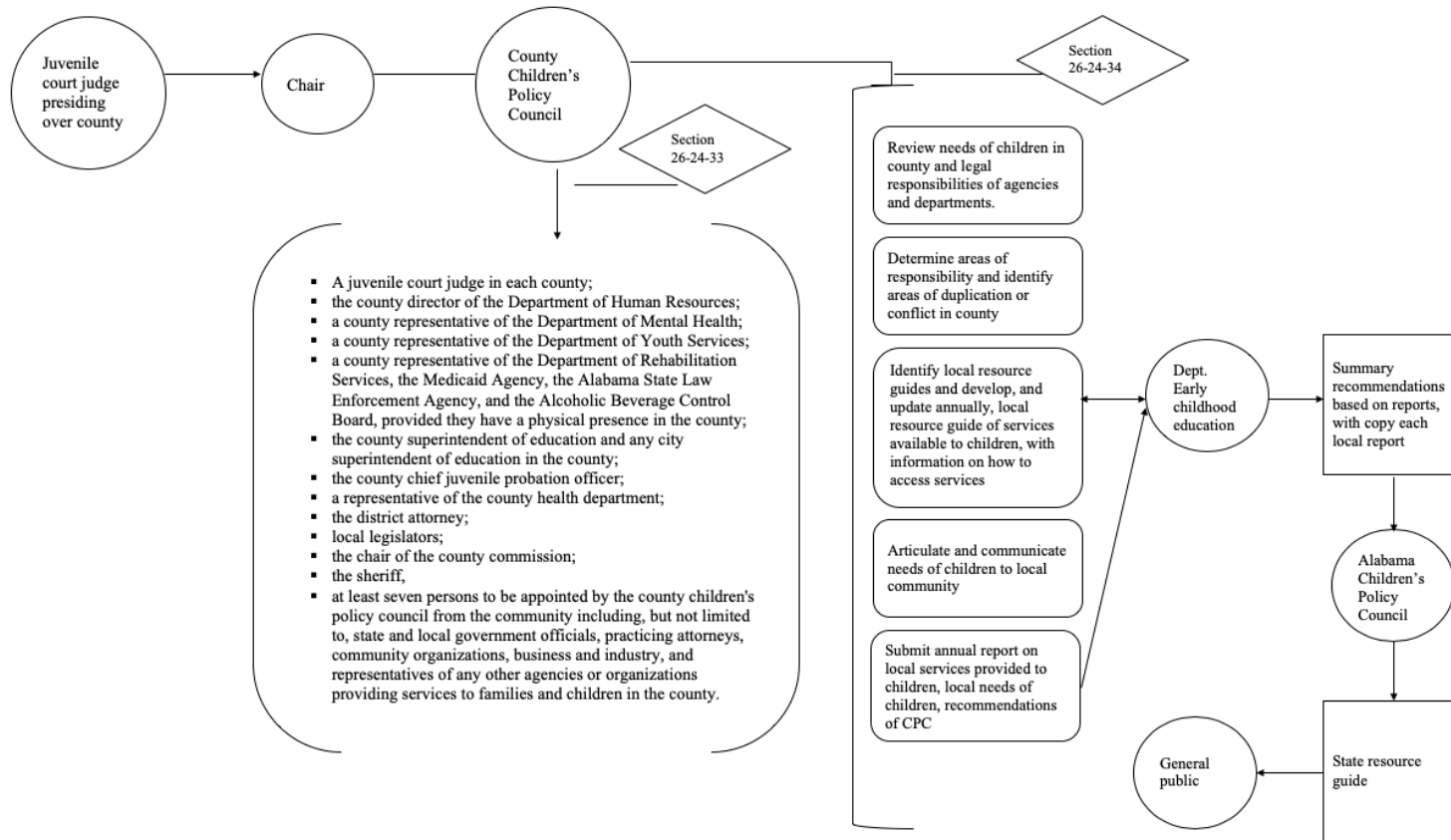


Figure 22

Function of Alabama Child Advocacy Center's (26-16-70)

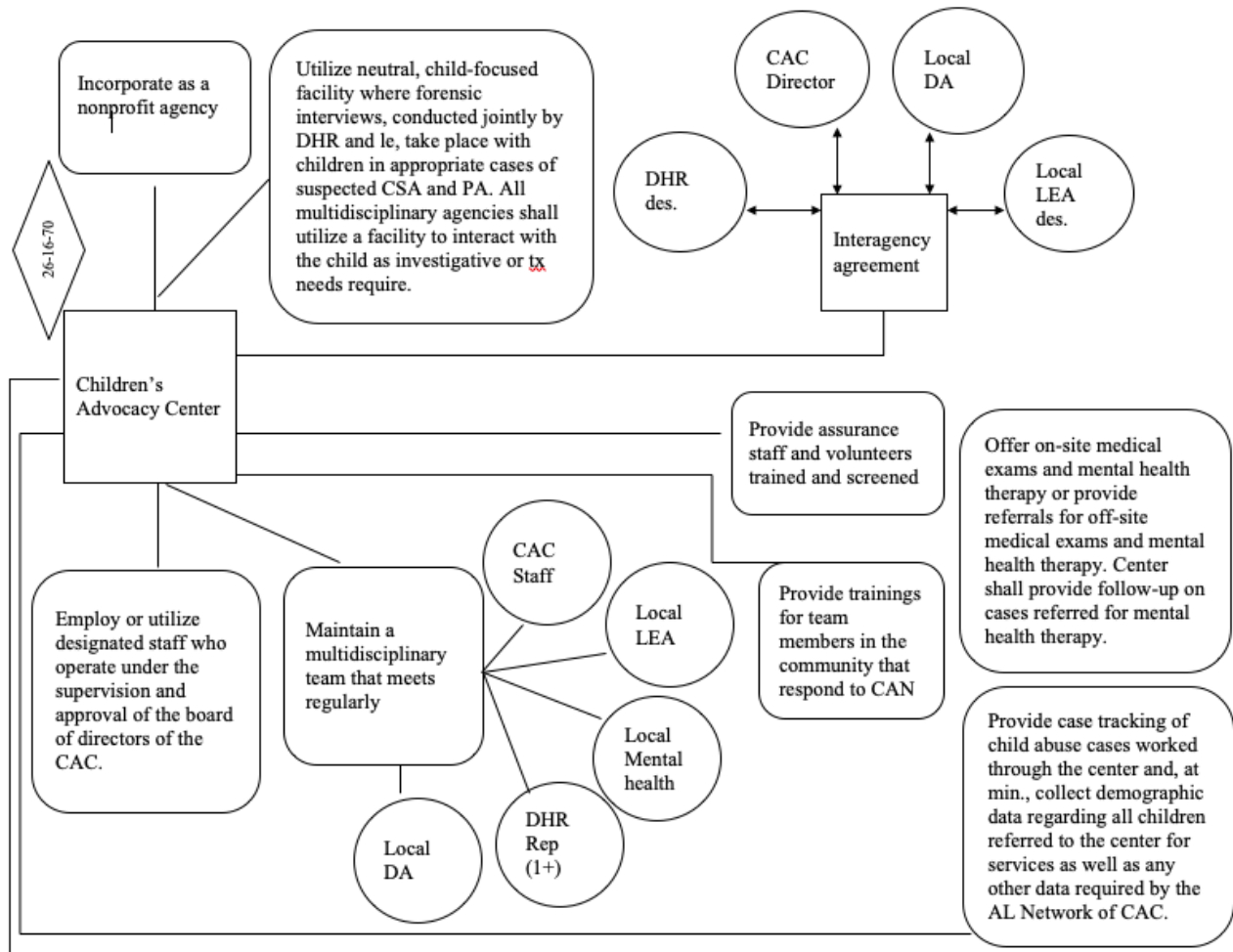


Figure 23

Function of The Department of Early Childhood Education and School Readiness (26-24-22, 23, 25)

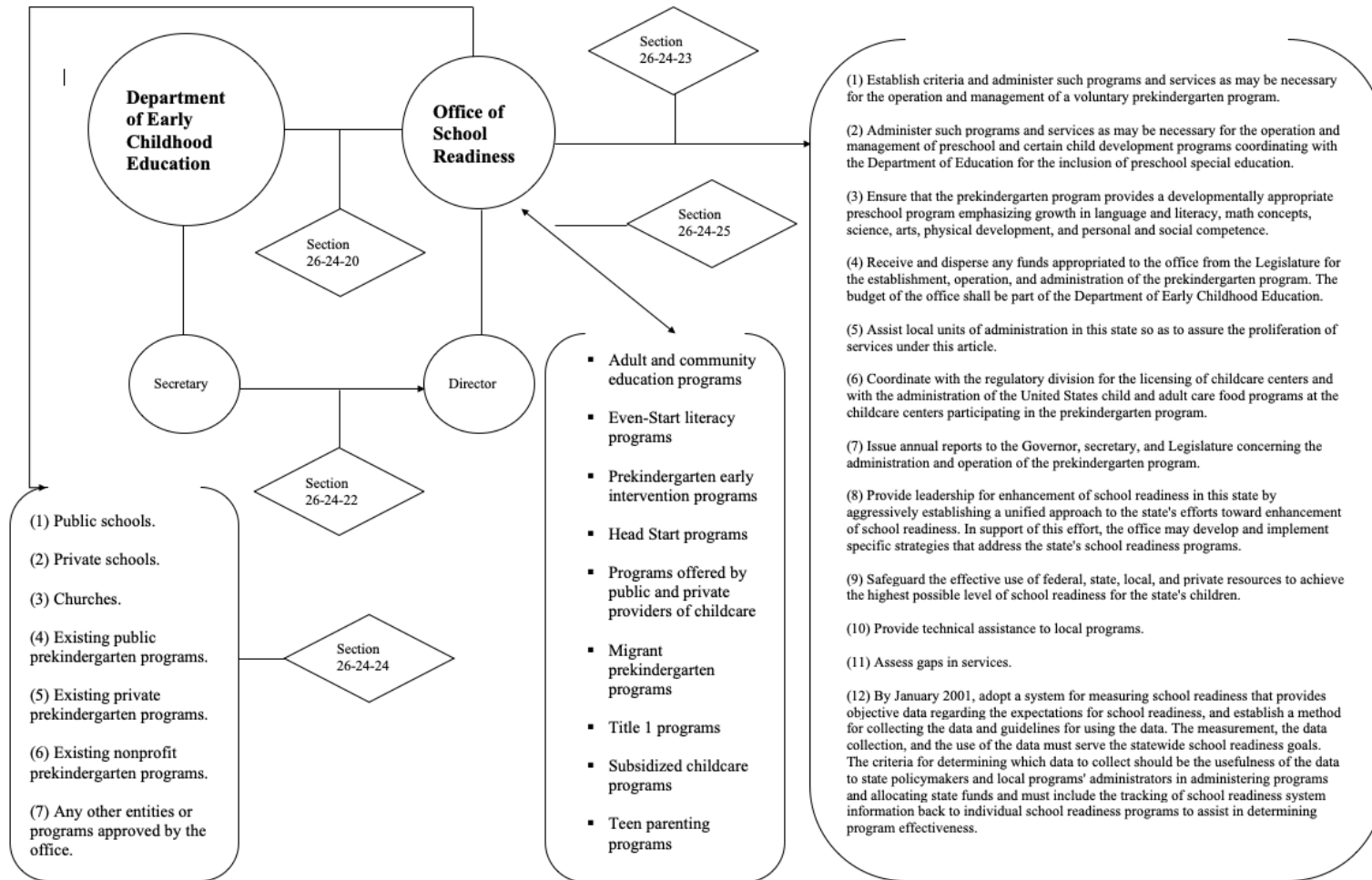


Figure 24

Social organization of Family Assistance Program in Alabama

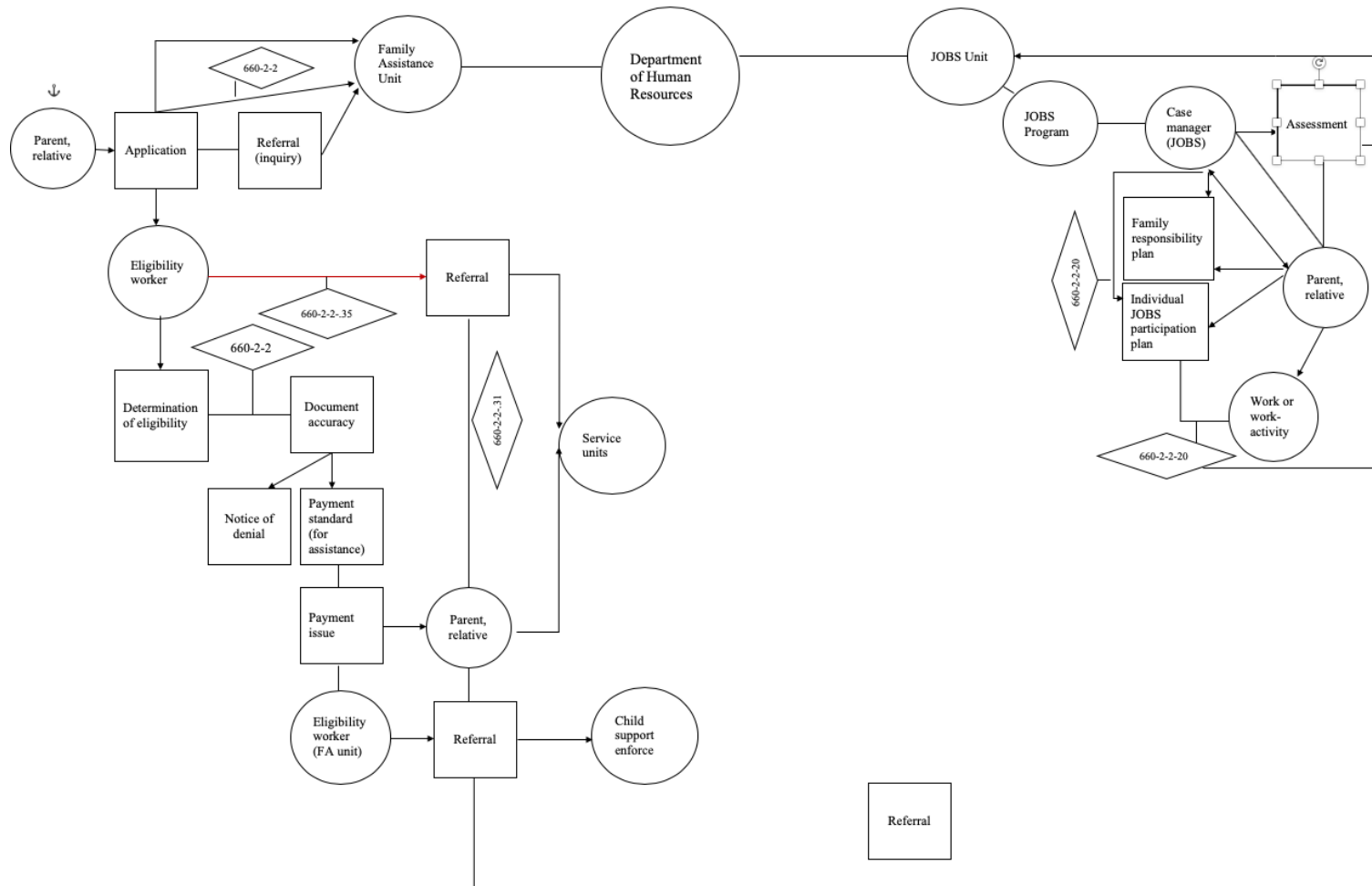


Figure 26

Institutional Connections and Complexity of Child abuse and Neglect Prevention Work in Alabama

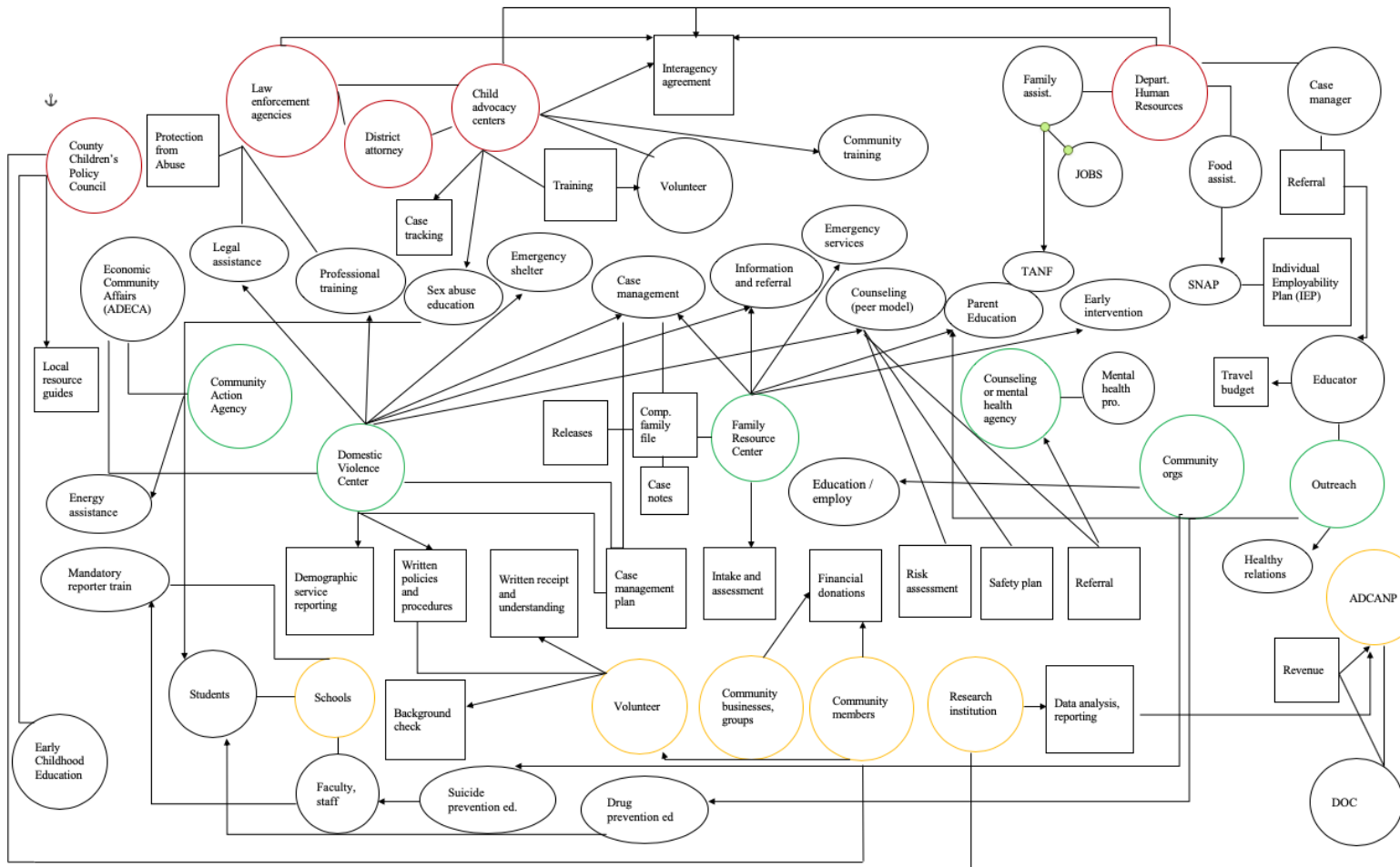


Figure 27

Institution of Child Abuse and Neglect Prevention in Alabama.

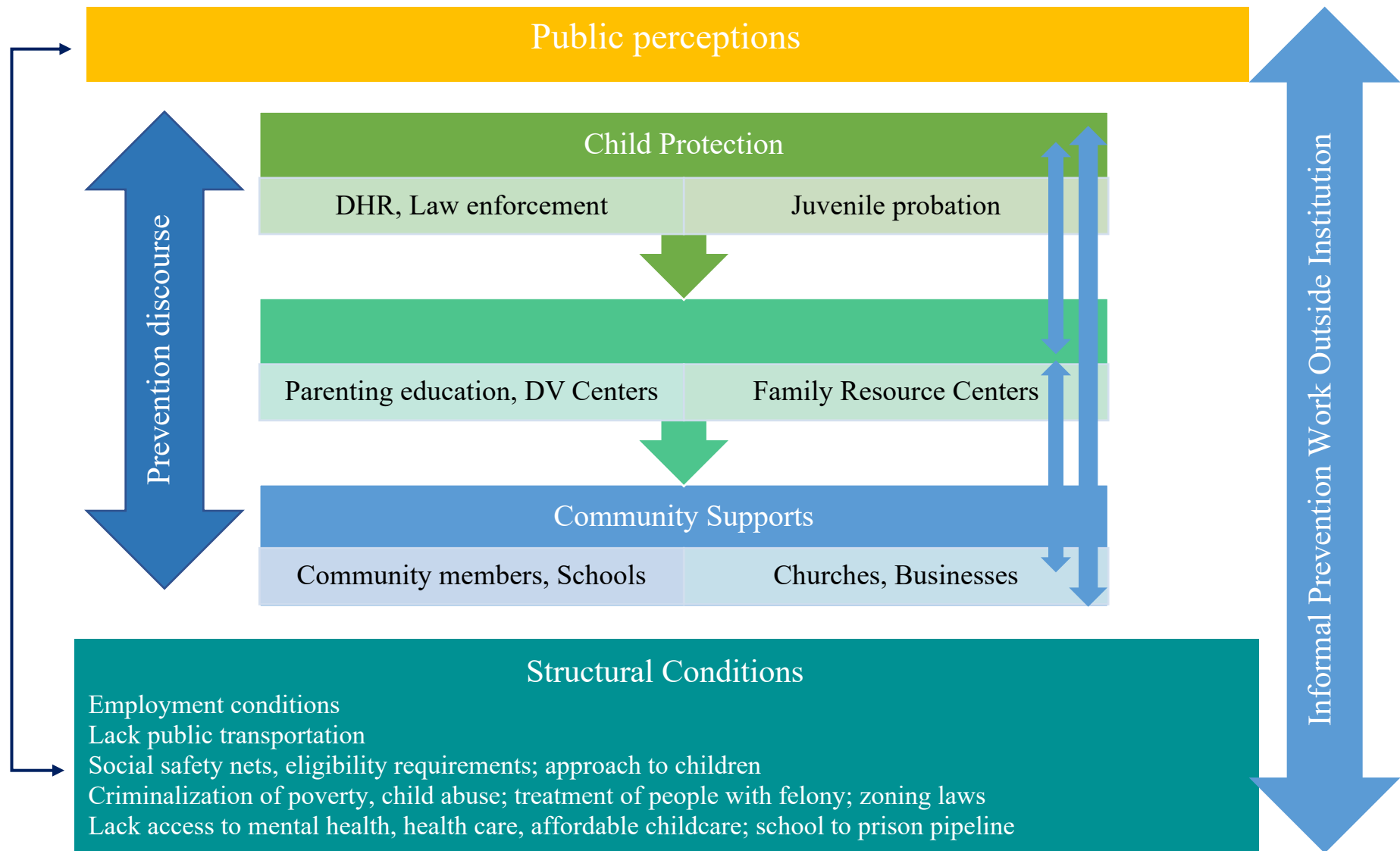


Figure 28

Reinforcing Relationship Between the State’s Economic, Political, and Social Contexts and Public Norms and Values.

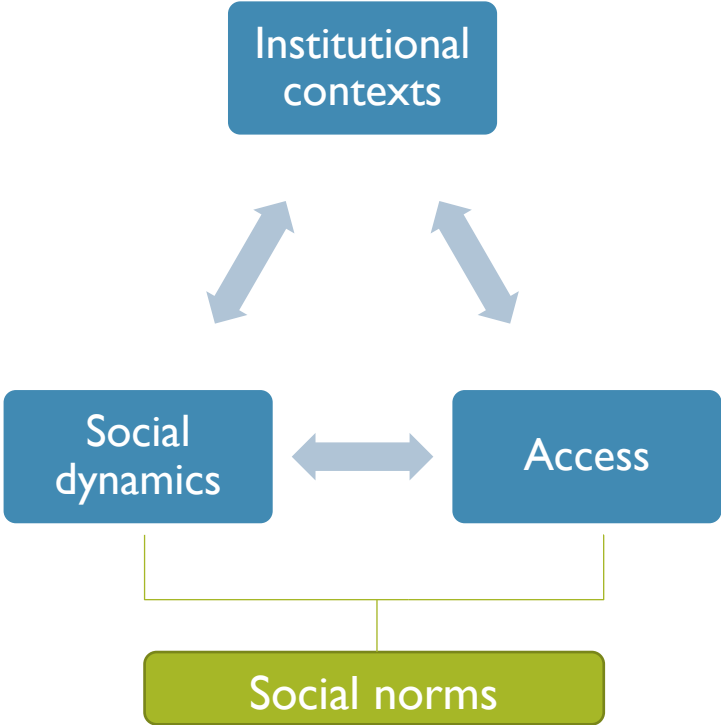


Figure 29

Creation of the Ideological Circle of Drug Dealing

