

**Getting Eyes in the Home:
Child Protective Services Investigations and State Surveillance of Family Life**

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Abstract: Each year, U.S. child protection authorities investigate millions of families, disproportionately poor families and families of color. These investigations involve multiple home visits to collect information across numerous personal domains. How does the state gain such widespread entrée into the intimate, domestic lives of marginalized families? Predominant theories of surveillance offer little insight into this process and its implications. Analyzing observations of child maltreatment investigations in Connecticut and interviews with professionals reporting maltreatment, state investigators, and investigated mothers, this article argues that coupling assistance with coercive authority—a hallmark of contemporary poverty governance—generates an expansive surveillance of U.S. families by attracting referrals from adjacent systems. Educational, medical, and other professionals invite investigations of families far beyond those ultimately deemed maltreating, with the hope that child protection authorities’ dual therapeutic and coercive capacities can rehabilitate families, especially marginalized families. Yet even when investigations close, this arrangement, in which service systems channel families to an entity with coercive power, fosters apprehension among families and thwarts their institutional engagement. These findings demonstrate how, in an era of welfare retrenchment, rehabilitative poverty governance renders marginalized populations hyper-visible to the state in ways that may reinforce inequality and marginality.

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INTRODUCTION

Managing problems of poverty constitutes a perennial task for government authorities (Piven and Cloward 1971; Soss, Fording, and Schram 2011). Surveillance, a fundamental component of poverty governance, is typically envisioned as the state monitoring public activity, as in pedestrian police stops and closed-circuit cameras, or interactions with institutions such as the labor market or the welfare system. But the state also gathers substantial information about domestic life, investigating the families of 3.5 million U.S. children each year following allegations of child maltreatment (U.S. Department of Health and Human Services [HHS] 2020). Tasked with protecting children from abuse and neglect, the child welfare system is a central institution of poverty governance with the power to separate families (Roberts 2014), and child maltreatment investigations represent the defining case of surveillance in a private sphere. These investigations, reaching more than one in three children nationwide over the course of childhood (Kim et al. 2017) and concentrated among poor families and families of color (Berger and Waldfogel 2011; HHS 2020), bring state agents into family homes to observe domestic space and probe household members' personal lives. How does the state gain such widespread entrée into intimate family and home life?

Predominant theories of surveillance are insufficient to explain how states come to observe the domestic life of so many families. Challenging Foucault's (1971) conception of subjects fully visible to state authorities, the state cannot see into private homes at any substantial scale; no Orwellian vision of state cameras inside the home has (yet) come to pass. In recent decades, state systems have merged vast stores of personal data across systems (Brayne 2017; Haggerty and Ericson 2000), raising questions about how individual systems amass information in the first place, especially information regarding private, domestic activity ordinarily beyond the gaze of the state.

This article uses the critical case of child maltreatment investigations to trace how—and to what effect—an array of systems on the front lines of serving families opens up the intimate domains of home and family. Surveillance is not unilaterally a tool of punishment: it often serves as a vehicle for assistance as well (Lyon 2003). I argue that these dual capacities—the possibility of therapeutic support alongside the threat of coercive intervention—generate expansive investigations of domestic life by inviting referrals from adjacent systems, such as healthcare, education, law enforcement, and social services. These other systems, framing the coupling of care with coercive authority as an appealing response to families' needs, invite surveillance of families well beyond those deemed sanctionable, marginalized families in particular. Yet this arrangement—in which service systems summon an entity with coercive power—introduces specific harms for those surveilled, even aside from any sanctions levied.

I develop this argument based on fieldwork in Connecticut, where I observed child maltreatment investigations and interviewed the professionals who reported suspected maltreatment, the state investigators, and the mothers on these cases. Most reports to Child Protective Services (CPS) originate from educational, medical, law enforcement, and social services personnel (HHS 2020). These “reporting professionals,” I find, do not primarily channel families to CPS to address imminent child safety concerns or to fulfill legal mandates. Instead, reporting professionals— aspiring to help families facing adversity but unable to intervene as they would like—summon CPS to address families' multifaceted needs. In particular, they are drawn to

CPS's coupling of care and coercion, as the agency's goal of supporting families stands alongside its power to separate them. The dual capacities of surveillance—as a means of identifying needs for support as well as controlling marginalized populations—frame CPS as a sort of all-purpose agency and a promising option to respond to family adversity, such that reporting professionals bring cases to CPS's doorstep that frontline investigators do not believe require a child protection-specific response. This process extends CPS surveillance to families seen as unlikely candidates for sustained intervention and exposes families unequally to the state. Yet even as allegations in most cases are unsubstantiated (HHS 2020), and typically, neither reporters nor investigators expect children to be removed, the possibility of family separation engenders acute fears among mothers, and the active involvement of reporting systems strains relationships between families and the service providers reporting them.

These findings are substantively important given the widespread, racialized, and gendered intervention of the child welfare system, which has been overlooked or sidelined by scholars of poverty governance despite its centrality to state efforts to manage marginalized families (Roberts 2002, 2014). I show how so many families—especially poor families and families of color—come into contact with the child welfare system, even as maltreatment allegations do not usually lead to further agency oversight (HHS 2020). I argue that these low-level encounters can be consequential for families in ways that perpetuate marginality.

The model I elaborate is not necessarily specific to the domain of home and family, offering theoretical implications for scholarship on surveillance and poverty governance more broadly. Extant research focuses on tactics of surveillance, with less attention to its production: how states come to surveil in the first place. I build on prior conceptions of surveillance to show how observation in an array of institutional spaces (Foucault 1971) opens up new opportunities for the state's information-gathering. Links across discrete state and non-state bureaucracies (Lara-Millán 2017; Seim 2017) enable states not only to integrate information across systems (Brayne 2017; Haggerty and Ericson 2000), but also, through interorganizational referrals, to gather new and much more intimate information. Additionally, scholars have documented logics of governance at the intersection of service provision and social control (Haney 2010; McKim 2017; Moore 2011), raising questions about how this duality, at the heart of U.S. poverty governance, shapes the scope and experience of state intervention. I show how coupling care and coercion expands the scope of state knowledge and channels people seen as needing help to a system with coercive power. This does not require increased outreach by the surveilling system itself (Stuart 2016); in the fragmented, privatized state, surveillance can emerge from the initiative of other bureaucracies with their own aspirations and constraints. Even when disconnected from further sanctions, this response renders marginalized families hyper-visible to the state, potentially reinforcing adversity and inequality.

SURVEILLANCE AND POVERTY GOVERNANCE

To manage marginality, states engage in surveillance, or the systematic collection and retention of personal information “to protect, understand, care for, ensure entitlement, control, manage, or influence individuals or groups” (Lyon 2015:3). Through its systems of social assistance and law enforcement, the state gathers substantial information about marginalized populations (Bridges 2017; Eubanks 2018; Headworth 2019; Hughes 2017; Wacquant 2009). Research on surveillance in the form of policing has primarily focused on policing of public space (Fagan et al. 2016;

Herbert, Beckett, and Stuart 2017; Stuart 2016), but state surveillance extends beyond public activity into private family life, with states governing families as a means of managing poverty and adversity. As Donzelot (1979:69) writes, states seek to “bring to light the moral fault that more or less directly determined” a family’s hardship, “involving continuous surveillance of the family, a full penetration into the details of family life.” Amid cherished ideals of family privacy—a “private realm of family life which the state cannot enter” (*Prince v. Commonwealth of Massachusetts* 1944:321)—how does the state enter and come to know about the domestic sphere?

The predominant explanation holds that families open themselves up to the state as a condition of receiving public benefits (Bridges 2017; Gilliom 2001). This model, in which families proactively disclose family relations and activities to obtain needed support, reflects a social safety net that has long predicated assistance on assessment (Abramovitz 1988). This dyadic, exchange-oriented conception may illuminate surveillance in public assistance programs, yet it does not account for the third parties increasingly involved in poverty governance and social control (Garland 2001; Herring 2019). Moreover, welfare policies from decades past regarding “suitable home” assessments and midnight “man in the house” raids have been outlawed (Frame 1999). Although welfare agencies still collect information about household relationships and finances, surveillance through linked databases has supplanted personal observations of families’ domestic lives (Gilliom 2001).

Other theories of surveillance are also insufficient to explain state assessment of domestic space and intimate family life. Foucault’s (1971) conception of modern disciplinary power draws on the architecture of Bentham’s panopticon, in which an overseer in a central watchtower can look into prisoners’ cells at all times, without subjects aware of when, specifically, they are being watched. It is telling, however, that his archetypal site is the prison, where the state can arrange near-total visibility. Foucault argues that similar processes operate in other contexts, such as factories, schools, and hospitals. Yet these, too, are institutional spaces, providing little insight into surveillance of home and family life. The state does not, and cannot, completely supervise life outside enclosed institutions—in homes and other domains of private life (Goffman 2009).

Scholars have challenged Foucault’s notion of a single, central, and all-seeing inspector, conceptualizing instead a “surveillant assemblage” that integrates information across systems (Deleuze and Guattari 1987; Haggerty and Ericson 2000). In this conception, modern data storage and merging capacities bring previously separate systems together (Brayne 2017), producing an increasingly fluid and expansive surveillance (Haggerty and Ericson 2000). This argument highlights the networked nature of surveilling systems,¹ but it does not speak to how these systems obtain information in the first place. Rather than eliciting new information, integrated data systems merge information already obtained—typically, information about engagement with labor market, healthcare, law enforcement, and financial institutions, not documentation of domestic space and interactions. This line of scholarship suggests that as

¹ Although increased technological and computing capacities are central to theories of the “surveillant assemblage” (Brayne 2017; Haggerty and Ericson 2000), I use the concept to reflect linked systems more broadly, in which people engaging with one system can become known to another, whether through merged databases or other means.

surveillance has become more expansive, combining information across systems, it has also become more anonymous, invisible, and distant (Marx 2016). As Lyon (1994:92–93) writes, modern surveillance is “‘depersonalized’, making it hard to ‘name’ the person, and even sometimes the agency, behind the surveillance” (see also Ball and Webster 2003:14). This calls for theoretical and empirical work conceptualizing a personalized, intimate side of contemporary surveillance.²

THEORIZING STATE SURVEILLANCE OF HOME AND FAMILY

Building on prior arguments about surveillance and poverty governance, I trace how the state gains entrée into domestic spheres. Central institutions of social life, such as education and healthcare, become the point of entry to state assessment of intimate space and family relations. Next, I propose that these assessments become widespread when surveillance involves evaluating needs alongside identifying candidates for coercive intervention—a duality that draws referrals from other systems. Finally, beyond generating expansive surveillance of intimate life, this arrangement introduces harms that may reinforce inequality and marginality. I discuss each of these components in turn.

First, visibility to, and interactions with, other systems, typically service-oriented bureaucracies, makes intimate surveillance possible. Here, I draw on the insight that governance involves the joint action of discrete, fragmented state and non-state entities (Lara-Millán 2017; Seim 2017). For example, crime control efforts involve numerous organizational entities beyond the criminal justice system (Garland 2001). At a basic level, systems transfer people across bureaucracies, as when sanitation workers summon police (Herring 2019), police call medical or psychiatric services (Herring 2019; Seim 2017), schools and community centers channel youth to juvenile and criminal justice systems (Rios 2011; Shedd 2015), and juvenile holding facilities send youth to transitional housing (Lara-Millán 2017). A bureaucracy that assesses family and home life can receive referrals from other entities, rather than itself identifying families to investigate. Thus, the ever-present potential for observation in organizational spaces, as theorized by Foucault (1971), may go beyond visibility within those spaces, extending to more private spheres. Moreover, the connections across systems comprising the “surveillant assemblage” may not only merge information across discrete systems, but may enable the state to collect new information.

Second, to explain how the path from systems engagement to intimate surveillance becomes so highly-trafficked, I consider the capabilities of the surveilling agency as well as the constraints and aspirations of referring systems. Specifically, I propose that a surveilling agency’s orientation around care (providing rehabilitative assistance) alongside its power to intervene coercively (e.g., pursuing legal intervention or taking custody of an individual) draws reports from other systems. Surveillance need not be undertaken for nefarious purposes; rather, surveillance often has ambiguous goals and multivalent outcomes (Ball and Webster 2003; Lyon 2003). The distinction between care and control logics can be blurry, with care taking the form of

² Prior conceptions of intimate or family surveillance refer to intimate partners or family members observing one another (Garey and Nelson 2009; Levy 2015). Here, I focus on surveillance of family life by an external entity, rather than surveillance within familial relationships.

control and vice versa (Moore 2011). Assessments of risk are often intertwined with assessments of need (Hannah-Moffat 2005), as contemporary poverty governance merges support with punishment (Gustafson 2011; Haney 2004; Soss et al. 2011; Stuart 2016). With this capacity to sort people for assistance and punishment (Lyon 2003), “street-level bureaucrats” may find summoning surveillance of family and home life appealing—not to lodge complaints (Herring 2019) but to rehabilitate marginalized populations. Lipsky’s (1980:xii) foundational treatise identifies the basic dilemma faced by street-level bureaucrats such as teachers and police officers: they generally want to improve people’s lives, but amid resource constraints, conflicting demands, and clients’ complex needs, “the very nature of this work prevents them from coming even close to the ideal conception of their jobs.” I suggest that bringing in an agency that can assess families’ intimate lives to distribute assistance or sanctions may help street-level bureaucrats resolve this conundrum. In this context, interorganizational referrals enable frontline workers not only to manage high workloads by shifting undesirable or burdensome tasks (Herring 2019; Lara-Millán 2017; Seim 2017), but also to reconcile their aspirations for families with their constrained realities.

Finally, surveillance categorizes people in ways consequential for social inclusion or exclusion (Lyon 2003). Ultimately, I suggest, the same features producing widespread surveillance of domestic life—interorganizational referrals and the coupling of care and coercion—also reinforce inequality and introduce specific harms for those drawn in, even when cases are closed. The constraints, aspirations, and decisions of street-level bureaucrats may vary based on clients’ race and class (Epp, Maynard-Moody, and Haider-Markel 2017; Fagan et al. 2016; Soss et al. 2011) to make some families more visible to the state than others. Although the dual nature of surveillance may provide some families with needed support, the possibility of coercive intervention as well as the record-keeping involved in surveillance may provoke anxiety and fear (Asad 2020; Goffman 2009). Moreover, with referrals originating from street-level bureaucrats, surveillance maintains an intimacy that may shift relationships in its aftermath. When an agency with coercive power arrives through the initiative of specific, known, service-oriented actors—rather than imperceptible, disembodied others (Marx 2016)—this may depress institutional engagement. The state thus comes to know about family life, but in ways that may perpetuate marginality.

CHILD PROTECTIVE SERVICES

To examine surveillance of family life, I draw on the case of investigations conducted by CPS. As the quintessential case of state intervention into the family, CPS is theoretically powerful, illuminating aspects of governance less visible elsewhere. It also has a vast and stratified reach, directly touching millions of families each year (HHS 2020). More than one in three children nationwide—and over *half* of Black children—experience a child maltreatment investigation by age 18 (Kim et al. 2017). Poor families, Black families, and Native American families disproportionately come into contact with CPS (Berger and Waldfogel 2011; HHS 2020), such that system contact is commonplace in marginalized communities (Coulton et al. 2007; Fong 2019b; Roberts 2008). Scholars, journalists, and advocates have drawn parallels between state policing of Black men by the criminal justice system and of Black women by the child welfare system, as racialized and gendered constructions of parental fitness concentrate state scrutiny on Black mothers in particular (Roberts 2002, 2014).

Child maltreatment reports typically involve families with high needs that are rooted in material hardships, neighborhood and social network disadvantage, systemic racism, accumulated trauma, and other adversities (Coulton et al. 2007; Fong 2017; Lee 2016; Reich 2005). Thus, although parents' alleged actions present risks to children's well-being (Gilbert et al. 2009), these actions often stem from structural vulnerabilities rather than individual apathy or cruelty. Maltreatment as understood by CPS often involves adversities such as substance use, mental health, and domestic violence, structured by racism, sexism, and classism. In this context, the child welfare system stands alongside criminal justice and welfare systems in managing problems arising from adversity.

CPS intervention begins with a report to a state hotline. At least two-thirds of reports come from professionals legally required to report suspected maltreatment, including medical, educational, law enforcement, and social services personnel (HHS 2020). CPS social workers respond to these reports by conducting holistic needs assessments to provide guidance, referrals to voluntary services, and short-term case management. Investigating social workers also use the information gathered to assess risk and safety, often through structured decision-making tools (Hirschman and Bosk 2019). Ultimately, the agency makes decisions about whether to continue oversight, substantiate maltreatment allegations, and remove children from home. CPS declines to substantiate allegations of maltreatment for the vast majority of children investigated (83 percent), and 95 percent remain at home following the investigation (U.S. HHS 2020).³ Information from investigations, including investigations that find allegations are unsubstantiated, remains in state databases to inform risk assessments and decision-making on future reports.

If CPS continues oversight beyond the investigation, the agency monitors parents' participation in services, primarily therapeutic services aimed at modifying parents' behavior, such as family therapy and substance use treatment. These services are typically operated by private, contracted agencies. If the agency deems children unsafe at home, CPS can request court intervention to place children in kinship, foster, or congregate care, usually with a goal of family reunification. If CPS believes reunification cannot be achieved in a timely manner, it can petition the court to sever parental rights permanently. CPS's rehabilitative ideals are thus infused with regulative and coercive authority, emblematic of U.S. poverty governance more broadly (Haney 2004; Soss et al. 2011).

As a common and highly stratified point of contact between families and the state, CPS reporting is a social process essential for scholarship on the family to consider. Much research examines parenthood at the intersection of race, gender, and class (Arendell 2000; Collins 1994; Dow 2019; Edin and Kefalas 2005; Gurusami 2019; Hays 1996). These intersecting social structures shape parenting in large part through state governance practices. Mothers, especially mothers marginalized by race and class, are acutely aware that authorities, including CPS, are scrutinizing their parenting, evaluating their motherhood against an ideal that fails to account for the systemic challenges they face (Elliott and Bowen 2018; Elliott and Reid 2019; Fong 2019a; Gurusami

³ These figures are underestimates, as some states do not submit data on "alternative responses" that are much less likely to result in removal. Connecticut, for example, excludes 43 percent of reports deemed "family assessments" rather than traditional investigations.

2019). This work documents mothers' perspectives of the surveillance they encounter, with less attention to the operation and practices of the surveilling systems themselves, calling for research on the mechanisms producing mothers' fears and systems (dis)engagement.

Scholarship on child maltreatment investigations, often in the field of social work, largely analyzes these investigations as proxies for child maltreatment. This research, typically quantitative, examines characteristics of children, families, and neighborhoods associated with CPS contact in order to understand the etiology, risk factors, and prevalence of child abuse and neglect (Coulton et al. 2007; Putnam-Hornstein and Needell 2011). To complement this work, we need to interrogate the social and institutional processes through which family situations become child maltreatment reports (McDaniel 2006). Recent research situates CPS intervention within a broader social policy regime, related to other systems' interventions (Edwards 2016, 2019). I bring this focus on interconnected systems to the street level, where reporting happens, and center the constraints and aspirations of the frontline bureaucrats who file reports. Research has examined professionals' divergent interpretations of their statutory reporting responsibility (Crowell and Levi 2012; Levi and Brown 2005) and their hesitations about reporting suspected maltreatment (Foster et al. 2017; McTavish et al. 2017), but we know little about the processes affirmatively generating CPS reports beyond legal requirements. Indeed, legal mandates may not fully account for CPS reports, as frontline workers give moral accounts precedence over legal justifications, "invok[ing] law strategically as a tool to enforce their moral judgments" (Oberweis and Musheno 1999:897; see also Maynard-Moody and Musheno 2000).

Qualitative research on the child welfare system, meanwhile, provides little insight into the system's front door: the maltreatment reporting that launches agency involvement. Prior work focuses primarily on court-involved families (Lee 2016; Reich 2005), even though CPS encounters rarely lead to such deep system entanglements.⁴ Just as taking full account of the criminal justice system necessitates studying policing in addition to incarceration, research must attend to the front end of the child welfare system, especially given its vast reach and the race and class disparities that emerge at this earliest stage (HHS 2020; Putnam-Hornstein and Needell 2011). As research on police stops shows, lower-level investigative contacts can have psychological and social consequences even if they do not lead to further system involvement (Brayne 2014; Epp et al. 2017; Stuart 2016). By analyzing how families come under CPS's purview and how this shapes the ensuing surveillance, the present study illuminates a much more widespread state intervention into families.

DATA AND METHODS

Sociologists have drawn insight from in-depth fieldwork in a number of realms where marginalized people engage with bureaucratic authorities, such as welfare (Watkins-Hayes 2009), healthcare (Seim 2017), education (Shedd 2015), and policing (Herring 2019; Stuart 2016). Yet the day-to-day practice of the child welfare system—and especially its investigative

⁴ The most recent available data show 29 percent of children who experienced substantiated maltreatment (or approximately 5.5 percent of children subject to investigations) were subjects of court action (HHS 2020). Although CPS can pursue court intervention without substantiating allegations, my observations suggest this rarely occurs.

arm, CPS—has largely remained out of view to researchers, perhaps due to difficulties accessing these confidential, sensitive interactions (for a notable exception, see Reich 2005).

This study draws on multi-perspective data on child maltreatment investigations: observations of CPS visits, conversations with CPS investigators, interviews with reporting professionals, and interviews with investigated mothers. The primary data come from a set of 37 cases investigated by the Connecticut Department of Children and Families. I selected two of the state's 14 area offices for the study: one covering 20 towns in the “Northeast Corner,” a predominantly White, small-town and rural region of the state, and one covering New Haven, a higher-poverty, majority Black and Latinx city. I selected these sites to reflect some of the variation statewide. Findings generally applied across these different demographic contexts, although I note differences observed. (The appendix includes additional information on the research setting, data collection, and study cases.)

I spent two to three months in each office, keeping the same hours as full-time staff and sitting in a cubicle alongside investigators. The research period was preceded by four months of informal shadowing one to two days each week while securing university and agency approvals, which allowed me to begin the research with a better understanding of the agency's work. Beyond the case-specific fieldwork described below, I also engaged in informal conversations, attended staff meetings, participated in trainings, and shadowed investigators on dozens of other family visits. After my full-time period in each field site, I returned occasionally to collect follow-up data and share preliminary findings.

I selected cases alleging a biological mother perpetrating child maltreatment, due to the gendered nature of child welfare intervention. In selecting cases, I also prioritized those where mothers had no prior child welfare involvement as a parent to understand mothers' experiences as they learned about the agency firsthand.

On each of the 37 study cases, I observed a CPS visit with the family, usually the first visit, when the investigator met the family and conducted an initial assessment. Investigators frequently bring trainees, interns, and medical residents along on home visits, so they seemed comfortable with my shadowing, especially given my identity as a young, well-educated professional in training. On all 37 cases, I briefly interviewed the investigator after the visit, typically on the drive back to the office. All interviews were audio recorded and transcribed.

I also interviewed 38 “reporting professionals,” or individuals legally mandated to report suspected maltreatment in their capacities as educational, medical, law enforcement, mental health, or social services professionals. Of the reporting professionals interviewed (17 in the Northeast Corner and 21 in New Haven), 21 reported one of the 33 study cases reported by a professional contact, 4 reported a case where I attempted a visit but was unable to observe or obtain consent, and 13 were recruited separately from the study cases. Reporting professionals seemed accustomed to scheduling meetings during their workdays and were often eager to share their perspectives on CPS.

Finally, I interviewed 27 of the 37 mothers (8 of 11 in the Northeast Corner and 19 of 26 in New Haven) and conducted follow-up interviews and/or additional observations with 10 of them. Mothers' social and economic situations varied, but most had low incomes, consistent with

research finding poor families disproportionately come to the attention of CPS (Berger and Waldfogel 2011). Ten mothers identified as Latina (including two Black Latina mothers), ten as non-Latina Black, and seven as non-Latina White.

After investigating, the agency closed 30 of the 37 study cases; maltreatment allegations against the mother were unsubstantiated in 29 of these cases. Among the seven cases transferred for ongoing agency oversight, five had maltreatment allegations substantiated. The case-level substantiation rate (16 percent) is comparable to the 17 percent child-level substantiation rate nationwide (HHS 2020).

Through the fieldwork, I thus examined child maltreatment reporting and investigations from the vantage points of the multiple parties involved. This research design enabled me to analyze stakeholders' expectations on the same cases. Often, as I discuss, these expectations diverged in ways that stoked apprehension in families with little chance of coercive intervention. Yet studying "an interconnected web of people, many of whom are bound in relationships of antagonism" involved challenges (Desmond 2014:569). For example, recruiting mothers under investigation necessitated meeting them through the agency. This meant I arrived at mothers' doorsteps alongside CPS. I told mothers I did not work for CPS and would not share anything they told me with CPS unless a safety concern arose. (I informed all participants that the project involved speaking with others on their cases.) Still, mothers likely associated me with CPS, especially in early interactions. I was approximately the same age as many investigators; dressed casually, like CPS staff; and did not share mothers' racial, ethnic, or class identities.

To build trust and rapport, I drew on extensive experience interviewing similarly-situated mothers, emphasizing that they were the experts and I wanted to learn from them. Investigators tended to ask focused questions during visits and took detailed written notes of mothers' responses, redirecting mothers when, in investigators' views, their responses strayed too far afield. In contrast, I asked more open-ended questions, took no written notes, and gave mothers space to tell their stories. Still, aware I had some connection to CPS, some mothers may have declined to participate in the study or may have tailored their responses to me accordingly, potentially limiting my ability to understand the full extent of mothers' fear of and negative feelings about CPS. Nevertheless, as I describe, fear came through clearly in mothers' accounts, and mothers generally seemed open to criticizing investigators and reporters.

During data collection, I wrote analytic memos along with my fieldnotes regarding emerging themes. Approximately halfway through data collection, I coded all interview and observational data collected to that point line-by-line, using a grounded theory, initial coding approach to keep this early analysis close to the data (Charmaz 2006). Once initial data collection concluded, I wrote detailed memos on each case, reading all transcripts and notes related to the case and writing a summary of the case participants' perspectives. I developed the initial argument based on these within-case analyses; then, drawing on these memos and the initial coding, I applied a set of analytic codes, organized across the three categories of respondents, to the entire dataset. I then read coded segments to write additional analytic memos. The findings presented here developed iteratively from these memoing and coding processes.

FINDINGS

To analyze how family life becomes visible to the state, I draw on the critical case of child maltreatment investigations, which invoke child protection aims to justify state entry into domestic, private spheres. Based on fieldwork in two offices in Connecticut, I trace how families' everyday systems participation brings state agents into family life. Envisioning a community responsibility for child well-being, the child welfare system turns to frontline bureaucrats in other systems to identify families for assessment. CPS's goal of assisting families stands alongside its authority to separate families—a combination that, I find, draws reports from “reporting professionals” such as educators and police officers. This process generates surveillance that is expansive, extending beyond families deemed serious threats to their children's safety; stratified, reaching marginalized families in particular; and distressing for investigated mothers, even when investigations ultimately close.

I begin this section with a case example, presenting multiple perspectives on a single case to illustrate the different components of my argument. Next, I argue that the professionals who file CPS reports leverage the multifaceted capacities of CPS as a means of rehabilitating the families they encounter, rather than rescuing severely maltreated children. I then show how reporting professionals' approach generates an expansive and unequal surveillance, with CPS collecting substantial information about families not seen as posing serious risks to their children, particularly marginalized families. Finally, I reveal how the features producing expansive surveillance—a diffuse network of street-level bureaucracies invoking an entity offering care alongside coercion—introduce costs for families under investigation that may perpetuate adversity and marginality.

Gaby's Investigation

Around midnight one summer night, Gaby, a Latina immigrant and mother of two in New Haven, realized her 15-year-old daughter Livia was not in her bed (all names are pseudonyms). Gaby panicked. Livia had mental and behavioral health needs and Gaby felt their neighborhood was unsafe at night. Gaby also recalled Livia hanging out with a man in his 20s whom Gaby did not know. As Gaby told Livia's therapist the next day, when Livia returned home a few hours later, Livia offered a weak excuse for leaving, so Gaby got a belt and hit her two or three times on the legs.

Livia's therapist, a young Latina woman named Alma, called the CPS hotline. Alma said she would have reported without a legal mandate to do so. She did not think Livia or her younger brother needed to be removed or even needed an open child welfare case. Instead, believing the family needed education regarding appropriate behavior, Alma felt “a different kind of agency” could help get the message across. Alma also hoped CPS could connect the family with supportive services: extracurricular activities and a higher level of mental health care for Livia and perhaps a parenting support program for Gaby. Although she recognized CPS's constraints, Alma felt limited in what she could do for Gaby's family:

There's not a lot of programs that we have available as clinicians here... [Sometimes] we think CPS has all these resources at hand and they may not have these resources at hand.

That's the way we look at CPS, as like, oh, CPS has the resource for parenting, CPS has this, that, and the other thing.⁵

Alma hoped CPS could intervene with Gaby's family to prevent similar incidents from happening again.

Gaby's case was assigned to a veteran investigator, Ria, an immigrant herself, from the Caribbean. Reading the allegations, Ria viewed Gaby as simply a parent concerned about her teenage daughter. Ria said she would not have called CPS. CPS might not agree with Gaby's response to the situation, she said, but Ria felt Gaby likely reacted out of fear for Livia's safety. Arriving unannounced to Gaby's apartment, Ria spent over an hour at Gaby's kitchen table asking questions about personal topics such as Gaby's experiences with domestic violence and her migration history.

Ria fully expected the investigation would close, but Gaby was apprehensive when we spoke a few days after Ria's visit: "It scares me, because I have never gone through something like this." Although Gaby ultimately felt positively about Ria, the experience colored her view of Alma, whose report came as a surprise. Gaby understood Alma's mandate to report, but she nevertheless felt hurt and upset:

She is not being helpful, she is just making my life more complicated, that's the way I see it... I needed help from her and she did the opposite... Instead of bringing peace, she messed everything up for us... To me, she is not reliable anymore, she is not reliable at all... The confidence we have placed in her by telling her our life, making her part of our life, we lost that confidence in her... [I]t really hurts, because there are people who tell me, "You shouldn't tell everything," but how can someone help me if I don't tell them everything?

Alma, interviewed a few weeks later, said that Livia had continued therapy but Gaby kept her distance, declining to talk when previously they had a close relationship.

Ria recognized some family conflicts and stressors, visited twice more, and looked into more intensive mental health services for Livia. With the child protection investigatory mandate fulfilled, Ria closed the case after the 45-day investigation period. Gaby's case would remain in the agency's database for at least five years and add a "point" to future risk assessments. (Five points would indicate moderate risk and a recommendation to open the case for ongoing services.)

Engaging in therapy brought the state into Gaby's home to probe her personal life, with Livia's therapist invoking this surveillance as a means of providing additional support and correcting behavior she deemed inappropriate. Both Alma and Ria fully expected from the start that the case would close, but the threat of coercive intervention, initiated by a key source of support for her family, left Gaby apprehensive and distrusting.

⁵ For consistency, I substitute "CPS" for respondents' references to the Connecticut Department of Children and Families.

The Path to Surveillance

I argue that institutions central to social life, such as education and healthcare, create a pathway to surveillance of the domestic sphere. Notably, support-oriented systems do not always turn people over to authorities with coercive power. For example, Marrow (2009) describes how schools suspected many immigrant students had false birth certificates but, given their mission of serving students and families, did not notify authorities. Legal requirements are insufficient to explain widespread reporting. Professionals in a number of fields, including education, healthcare, law enforcement, mental health, childcare, and social services, are mandated to report suspected maltreatment, but these legal obligations are not always clear. The federal definition of child maltreatment—a caretaker’s action or lack thereof that results in, or presents an imminent risk of, serious harm to a child (HHS 2020)—is subject to considerable discretion (Crowell and Levi 2012; Levi and Brown 2005). Additionally, street-level bureaucrats cite moral obligations, more so than legal requirements, motivating their discretionary decision-making (Maynard-Moody and Musheno 2000; Oberweis and Musheno 1999). Why, then, do frontline bureaucrats turn to CPS?

I find that reporting professionals, unable to intervene with families as they believe necessary (Lipsky 1980), call on the agency’s dual supportive and coercive capacities to rehabilitate families. Reporting professionals interviewed did not believe the children they reported were at risk of imminent harm. None felt child removal was absolutely necessary in the focal case discussed. Some said they did not know or it would depend, but many explicitly said that child removal was not needed or wanted. (The study did not include cases involving critical injuries, but such cases are rare.) Reporting professionals who encountered families facing adversities such as poverty, domestic violence, and substance use framed parents not as unequivocally dangerous, but as needing additional intervention to care for their children effectively.

Reporting professionals highlighted resource limitations and boundaries in their professional roles that constrained them from intervening as they felt necessary. A state trooper, for example, spent much of the interview lamenting his high workload given the department’s lack of resources. He was relieved to hand off cases to CPS, which could “focus on the needs of the children... ’cause I don’t have—and I know it’s gonna come out wrong—I don’t have the time.” Reporting professionals envisioned CPS as a sort of all-purpose agency, compensating for what they could not provide. For example, emergency room staff, who had short-term interactions with families, appreciated CPS’s ability to follow up with families afterward and get “eyes in the home.” Or police, given their law enforcement focus, invoked CPS’s expertise in child and family issues.

Reporting professionals overwhelmingly said they would have summoned CPS even without legal mandates to report child abuse or neglect. A maternity ward nurse explained: “I don’t think of it, ‘Oh, my God. I’m a mandated reporter. I have to do it.’ I don’t think like that. I think, this mom needs help. This baby needs to stay safe.” Rather than seeking to rescue victimized children from willfully maltreating parents or shield themselves from legal liability, reporting professionals leveraged CPS in an effort to realize their rehabilitative aspirations for families.

Drawn to Combined Care and Coercive Capacities

For reporting professionals, CPS's appeal stemmed from its mission of helping families coupled with its coercive authority. Beyond a process of "burden shuffling"—shifting subjects across bureaucracies out of "convenience and a general effort to disclaim liability" (Seim 2017:464; see also Herring 2019)—reporting professionals wanted to improve family well-being and believed that, in the cases they reported, CPS was better positioned to do so. Reporting professionals expressed paternalistic goals of helping families by instructing and guiding them to what professionals believed would be best for them. Even as some articulated more assistance-oriented aims while others emphasized more disciplinary goals, therapeutic and regulative logics often went hand-in-hand. Reporting professionals recognized the agency's service orientation alongside its coercive power and surveillant capacity as useful in facilitating families' rehabilitation.

First, to reporting professionals, CPS's orientation around support framed the agency as well-positioned to rehabilitate families. Nearly all reporting professionals interviewed invoked CPS's service orientation, portraying CPS reports as a way to provide assistance if they could identify credible allegations of child maltreatment. An elementary school principal who frequently reported explained, "What I have found in the Northeast Corner... [is] there aren't enough resources to be had in this area, where CPS might have access or know more of that information than what our [school] family resource center can give." CPS aims to prevent future maltreatment by offering information, education, and service referrals; reporting professionals sought to connect families with this support. For example, a therapist called CPS upon learning her client was experiencing severe domestic violence. The therapist explained that in addition to getting the mother's partner to leave the home, she hoped CPS could provide additional support, as this mother also faced other hardships:

She's going to be evicted very soon, and I've been trying to find resources for her, as well... I don't wanna see her kids taken away, either, but she needs some help... She needs to be linked to the proper service...

You said you don't want to see the kids taken away. Tell me more about that.

No, I don't. I would like them all to be together. She needs case management and supports. I can't do all of that from my office. She needs housing, she and her kids. She's getting disability, but she can still work under 20 hours. She probably needs training, an assessment to see what she can do.

Rather than child removal, this therapist wanted assistance for the family. Recognizing her own constraints, she summoned another entity to help.

Yet reporting professionals understood CPS was not simply a benign helper, as many also invoked CPS's coercive power as a means of rehabilitation. For example, some reporting professionals could offer voluntary services to families themselves, but they had little recourse if families declined services, and they recognized CPS could pressure families to participate. A school social worker explained:

[When CPS refers] I think parents either hear it differently or out of nervousness and fear of what if I don't accept this service. Not that that's the greatest way to get people involved, but if you get them involved, then hopefully the outcome is beneficial. I guess really, I hope that [CPS] can get in, have eyes on, maybe [have] Mom and Dad be more open to hearing their feedback and their suggestions and then also hook them up to whatever they may think is appropriate.

Although she acknowledged that bringing in a coercive authority to provide support was not ideal, this social worker saw benefits in CPS's power over parents, as parents might take advice and service referrals from CPS more seriously. CPS's dual therapeutic and regulative roles thus aligned with reporting professionals' aspirations for families.

Reporting professionals also envisioned CPS's surveillance itself as a tool in rehabilitation—a way to assess families' needs holistically and monitor families' compliance with recommendations. For example, a hospital social worker explained that she primarily did “crisis work” and turned to CPS to “take it from there,” getting “eyes on the kid” and conducting an assessment to put additional services in place. Another hospital social worker, reporting a mother who accidentally overdosed, described what she wanted from CPS: “Oversight. Someone checking in that's not family to see how they're doing and just making sure that they are going to counseling and they're getting the supports that they need.”

CPS surveillance and authority even appealed to police officers. One might imagine that police, the embodiment of coercive state power, could correct families' behavior themselves through force. However, whereas police might respond once to a call for service, CPS investigations involve multiple home visits, making CPS an attractive option. Professionals like police envisioned CPS's repeated check-ins—during the 45-day investigation but potentially months or years longer for cases opened for continuing services—as a means of rehabilitating and disciplining families (Foucault 1971). One officer explained why he agreed with departmental policy to notify CPS about domestic violence incidents with children present: “You have to make sure that... when the police aren't there, somebody else is holding them accountable, checking in on them, making sure that the kids are okay.” He hoped CPS would facilitate services such as counseling for the couple and, if old enough, the child, “to make sure they're okay.” An officer in a different department recalled entering homes with animal urine, animal feces, and moldy food throughout. He said he felt uncomfortable making on-scene arrests in these situations and saw CPS as better suited to address the concerns: “[CPS has] programs... They have more resources than we do when it comes to that kind of stuff, and... more leverage than we would.” This leverage, he clarified, referred to CPS's ability to remove children, an authority he lacked. Reporting professionals seeking to rehabilitate families were drawn to CPS's intertwined capacities for care and coercion—providing resources and services but also oversight and leverage.

Educational, medical, mental health, law enforcement, and social service professionals find themselves on the front lines of responding to manifestations of poverty and trauma (Seim 2017; Stuart 2016; Watkins-Hayes 2009). When these professionals, aspiring to improve conditions for children, believe families need intervention beyond what they can provide, CPS becomes an appealing option to bridge this gap, given its dual orientation around support and coercion. Child maltreatment investigations thus emerge not so much from professionals sounding the alarm

about children in imminent danger, but from constrained street-level bureaucrats hoping to rehabilitate families in need by shuttling them to a multifaceted surveilling agency.

Expansive and Stratified Surveillance

Deploying maltreatment reporting to rehabilitate families through service referrals, information provision, oversight, and threats of coercion produces an expansive and stratified surveillance of intimate life. As the vast majority of cases, about five in six, are unsubstantiated (HHS 2020), CPS intervention reaches well beyond cases with documented maltreatment. In this section, I first demonstrate that CPS subjects families to substantial surveillance. Second, I argue that although trauma and adversity are not necessarily absent in unsubstantiated cases, CPS reporting brings families under surveillance that may not need a child protection response specifically, as frontline CPS investigators see it. Third, I suggest that reporting professionals' discretionary reporting decisions place marginalized families in particular under the state's gaze.

CPS Surveillance

Child maltreatment investigations subject families to substantial surveillance. Compared with the analogous stage in criminal justice—police stops or perhaps arrests—CPS investigations are much more informationally invasive. In Connecticut, investigations involve multiple home visits, typically three; assessments of the physical condition of the home, including children's bedrooms; individual interviews with children, parents, and other household members; questioning about topics such as income, employment, domestic violence, substance use, physical and mental health, and discipline practices; criminal background checks of household members; and requests to communicate with service providers involved with families, such as schools and pediatricians. Initial assessments often last an hour or more. These activities are common practice and best practice in investigating maltreatment (DePanfilis 2018; HHS 2013).

Investigators in Connecticut enter the substantial information they gather from families into the CPS database. In lengthy narratives, typically running 5,000 to 10,000 words, investigators detail all case contacts and offer their assessments on a long list of topics, from children's engagement with their fathers to "protective factors" such as attachment and social supports. In addition to demographic information such as names and birthdates of household members, investigators ask parents about deeply personal experiences, such as substance use triggers, unfaithful partners, family relationships, and childhood traumas. Framing these inquiries as opportunities to understand the broader context of families' lives and connect families to services if needed, rather than as a means to track and punish deviant parents, investigators elicit information on an array of topics, even if not directly relevant to the initial maltreatment allegations.

Information gleaned from Connecticut CPS investigations stays in the statewide database for a minimum of five years, and for substantiated investigations, indefinitely. When reports come in, investigators and supervisors first review case history to begin the investigation aware of prior agency contacts. Earlier CPS contacts shape the trajectory of later reports. As one investigator explained, the agency may be more lenient for the first report, as "perhaps it was a one-off incident," but may take a case more seriously if the same issue is reported again, especially within a short time period. With quantified risk assessments based in part on the number of prior investigations, substantiated or not (Hirschman and Bosk 2019), stratified surveillance

accumulates to exacerbate inequality (Brayne 2017; Eubanks 2018). Ideally, these holistic assessments and case records enable CPS to intervene more effectively and provide services to prevent future maltreatment, but they also reflect substantial and lasting surveillance of families.

Surveillance without Substantiation

In Connecticut, as nationwide, most cases close after investigation, with the vast majority unsubstantiated (HHS 2020). Thus, CPS gathers considerable information about families despite ultimately amassing insufficient evidence to confirm maltreatment in most cases. This does not imply that families with unsubstantiated cases could not benefit from additional support (Kohl, Jonson-Reid, and Drake 2009). However, CPS investigators expressed ambivalence about their intervention, believing many reports they received did not need a child protection response in particular—that is, a response only CPS could deliver, oriented around identifying candidates for ongoing oversight, legal intervention, and child removal. Recognizing the needs of families deemed low-risk, CPS used investigations to connect families with available services. In a training session for new investigators, the trainer highlighted a perk of investigations work: whereas families deemed high-risk fill other workers' caseloads, "in investigations, 50 percent of cases go right into the garbage," he said lightly, miming tossing something into a trash can. He clarified that this did not mean they should ignore half the reports they receive; investigators should still "get all the information we need" and try to help families to the extent possible. Other entities, however, can also refer families to social services such as nurse home visits and substance use treatment; by turning to CPS to rehabilitate families, reporting professionals initiate widespread surveillance without substantiation.

Investigators expressed frustration upon receiving reports where they saw no clear role for CPS to intervene meaningfully (see also Seim 2017). For example, investigators felt some reports could have been averted with additional follow-up from reporters. When a clinician providing services at a childcare center reported concerns about a family, primarily regarding a child's scooter accident, the investigator questioned why the clinician turned first to CPS:

I would think that the reporter who's been working with this child would know the parents a little bit better in order to get a better take on them... Why don't you just call the parents and ask them what happened? There's such a lack of communication between the schools, the providers, and the parents. Everybody calls CPS or the police. It could have all been worked [out] if they had just talked to the parents.

Yet recall that reporting professionals often wanted CPS to intervene in ways they felt unable to. In this case, for example, the clinician said, "I felt like this was the time to get some support in for the family. I figured CPS can provide that for them or whatever it is that they're lacking or need support in." This clinician, noting her many other responsibilities, did not know the best person to contact.

In other cases, investigators did not see any levers CPS could pull to resolve or improve the situation. A common refrain in the office was, "What are we supposed to do?" When schools called about students with many absences toward the end of the school year, for example, supervisors and investigators asked rhetorically what schools wanted them to do. In another example, one investigator vented to another about his case involving a 6-year-old with diabetes

not adhering to his diet. The second investigator shook his head and said, “Some of the stuff we get is just ridiculous... I know I’m supposed to be a miracle worker, but sometimes there’s nothing we can do.” Receiving these reports, agency staff tried to respond as best they could, but the tools at their disposal were limited, especially if the case did not meet criteria to transfer to ongoing CPS oversight beyond the investigation.

In particular, CPS could offer little to address families’ chronic material needs. The agency could make referrals to myriad programs run by private and nonprofit providers, generally therapeutic services such as substance use treatment, intensive in-home parenting support, and services for children’s behavioral health needs. Certainly, some families found these referrals helpful. The agency also occasionally provided short-term assistance to stabilize families in crisis, for example, by funding a hotel when a family urgently needed a few nights’ shelter. CPS offered gift cards, bus passes, furniture, clothing, strollers, and more to families under investigation, soliciting donations from staff’s own homes and communities. Yet CPS could rarely provide the enduring material support families needed. Especially in New Haven, families’ housing needs were paramount. Material hardship creates conditions that make child maltreatment more likely (Berger and Waldfogel 2011), but CPS is structured around addressing parents’ abusive and neglectful behaviors, not meeting families’ persistent needs. In interviews, investigators identified non-therapeutic family needs in their cases, but if these needs did not directly and imminently threaten children’s safety, they lacked the recourse and resources to address them.

In one case, a hospital social worker reported a mother’s housing conditions and recent housing instability. En route to the visit, the investigator asked, exasperated, “What do they want us to do, get rid of the roaches? What am I supposed to really do? I don’t see the kids being neglected.” CPS could not provide ongoing rental assistance. The investigator said she understood why the report was called in: “Primarily, I think, because they wanted to see what CPS can do to help the family, not because Mom has been neglectful.” However, this investigator did not think it should have been reported:

Because there’s nothing we can do... I think the entire community think CPS can save them all and provide housing and fix their financial problem. I think that’s the misconception of people in the community. I’m not sure why, but I feel as if they cannot service the family, they feel like we will be the backup plan.

The investigator knew this family needed help and she wanted to help them. But, she reflected, “[t]he sad part is there’s nothing we can do in the sense that we don’t have housing.” Deeming the home environment safe, she closed the case. Reporting professionals bring many families experiencing hardship under CPS surveillance, but the agency is ill-equipped to address these needs.

In frontline investigators’ accounts, many reports are ill-suited to CPS investigation; these reports just subject families to surveillance and strain investigators’ caseloads. Yet reporting professionals receive conflicting messages from CPS, with CPS administrators encouraging reporting as a means to check out potentially concerning situations. Investigators expressed frustration that reporters did not ask parents more about what happened before reporting, but the agency’s mandated reporter training advises reporters not to do their own investigations. “We’re not judge and jury,” echoed a middle school principal, explaining why she urged her staff to

report any concerns, even if they were unsure CPS would consider it maltreatment. Most reporting professionals described wanting to err on the side of reporting situations that turned out not to be maltreatment. Although they cited reasons for reporting beyond legal mandates when discussing specific cases, some referenced concerns about legal liability when speaking more broadly. In a high-profile case at the end of my fieldwork, school administrators in southeastern Connecticut were arrested for failing to report a staff member's behavior at school. Following this, the school district's acting superintendent told the local news that she had reminded her staff to report: "Making that call is something you do even if you think maybe it's not true" (Burian 2018). In the *Hartford Courant*, an agency spokesperson announced, "We'd rather get a call than not. The call allows us to assess a situation" (Kovner 2018). Thus, reporting professionals receive encouragement to report expansively, even as frontline CPS investigators often see little role for CPS aside from surveillance.

Unequal Exposure to Surveillance

Turning to reporting systems to weigh which families need rehabilitation, delivered alongside the threat of coercive intervention, differentially exposes families to CPS surveillance. CPS investigators in New Haven, and statewide in training sessions, attributed many reports to reporting professionals' racial biases rather than serious child safety concerns. New Haven investigators noted language in reports they deemed opinionated and specific reporters they saw as prejudiced or judgmental. A few cases involved conflicts between families of color and predominantly White systems. For example, the parents of a Black 10-year-old with behavioral outbursts in school were reported when the child made comments about marijuana. The mother said her son had not had issues in his previous, predominantly Black school, where few staff members were White. She wondered if her son's teacher "came in contact with a crazy Black mother who told him off and he was, 'You know what? I ain't fixin' to mess with these Black kids no more like that.'" The investigator, too, said, "I just think a lot of these schools in New Haven are very quick to call in," recalling how the report called the mother "difficult to engage" despite the mother emphasizing her active involvement with the school. These racialized reporting dynamics, particularly in the multiracial city of New Haven, contributed to investigators' frustrations regarding reports they saw as unnecessary.

Professionals serving more privileged families identified alternative responses to issues like possible exposure to marijuana use. The director of a daycare serving many children of faculty and graduate students at the University of Connecticut recalled a recent incident when a child's lunch bag and coat smelled like marijuana. If it became a recurring issue, she said, she would talk with the parents about local substance use resources available. The director said she might ultimately have to bring up CPS, but she would give the parents a chance to resolve it first: "With me, letting families know ahead of time, look, this is a reportable incident, let's find a way to solve this issue, helps a lot." Hesitant to activate CPS, this daycare director identified other steps she would take beforehand, believing the families she worked with could adjust their behavior without involving a coercive authority.

Systems serving marginalized families are especially underfunded (Lipsky 1980), leaving overburdened professionals to turn to CPS (see also Seim 2017). At a major provider of mental health services for poor families of color in New Haven, a therapist described conducting intakes

while carrying a caseload of 20 to 25 clients. This therapist reported a mother who did not follow through with treatment recommendations after her preteen daughter's suicide attempt:

I didn't want to throw CPS at her. I didn't mean to, but I think that it was just out of my hands and it needed some supervision that, from provider to provider, can get lost... Because I'm seeing so many families... things get lost and they fall through the cracks... When [the mother] didn't [follow through with recommendations], it was time to say, "Okay. I can't continue to monitor and continue to supervise what she does or doesn't do with services. It's gotta go to the big guys."

This therapist described calling CPS in part because she did not have the bandwidth to continue following up with the family and coordinating with providers. Identifying few or no alternatives to address their concerns about marginalized families, and perhaps viewing them as needing increased supervision, professionals render these families' intimate lives visible to the state.

Distressing Surveillance

The very features that produce such widespread intimate surveillance also make it distressing for families under investigation. First, coupling care with coercive authority generates substantial apprehension for families, even when reporting professionals and investigators fully expect cases will close after investigation. Second, with investigations originating in other systems' active, discretionary reports, mothers become upset with and wary of reporting professionals, which strains relationships between families and critical service providers. The extensive yet stratified reach of CPS surveillance thus fosters anxiety and distrust among many families not deemed threats to their children's safety, especially marginalized families.

Fear

Investigations rarely lead to child removal (HHS 2020) and in most cases studied, reporting professionals and investigators alike fully expected children would remain at home. Still, in interviews, mothers overwhelmingly described their initial reactions to the CPS reports as fear, acutely aware of CPS's power to separate families. As one mother said, "I was scared at first" and "really nervous" because "the only thing that crossed my mind was that they were going to take them away." Another mother recalled CPS visiting the hospital after she gave birth: "I was panicking, like, 'Oh, they're going to take my baby' ... I was trying to stay calm. I wanted to cry." Even as they expressed confidence in their mothering, saying they had nothing to hide, mothers felt relatively powerless in the face of CPS's authority, uncertain about what the agency would do and whether it would recognize mothers' care for their children.

Although some mothers' fears subsided somewhat after the initial visit, for others, CPS's surveillance provoked ongoing anxiety. Interviewed the day after CPS's first visit, one mother described her experience: "All night long, barely being able to sleep. Did I say something wrong? What did I say? Oh, God. I am 31, and it made me nervous. It made me wanna throw up all night long." When we met again two months later, after her case closed, she remained apprehensive given CPS's surveillant capacities:

Even though I say this [investigation] went so wonderful, well, I also say random stuff happens. I don't know how that paperwork works. I don't know what system that now is

in. I don't know how their databases work. I don't know how it works. After that, I walk down the street, get in an accident, now they're bringing up that time when my kid got—I have no idea. I'm a weird thinker. Anything could happen at this point, right? I don't think they'll come back into my life, I'm not that scared, but you just be like okay, I don't know. Somebody don't look over the paperwork. Now they look over the paperwork and said, "Wait, I don't know."

The investigator had recommended a grief counselor, suggested strategies for engaging with the child's school, and referred the family to a program that helped find and pay for summer camp. The mother appreciated these interventions, yet she recognized they came at a cost: a lasting, formal record with CPS and uncertainty about how it might be used against her (see also Asad 2020).

Black and Latina mothers sometimes invoked their racial/ethnic marginalization in describing their fears, concerned CPS would misunderstand or misrepresent things. A Black and Puerto Rican mother in New Haven explained, "I'm not scared because I don't know how to not hit my child. I'm scared because nobody listens to me, because nobody takes my word for anything because everybody just does what they want to do." She recalled the reporter on the case, her White housing case manager:

She's a straight White woman, so they have that White privilege where their word will go over my word. It doesn't matter what I say. They're always gonna take her word. Then here it comes to an investigation and it's like, oh well, we're just gonna take her word even though there's nothing wrong with him.

Although the New Haven CPS workforce is racially and ethnically diverse and the agency has prioritized racial justice, CPS represents professional-class, White authority and operates in a racially stratified social structure (Roberts 2002). For mothers of color in particular, this contributed to feelings of powerlessness and apprehension in the face of the state.

Distrust and Disengagement

CPS encounters that foster fear among mothers originate not from CPS staff patrolling the streets or deploying surveillance technology, but from other service systems that open the door to state investigation of intimate life. This arrangement strains relationships between families and reporting systems. Mothers recognized legal reporting requirements, but they often expressed resentment and distrust, believing reporting professionals should have handled situations differently. These negative dispositions were not universal; in general, mothers viewed reports as particularly hurtful when they had closer relationships with reporters, with more repeated and sustained contact. Thus, negative ramifications emerged especially for reporters in support-oriented positions, the very roles intended to support marginalized families and promote social integration. When education, healthcare, mental health, and social service systems channel families to state surveillance that threatens child removal, this may distance families from the systems tasked with assisting them.

Even when mothers ultimately found CPS intervention helpful or at least benign, as was common, reports informed mothers about reporting systems' practices and motivations. One case

involved a child with behavioral outbursts in school who mentioned his father hitting him on the head. Driving to the visit, the investigator predicted the case would “end up being a nothing burger,” recognizing the school reported more out of frustration that the parents resisted the school’s desired intervention, rather than because of physical abuse. After assessing, the investigator referred the family to case management services. Although terrified at first, the mother was ultimately grateful for the investigator’s intervention: “He was a really good contact... I felt like he was there to help me.” Still, she was “very upset” that the school called. She understood school staff were mandated reporters, but she felt they could have talked to her about any incidents or arranged a meeting at school, especially given her active involvement. This mother resented the school making what she saw as a vindictive report, adding that meeting with school staff since the report had been difficult: “I don’t even want to sit across from some of these people.”

Reports could also suppress mothers’ engagement with health and social service providers. Another mother described her immediate thoughts upon learning she was reported for testing positive for marijuana during her pregnancy: “I was like, ‘Oh, [the prenatal clinic] snitched on me.’ That was my first reaction.” Believing the prenatal clinic and delivery hospital should have notified her in advance of the need to report, she felt set up, saying she could not trust them anymore. Since giving birth, she said, she hesitated to speak openly with the midwife at the clinic:

It was certain stuff that I didn’t wanna say to her because I didn’t know if she’s gonna go and tell. Like, I thought when I first had him that I was going through postpartum [depression]. I don’t tell them how I feel. I don’t tell them any of that because I don’t need them to say, oh, she’s going through postpartum. She’s gonna hurt the baby.

Being open about her possible postpartum depression might have enabled her healthcare provider to respond with additional support, but this mother did not want to risk another report (see also Fong 2019a). Although service providers want mothers to be forthcoming with them, their child maltreatment reports can undermine that trust.

Even with their cases closing and imminent fears of child removal beginning to subside, mothers felt betrayed by trusted institutions that jeopardized their child custody, sometimes responding by distancing themselves from critical sources of support. Thus, the very arrangement producing expansive surveillance of intimate life—service systems ferrying families to an agency that couples care with coercive power—may ultimately exacerbate family adversity and marginality.

DISCUSSION

Governance in the modern therapeutic state requires knowledge of subjects’ intimate lives (McKim 2017; Polsky 1991). Yet to date, scholars have not theorized how this intimate surveillance emerges to become both widespread and consequential. The model I elaborate aims to fill this gap, drawing on the defining case of state monitoring of private, domestic spheres: the child welfare system. I argue that merged supportive and coercive capacities yield an expansive, stratified, and distressing surveillance, with everyday system interactions—a doctor’s visit, a child going to school—opening families up to the state. My findings illuminate new implications of oversight in institutional spaces (Foucault 1971) and bring the “surveillant assemblage” of

linked systems (Haggerty and Ericson 2000) to an intimate, interpersonal level. Monitoring in systems like education and healthcare brings surveillance beyond these arenas and into the home, not through database linkages but through more traditional means of surveillance (Marx 2016). Families under investigation thus experience surveillance not at a distance, but quite personally. The critical case of child maltreatment investigations also sharpens our understanding of broader processes of surveillance in poverty governance, as the mechanisms I identify—interorganizational referrals leveraging combined capacities for care and coercion—provide insight into surveillance beyond the home and family.

Studying the production of state surveillance helps us understand its scope and implications. Little scholarship has examined this process in depth, perhaps because it seems straightforward: states approach people or leverage technology, as in the case of police stops and automatic license plate readers, or people approach a state agency, seeking public assistance. The case of child maltreatment investigations, however, challenges the surveillor–surveilled dyad, centering the interorganizational production of surveillance. External entities initiate surveillance in other cases as well, as when various organizational sources call the police (Herring 2019; Rios 2011; Shedd 2015). Thus, local organizations not only broker resources (Small 2006) but also broker surveillance. In one view, community institutions looking out for the most vulnerable can summon a more specialized response. In another, street-level bureaucrats can, by association, wield coercive state authority upon encountering someone they believe needs correction, augmenting their power over marginalized groups. Building on prior work on interorganizational referrals (Herring 2019), I interrogate the referral process, showing how surveillance can expand beyond what frontline staff in surveilling agencies might pursue themselves (Stuart 2016).

Specifically, interorganizationally produced surveillance becomes widespread when it can lead to rehabilitative assistance as well as coercive intervention. Organizations that take a holistic perspective on social problems and offer a range of responses become a useful resource for other frontline bureaucrats. In this context, rather than complaints (Herring 2019) or interpersonal conflicts (Bergemann 2017; Headworth 2019) driving referrals, merged therapeutic and punitive logics invite referrals from frontline bureaucrats with rehabilitative aspirations they feel they cannot fulfill. The possibility of coercive intervention, however, also generates widespread apprehension. Thus, the very versatility that makes surveillance such a promising option for reporters also makes it profoundly distressing for the people subjected to it.

Expansive surveillance at the intersection of care and coercion exacerbates social stratification. Lyon (2003) conceptualizes surveillance as social sorting: gathering personal information to designate people as worthy, based on assessments of need, or risky, based on assessments of suspicion. CPS investigators are simultaneously assessing risk (that parents will harm their children) and need (for rehabilitative assistance to prevent this harm). This simultaneous classification of people for care and for suspicion is not limited to child welfare. Poverty governance agencies that assess risk also assess need (Hannah-Moffat 2005), recognizing that people are “at risk” because of needs and people “in need” are also at risk. Taking up Brayne’s (2017) call to study these intersections, I show how rehabilitative capacities bring people into a system that also assesses risk. With risk assessments drawing on prior system interactions (Brayne 2017; Hirschman and Bosk 2019), people in need accumulate more perceived risk, reinforcing social inequality.

The findings also reflect a paradox of rehabilitative poverty governance in an era of welfare retrenchment. Macro-level historical analyses link the withdrawal of welfare assistance to the punitive turn of the past half-century (Wacquant 2009). I identify a micro-level mechanism through which austerity engenders expansive surveillance. In a welfare state with few resources to address families' needs, concerned professionals with limited options end up turning to an agency with coercive authority, as that is what remains. For constrained street-level bureaucrats, constructing systemic problems as personal failings (e.g., "maltreatment" or "crime") opens up a possible response. Yet the responding agency, organized around individual behavioral inadequacies, is primarily equipped with tools of surveillance and legal intervention. In the context of austerity, families experience surveillance without material support, reinforcing and punishing their marginality.

Thus, the findings provide a cautionary account regarding incorporating assistance with regulation, especially in systems that invite referrals. For example, as police embrace law enforcement intervention as a means to pressure social services use (Stuart 2016), their reach may expand not only because police themselves take on this mission, but because others call upon their rehabilitative potential. The ambiguity of police intervention and the perceived lack of alternatives already make police an attractive option to connect family members with social services (Bell 2016) and address concerns such as homelessness, addiction, and mental illness (Herring 2019). Yet this triggers punitive encounters and generates apprehension and distrust. Similarly, welfare fraud units might begin to provide case management assistance, recognizing that "fraud" is often rooted in paperwork errors and challenges navigating complicated bureaucracies (Gustafson 2011). But akin to "net widening" (Cohen 1985)—in which programs diverting people from incarceration end up drawing more people into the system overall—more people might be investigated for fraud if other bureaucrats reframe the units' work as helping families rather than identifying candidates for sanction.

In another example, Prevent, an anti-terrorism initiative in the United Kingdom, combines community development programs with assessments of individuals, typically youth and often Muslim youth, deemed at risk of extremism. The initiative turns to street-level bureaucrats to make reports, and one-third of referrals come from educational professionals. The vast majority of people reported are diverted from program oversight, with approximately half referred to alternative services (Home Office 2018). As one report states, "Many types of support are available [to reported individuals], addressing educational, vocational, mental health, and other vulnerabilities" (Home Office 2018:7). My findings suggest that well-meaning teachers may make referrals to obtain rehabilitative support, criminalizing marginalized youth in the process. Incorporating supportive services invites stratified surveillance that places marginalized groups under state supervision.

CONCLUSION

Child maltreatment investigations, strikingly common among U.S. families, are a central means through which the state comes to learn about intimate family life, especially among poor families and families of color. Certainly, child welfare intervention can protect children from trauma; several mothers I interviewed wished authorities had intervened more forcefully when they experienced severe maltreatment as children. And holistic assessments sometimes connected families to therapeutic services they ultimately found helpful. But with referring systems

initiating investigations as a means of rehabilitation, states obtain extensive capacity to monitor marginalized families even when evidence of wrongdoing is scant.

The empirical findings provide insight into a major challenge for child welfare systems: the deluge of reports that do not necessarily call for a child protection response (Raz 2020). “Light touch” or lower-level interventions represent important forms of social control, even without pulling people deeper into punitive systems (Herring 2019; Kohler-Hausmann 2013). Unsubstantiated maltreatment reports are not necessarily false (Kohl et al. 2009), but expansive surveillance is consequential for several reasons. First, from the agency’s perspective, the high volume of cases closed following investigation strains investigators’ caseloads, diverting staff resources from higher-need cases. Second, for families, investigations thwart family privacy. Third, even if investigators are confident children will not be removed, investigations stoke anxiety in families who may disengage from systems intended to assist them, undermining efforts to support child and family well-being. Finally, even with many cases closed promptly, processing family adversity as maltreatment creates official records that affect future risk assessments, building narratives framing parents as potentially harmful to their children rather than foregrounding the adversity and trauma they face. With child welfare increasingly merging data with other systems, expansive child welfare surveillance adds yet more information to the “surveillant assemblage” that manages marginal populations (Eubanks 2018; Haggerty and Ericson 2000).

This in-depth case study necessarily involved some tradeoffs that limit the scope of the findings. I prioritized cases without CPS history to understand mothers’ initial impressions. In my sample, mothers with prior CPS experience as parents tended to be less fearful, perhaps because their previous experiences did not lead to child removal. Mothers whose children had previously been removed might have different experiences. CPS experiences are also gendered (Reich 2005); although I sought mothers’ perspectives, future research might include fathers’ accounts as well. Furthermore, I designed the study to examine relatively few cases deeply, from multiple perspectives. Inverting this to study a larger number of cases would enable more comparison across categories, such as race/ethnicity and maltreatment allegation type.

As with most child welfare scholarship, I only observed cases that came to the agency’s attention. I asked about situations reporting professionals did not report, but nearly all of those interviewed had recently made reports, given my focus on investigation participants. Obtaining a fuller understanding of reporting, especially inequalities in reporting, would necessitate studying incidents *not* reported as well.

That similar themes emerged in both offices studied suggests the processes identified operate across a range of demographic contexts. However, a comparative study across states or even countries would yield additional insights regarding the mechanisms underlying the dynamics observed, especially regarding policy contexts. Connecticut is a relatively supportive state in terms of service availability, so the findings may represent a best-case scenario with respect to reporting professionals’ constraints and service referrals available to CPS.

Addressing and preventing child maltreatment is an issue of significant public concern (Gilbert et al. 2009). Guidance and stricter screening around situations requiring CPS intervention, combined with additional support for professionals seeking assistance for families, could reduce

reports ill-suited for a child protection response (Raz 2020). Moreover, U.S. responses to child maltreatment primarily focus on individual parents' behaviors rather than the systemic injustices creating the conditions for maltreatment. A growing literature suggests community-level strategies (Daro and Dodge 2009) and broad-scale anti-poverty policies (Berger et al. 2017; Cancian, Yang, and Slack 2013; Raissian and Bullinger 2017; Yang et al. 2019) hold great promise for preventing child maltreatment. In the meantime, with a weak social safety net that couples assistance with coercive authority, engagement with vital social support institutions opens the door to stratified state surveillance of intimate family life.

APPENDIX: ADDITIONAL INFORMATION ON DATA AND METHODS

Getting In: Front-end CPS work can involve considerable uncertainty and moments of crisis. Child welfare agencies expect media attention will highlight tragedies rather than successes under their watch. Thus, administrators are not always eager for researchers to observe or speak with participants, especially during investigations, when much is unknown. Unlike criminal courts open to the public or police who offer community “ride-alongs,” CPS keeps interactions confidential. In Connecticut, I had previously analyzed agency administrative data and given presentations tailored to administrators’ questions and interests. This connected me to local administrators who, committed to learning from stakeholders and trusting I would not impede their work or muckrake, facilitated my access. After university and agency Institutional Review Boards approved the study’s protocol, intake managers in each office set me up in cubicles alongside their staff, included me in meetings and trainings, and allowed me to approach investigators about the study.

Policy Context: Connecticut has received praise for its efforts at the forefront of progressive, family-centered child welfare reforms (Annie E. Casey Foundation 2015). National comparisons are difficult due to variations in data reporting across states, but CPS’s reach in Connecticut seems slightly broader than nationwide (but see note 3 about underestimation of national report rates). In federal fiscal year 2018, approximately 3.7 reports were accepted for a CPS response per 100 children in Connecticut, compared with 3.3 reports per 100 children nationwide (author’s calculations from HHS 2020:12, 125, 145); 1.0 percent of children were substantiated as maltreated in Connecticut, compared with 0.9 percent of children nationwide (HHS 2020).

The state operates a centralized hotline to receive reports of child maltreatment. Hotline workers determine whether allegations meet statutory definitions of abuse or neglect and send accepted reports to the appropriate area office to investigate. Reports are assigned a timeframe for the investigator to initiate contact with the family, from emergency cases requiring a response within two hours to less urgent cases allowing investigators 72 hours to respond. Lower-risk reports are designated “family assessments” rather than traditional investigations, a reform many states have enacted to respond more flexibly to CPS reports (HHS 2020). (My analysis treats family assessments as akin to investigations; trainings, conversations with investigators, and observations suggested CPS’s approach with families does not differ meaningfully.) Investigators have 45 days to complete investigations. Like the vast majority of states, Connecticut uses a “preponderance of the evidence” standard to determine whether to substantiate maltreatment allegations (HHS 2020).

Case Selection: I focused not on the sensational cases that occupy media attention, but on the mundane cases that make up the everyday work of frontline bureaucrats (Fassin 2013). Thus, I excluded “critical incidents,” the agency’s term for fatalities, near-fatalities, or other serious injuries, which are relatively rare. Additionally, cases where the mother spoke neither English nor Spanish and a small number of cases internally marked confidential, generally because a case participant had some relation to a staff member, were also ineligible. Based on my interest in mothers’ first experiences with the agency, in the Northeast Corner and the first period of New Haven data collection, only cases with no prior CPS reports on record were eligible for the study. I began including cases with CPS history partway through my time in New Haven following encouragement from staff, who felt these cases, which comprise a substantial portion of their

caseload, would help me better understand their work. In selecting cases, I prioritized those with less CPS history. None of the mothers in the study had children previously removed by CPS.

Data Collection – CPS Investigators: In each office, approximately 20 to 25 social workers exclusively conducted investigations; these investigators were almost all White in the Northeast Corner and racially and ethnically diverse in New Haven. I became acquainted with investigators in both offices before beginning the study through informal shadowing and an introduction at a staff meeting. I worked with staff to screen incoming cases for eligibility and approach investigators on selected cases, asking to shadow as they conducted their initial visit. Investigators' participation was optional; none refused outright, but some facilitated my shadowing more than others. Investigators provided written consent for all case-specific and general shadowing and, in line with agency policy, received no compensation. Seeking not to impede or add to their work, I tagged along on other visits investigators did before or after the focal cases and did not intervene during visits. I kept recorded interviews about the case brief (approximately 15 minutes), usually discussing cases in the car as we drove back to the office. As cases progressed, I often continued talking with investigators informally, especially when the investigation concluded.

Data Collection – Mothers: At the start of each visit, I introduced myself to the family as a student researcher and asked if it would be all right to sit in. I jotted notes during the visit that I later developed into extensive fieldnotes. At the end of the visit, I described the project to the mother and requested consent to include my visit observations in the study. I spoke with mothers alone to reduce any pressure to participate they might feel with the investigator present; investigators were either interviewing other household members separately or went to the car to wait. I emphasized that participation was optional and would not affect mothers' cases; in fact, investigators would not know who participated. (In cases where mothers did not consent, handwritten notes taken during the visit were destroyed.) I also recruited mothers for individual interviews. I conducted almost all interviews at mothers' homes. Interviews generally lasted one hour but sometimes up to four hours. I asked mothers to recount their expectations, perceptions, feelings, and experiences related to CPS and its recent visit. As my research protocol required me to report child maltreatment, I did not seek information that could put me in a position to have to report. I sometimes asked to tag along when mothers had relevant case activities, such as meetings or court hearings. I also reached out to several mothers for follow-up interviews. Mothers provided written consent for interviews and observations and received \$20 for each interview, in line with stipends for similar projects (Fong 2019a).

The monthly median household income among mothers interviewed was \$1,790; several reported no current income. Most had no more than a high school education, but two had bachelor's degrees. Approximately half were not formally employed when I interviewed them; others worked in jobs such as childcare, retail, or food service. Some owned homes or stably rented; others were homeless, staying temporarily with friends. Thirteen were unmarried, eight were married, and six were divorced or widowed. In New Haven, I interviewed four mothers with assistance from a certified Spanish interpreter. I understand Spanish and generally listened to mothers' responses without interpreter assistance, but I wanted an interpreter present to ensure mothers clearly understood study procedures and interview questions. These interviews were translated into English during transcription.

Data Collection – Reporting Professionals: Although some individuals report maltreatment in a personal, rather than professional, capacity, I focused on professionals in this study, as most reports originate from such reporters (HHS 2020). Due to confidentiality requirements, I could not contact reporting professionals on the selected cases without their approval. Investigators typically call reporters to ask follow-up questions, so in these conversations, investigators on selected cases asked reporting professionals if I could contact them to describe the project. I followed up to recruit and schedule interviews. In addition to these case reporters, I also recruited reporting professionals by contacting other local organizations. I interviewed these professionals individually at their workplaces; each received a \$5 gift card for participating in the 30- to 45-minute interview. I asked about general topics, such as recommendations for CPS, but much of the interview traced their observations, decision-making, and expectations regarding a specific case: the study case for case-specific reporting professionals, and the most recent case reported for others.

Cases: The table below summarizes the study cases, as well as other eligible cases for comparison. The 37 cases included in the study (11 in the Northeast Corner and 26 in New Haven) were assigned to 25 different investigators. I exclude two observed cases where the mothers declined to participate in the study and one case that I learned during the visit was ineligible. Due to my sampling strategy, most cases involved mothers with no prior CPS history. Mothers eligible for the study in the Northeast Corner were predominantly White, with a sizable share of Latina mothers; eligible mothers in New Haven were almost all Latina and/or Black. Consistent with state and national data (HHS 2020), the vast majority of eligible and included cases were reported by professionals, and physical neglect was by far the most common alleged maltreatment type.

Appendix Table: Characteristics of Reports Included in and Eligible for Study

	Study Reports	Eligible Reports		
		NE Corner	New Haven (1)	New Haven (2)
No prior CPS history	81% (30)	100% (39)	100% (28)	27% (19)
Race/ethnicity of mother				
Hispanic/Latina	43% (16)	38% (15)	54% (15)	35% (25)
Black (non-Hisp./Latina)	30% (11)	0% (0)	43% (12)	48% (34)
White (non-Hisp./Latina)	24% (9)	56% (22)	4% (1)	8% (6)
Unknown	3% (1)	5% (2)	0% (0)	8% (6)
Reporter type				
Hospital/medical provider	30% (11)	18% (7)	29% (8)	20% (14)
Police/legal	16% (6)	10% (4)	18% (5)	30% (21)
School/childcare/camp	16% (6)	41% (16)	36% (10)	6% (4)
Social service provider	14% (5)	5% (2)	7% (2)	13% (9)
Mental health provider	14% (5)	13% (5)	4% (1)	10% (7)
Anonymous/friend/relative	11% (4)	13% (5)	7% (2)	23% (16)
Initial CPS response time				
2-hour investigation	11% (4)	5% (2)	14% (4)	6% (4)
24-hour investigation	27% (10)	36% (14)	29% (8)	25% (18)
72-hour investigation	3% (1)	0% (0)	0% (0)	14% (10)
72-hour assessment	59% (22)	59% (23)	57% (16)	55% (39)

	Study Reports	Eligible Reports		
		NE Corner	New Haven (1)	New Haven (2)
Alleged maltreatment type				
Physical neglect	84% (31)	77% (30)	71% (20)	80% (57)
Physical abuse	14% (5)	21% (8)	14% (4)	15% (11)
Emot./moral maltreatment	8% (3)	23% (9)	14% (4)	13% (9)
Medical neglect	8% (3)	0% (0)	7% (2)	4% (3)
Sexual abuse	3% (1)	3% (1)	0% (0)	3% (2)
Educational neglect	0% (0)	10% (4)	0% (0)	0% (0)
Age of oldest child alleged maltreated				
Under 1	11% (4)	18% (7)	14% (4)	4% (3)
1 to 4	32% (12)	15% (6)	25% (7)	20% (14)
5 to 12	35% (13)	31% (12)	32% (9)	39% (28)
Over 12	22% (8)	36% (14)	29% (8)	35% (25)
Unknown	0% (0)	0% (0)	0% (0)	1% (1)
Number of children alleged maltreated				
1	54% (20)	51% (20)	50% (14)	44% (31)
2	27% (10)	33% (13)	39% (11)	32% (23)
3 or more	19% (7)	15% (6)	11% (3)	23% (16)
Unknown	0% (0)	0% (0)	0% (0)	1% (1)
<i>N</i>	37	39	28	71

Notes: The three rightmost columns reflect eligible reports during the research period (February to April 2018 for the Northeast Corner, April to May 2018 for New Haven [1], and July to August 2018 for New Haven [2]). Percentages may not sum to 100 due to rounding. For mothers' race/ethnicity, I use the agency's designations. Maltreatment types do not sum to 100 because reports could have multiple maltreatment types. Maltreatment types apply to the report overall, not necessarily the mother specifically.

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