Concealment and Constraint:
Child Protective Services Fears and Poor Mothers' Institutional Engagement

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Abstract: With the expansion of state surveillance and enforcement efforts in recent decades, a growing literature examines how those vulnerable to punitive state contact strategize to evade it. This article draws on in-depth interviews with 83 low-income mothers to consider whether and how concerns about Child Protective Services (CPS), a widespread presence in poor communities with the power to remove children from their parents, inform poor mothers' institutional engagement. Mothers recognized CPS reports as a risk in interactions with healthcare, educational, and social service systems legally mandated to report suspected child abuse or neglect. Departing from findings on responses to policing and immigration enforcement, I find that CPS concerns rarely prompted mothers to avoid systems wholesale. Within their system participation, however, mothers engaged in a selective or constrained visibility, concealing their hardships, home life, and parenting behavior from potential reporters. As reporting systems serve as vital sources of support for disadvantaged families, mothers' practices of information management, while perhaps protecting them from CPS reports, may preclude opportunities for assistance and reinforce a sense of constraint in families' institutional interactions.

INTRODUCTION

Tasked with protecting children from abuse and neglect, U.S. child welfare authorities investigate the parents of over three million children each year (U.S. Department of Health and Human Services [HHS] 2018). Given the multifaceted hardships and stress engendered by weak welfare and labor market supports and systemic racism, the child welfare system disproportionately intervenes with poor mothers, particularly poor Black and Native American mothers (Berger and Waldfogel 2011; HHS 2018; Roberts 2002). The state turns to an expansive array of intermediaries to oversee parenting: doctors, teachers, police, social service providers, and other professionals legally mandated to report suspected maltreatment to Child Protective Services (CPS).[1] The very systems at the front lines of serving children and families are thus linked to a state authority threatening child custody.

How do those vulnerable to CPS reports interact with surveilling intermediaries given these intermediaries' roles as conduits to CPS intervention? While an emerging literature highlights "system avoidance" as a strategy to evade detection by authorities (Brayne 2014; Goffman 2009; Haskins and Jacobsen 2017), avoidance may be impractical in the CPS context. Mandated CPS reporters are central in families' lives and low-income mothers see themselves as exemplary parents (Edin and Kefalas 2005). Still, a carefree approach can be risky: CPS reports can lead to child removal, even for parents trying their best under challenging circumstances, as family needs rooted in structural disadvantages become defined as child maltreatment (Lee 2016; Reich 2005).

This study draws on interviews with 83 poor mothers to examine how they understood and responded to this dilemma. I find that even as mothers expressed confidence in their parenting, they recognized CPS reports as a risk in their interactions with mandated reporting

systems. CPS concerns rarely prompted mothers to avoid systems wholesale, but within their participation in healthcare, educational, and social service systems, they engaged in a selective visibility, presenting themselves but not their full selves to authorities. Worried that others would interpret their disclosures or behaviors as abuse or neglect and notify CPS, mothers sought to shield areas of perceived vulnerability from view.

These findings provide a more comprehensive understanding of individuals' experiences of and reactions to state surveillance. Those seeking to protect themselves from unwanted state intervention may perceive their presence in systems – physically or in administrative records – as benign or even beneficial with respect to the state. Yet presence does not imply full engagement. Recognizing risks in other forms of visibility, including details disclosed or behaviors observed, individuals selectively conceal aspects of their lives from systems. Such practices may perpetuate disadvantage by precluding assistance and reinforcing a sense of constraint in institutional interactions.

CHILD PROTECTIVE SERVICES REPORTING

Child welfare surveillance of families encompasses not only surveillance *by* child welfare authorities (Lee 2016; Reich 2005), but also a more extensive monitoring by other entities *for* child welfare authorities. In the 1960s, responding to the identification of "battered child syndrome," every state passed legislation mandating certain professionals working with children to report child maltreatment, prompting a meteoric rise in reports – from approximately 10,000 in 1967 to 800,000 annually within a decade and 2.1 million another decade later (Waldfogel 1998:7). Today, mandated reporters typically receive training to educate them about this duty. Nearly two-thirds of CPS reports (65%) come from these professionals (including medical, educational, law enforcement, and social service professionals), with the remainder from

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nonprofessionals such as relatives, friends, and neighbors (18%) or other or anonymous sources (17%) (HHS 2018). Interactions with bureaucratic authorities can thus trigger CPS investigations. Qualitative research on other topics offers examples of disadvantaged mothers worried about CPS reports when engaging with shelters, schools, police, and public housing authorities (Bell 2016:337; Goffman 2009:350; Lareau 2011[2003]:217-18,228-31; McCormack 2005:672; Sered and Norton-Hawk 2014:34,49,129), calling for a focused analysis of how they respond to CPS reporting risks.

For poor mothers, particularly poor Black and Native American mothers, CPS contact is not a remote possibility, but a widespread occurrence. Remarkably, U.S. families' engagement with the child welfare system is comparable in scale and concentration to the high levels of incarceration experienced by poor communities of color. Approximately one in three children nationwide – and up to *half* of Black children – experience a CPS investigation during childhood (Kim et al. 2017). After investigating, child welfare agencies can obtain a court order to take custody of children. Recent point-in-time foster care rates for U.S. children, at 576 per 100,000, are comparable to imprisonment rates for U.S. adults, at 582 per 100,000 (Carson 2018; HHS 2017). In some cases, parental rights are terminated permanently, among the most intrusive ways the state intervenes in families.

Though child welfare system involvement is not limited to poor mothers, decades of research finds poverty and neighborhood disadvantage the "most consistent and strongest" predictors of this involvement (Cameron and Freymond 2006, quoted in Berger and Waldfogel 2011:11). Through material hardship, stress, and/or visibility to reporters, having a lower income increases the risk of CPS reports (Cancian, Yang, and Slack 2013). In a recent California birth cohort, 21% of children whose births were covered by Medicaid experienced a CPS report by

age five, compared with 9% of other children (Putnam-Hornstein and Needell 2011). Reports typically involve parents with high needs who face challenges in caring for their children, rooted in conditions of poverty (Fong 2017; Lee 2016). The vast majority – 75% of confirmed reports – allege neglect (HHS 2018), a broad category of allegations including failure to provide adequate food, clothing, shelter, medical care, or supervision.

Ethnographic work depicts the child welfare system as an instrument of state power among parents swept up in the system (Lee 2016; Reich 2005). However, as CPS saturates poor communities (Roberts 2008), even those not under the agency's purview may understand CPS contact as a risk they themselves face. Moreover, CPS may be a meaningful presence for families beyond interactions with child welfare officials, yet scholars have not systematically examined whether and how perceptions of CPS risks inform interactions with the service providers charged with supporting family well-being.

PREVENTING STATE INTERVENTION

With the expansion of state surveillance and enforcement efforts in recent decades (Garland 2001), an emerging literature examines how individuals strategize to evade punitive state contact. The case of CPS is an important empirical and theoretical addition to this literature, which has primarily studied responses to criminal control. CPS brings the surveillance of women, specifically poor women of color, to the forefront (Roberts 2014) and the nature of this surveillance may engender different responses from those vulnerable to it.

In other domains, such as criminal justice, immigration enforcement, and welfare, those subject to surveillance often respond creatively to prevent unwanted state contact. Around enforcement agents, some seek to portray lawful, compliant selves. For example, Skid Row residents attend to their bodily movements, attempting to convey innocence to police (Stuart

2016). Hispanic immigrants under restrictive immigration laws "try[] to pass as 'American' by dressing in fashionable U.S. styles, carrying cellular phones, and driving newer model cars" (Rodríguez and Hagan 2004:338). Welfare recipients may perform cooperation and obedience, declining to tell their caseworkers about income from informal work to maintain benefits and limit sanctions (Edin and Lein 1997; Gilliom 2001; Gustafson 2011; Hughes 2017).

While this research on self-presentations around state surveillance officials themselves – police officers, immigration enforcement agents, and welfare caseworkers – is instructive, intermediaries are increasingly tasked with monitoring vulnerable populations. The state ropes schools, community organizations, employers, landlords, and others into managing deviance, such that "the spaces surrounding the net…are increasingly drawn into its orbit" (Cohen 1985:78; Garland 2001; Rios 2011; Desmond and Valdez 2013). While its reliance on intermediaries is not unique given the expansion of contemporary state surveillance beyond centralized authorities, CPS is an ideal case to examine how individuals engage with third-party surveillors.[2] Instead of patrolling the streets looking for maltreating parents, CPS mandates third-party sentinels to bring wrongdoing to its attention, such that almost all reports originate from outside the agency.

Previous scholarship identifies avoidance as the primary way those known to or wanted by the state shift interactions with third-party systems to prevent apprehension. For example, young men sought by police withdraw from jobs and medical services, seeing them as pathways to arrest (Goffman 2009). Patients abandon emergency medical care when they see police checking identification, as they "[do] not want the police to discover some arrestable status (i.e., an outstanding warrant, probation violation, or status as an undocumented immigrant)" (Lara-Millán 2014:877). Indeed, individuals with criminal justice history are less connected to

educational, medical, financial, and labor market institutions; even those with very low-level criminal justice experiences withdraw from social institutions such as children's schools (Brayne 2014; Haskins and Jacobsen 2017; Lageson 2016). Undocumented immigrants, too, hesitate to utilize medical services, access government benefits, call the police, and even send children to school (Abrego 2011; Berk and Schur 2001; Menjívar 2006; Rodríguez and Hagan 2004; Yoshikawa 2011). Mothers in mixed-status families "go to great lengths to avoid contact with social service providers" (Abrego and Menjívar 2011:16). These practices, while perhaps protecting individuals from punishment, distance them from institutions that might provide support and stability.

In the CPS case, however, avoiding surveillors may not be viable. Mandated reporters, which are omnipresent for families, encompass the formal systems that low-income families rely on to meet their daily needs. Avoidance can be counterproductive, as missing school or doctors' appointments may prompt medical or educational neglect allegations. Furthermore, CPS reports are generally triggered by behavior observed by or disclosed to reporters, rather than records linkages and raids that locate those with sanctionable legal statuses. Thus, simply participating in record-keeping systems (Brayne 2014) does not necessarily increase the risk of a CPS report and may actually improve authorities' perceptions of one's parenting. Finally, low-income mothers claim strong identities as "good mothers," in contrast to others they label as abusive or neglectful (Edin and Kefalas 2005). Perhaps in contrast to men deeply entangled in the criminal justice system (Goffman 2009), mothers not engaged in clearly delinquent behavior may not feel they need to go completely underground.[3]

This study considers how those at risk of CPS reports experience and respond to the diffuse, third-party surveillance of mandated reporters. Specifically, I examine when low-income

mothers forego interactions with reporting systems and, absent total avoidance, how they manage CPS reporting risks within their visibility to these systems. Efforts to evade state intervention may extend beyond those already monitored by state authorities or encountering aggressive enforcement agents daily, the focus of previous work (Gilliom 2001; Goffman 2009; Rodríguez and Hagan 2004; Stuart 2016). This inquiry also underscores implications of enlisting third-party service systems in state surveillance, highlighting the tradeoffs created between desires to prevent state intrusion and needs for material, psychosocial, and other support.

DATA AND METHODS

I draw on in-depth interviews with 83 low-income mothers in Providence, Rhode Island. Providence's population of 180,000 is 40% Hispanic, 36% non-Hispanic White, and 13% non-Hispanic Black. Blacks are outnumbered by Whites and/or Hispanics in each of the 25 city-designated neighborhoods (The Providence Plan 2015). CPS investigation rates are slightly lower in Rhode Island than nationwide; on average between 2012 and 2016, 4.0% of Rhode Island children experienced a CPS response each year, compared with 4.4% of children nationally (HHS 2018).

Though low-income mothers are not the only ones subject to CPS intervention, I focus on this group because they most commonly experience CPS reports and their engagement with service systems may be particularly consequential for family well-being. Mothers whose incomes qualified them for Supplemental Nutrition Assistance Program (SNAP) and who spoke English were eligible for the study. Between 2015 and 2017, I recruited 41 participants in the community or at local service agencies, 21 through flyers, and 21 through referrals from previous respondents. No more than four respondents were recruited from the same place or referral chain. So as not to interview only those who felt they had something to say about CPS, I did not

mention CPS up front, inviting mothers to participate in research on perceptions of state agencies and nonprofit services.

The interviews gathered life history narratives as well as mothers' perceptions of and experiences with educational, healthcare, social service, criminal justice, and child welfare systems. I raised the topic of CPS after discussing other systems, though over 60% of respondents mentioned it spontaneously.[4] I did not ask specifically about parenting practices that might be considered maltreatment and thus do not assess whether mothers engaged in abusive or neglectful behavior.

I conducted follow-up interviews with 54 respondents to explore topics that had emerged in the analysis in more depth and continue building rapport. I also spent additional time with 22 respondents, interacting with them more informally or accompanying them to appointments. Seventeen respondents had four or more in-person contacts during the three years of the study. All interviews were conducted in person, typically in respondents' homes. Initial interviews generally lasted around two hours and follow-up interviews around one hour. Respondents received $20 for each interview.

The mothers interviewed are racially diverse, with White (34%), Black (31%), and Hispanic (28%) mothers well-represented, and quite poor, reporting a median monthly household income of $800 including assistance from social networks and income from informal work. Respondents reported a range of child welfare agency involvement, which I verified with electronic case file records from the state child welfare agency for those who agreed (59 of 64 respondents interviewed after I added this research option consented). At the initial interview, 53 respondents (64%) had been investigated by CPS and 32 of these (39%) had a child welfare case involving legal intervention, though not necessarily children removed. Nine respondents were

under child welfare supervision at the time of the interview. (See Table 1 for additional demographic characteristics of respondents.)

<<Table 1>>

I collected and analyzed data iteratively, using subsequent interviews to interrogate themes that arose earlier. I repeatedly read interview transcripts and wrote memos on emerging themes as well as on each respondent's comments about child welfare. Using a qualitative software program, I began with an open coding approach, developing codes inductively through closely reading transcripts. Using these codes and memos, I developed a list of analytic themes and reread each transcript to code specifically for those themes. I analyzed these excerpts in the context of respondents' life histories and present situations, comparing across categories such as race/ethnicity, adverse life experiences, and CPS history and returning to the full transcripts and fieldnotes to develop the argument presented.

I do not evaluate whether mothers are actually engaged in behavior harmful to their children, whether mothers accurately perceive reporting risks, or whether, on balance, CPS reporting benefits children. Mothers' perceptions – regardless of whether CPS reports or mothers' concerns are warranted – shape their engagement with service providers and thus are the focus of this study.

FINDINGS

The low-income mothers I interviewed articulated confidence in their parenting and deep commitment to their children, but worried authorities might not always see things the same way. Alongside expressing self-identities as good mothers, mothers acknowledged their vulnerability to CPS reports because professionals could misconstrue their best efforts to parent their children. They identified risks in interactions with healthcare, educational, and social service systems.

(Though police also file CPS reports, respondents rarely mentioned adjusting interactions with them due to CPS concerns.[5]) Service providers "blow things out of proportion all the time," according to Carol, a White mother; "could take what you say out of context," noted Genevieve, another White mother; and "could just turn on you," in the words of Gillian, a Black mother.

Situations necessitating a CPS report, while defined in state statutes, are not consistently applied by mandated reporters (Webster et al. 2005). In this context of ambiguity and possible misunderstandings, mothers opted for a risk-averse approach, seeing CPS reports as extremely undesirable even if they did not lead to child removal. This caution largely stemmed from previous interactions with authorities whose questions, comments, or reactions suggested they might not interpret mothers' situations or behaviors as mothers themselves did. Experiences that led to CPS reports for mothers or their social relations were particularly informative. For example, Leslie, a Hispanic mother, asked hospital staff when her newborn twins would be discharged so she could arrange housing for them, sharing that she had been sleeping at her workplace and her mother's garage apartment. "I was trying to be honest just so I can prepare myself… [but] that backfired on me," as the hospital notified CPS. "After that moment I learned how to play the game."

This "game" involved information management rather than physical or technological evasion. Instead of avoiding systems to keep authorities from tracking them (Brayne 2014; Goffman 2009), mothers sought to manage what others saw and knew about them, worried their situations or actions might be framed as abuse or neglect. Only in the most extreme situations did mothers see avoiding healthcare, educational, and welfare systems as viable options, though some declined intrusive in-home services. Primarily, their protective strategies occurred within institutional participation. Mothers pursued a selective visibility, concealing personal details or

behaviors as they interacted with systems. Some described active engagement with service providers as protective against CPS reports, yet nevertheless described a constrained participation.

Three-quarters of respondents (63 of 83) – across racial and ethnic groups, with and without CPS history – discussed at least one of these responses, which I discuss in turn. Unsurprisingly, mothers with CPS history and with more adverse life experiences expressed these themes most frequently, yet even those without CPS contact and not in the most marginal social positions described pursuing these strategies. As such responses were not universal, I consider social contexts and experiences that alleviated worries about CPS.[6] Efforts to protect against CPS reports may be consequential, reinforcing a sense of constraint and obscuring families' needs from systems they rely on for support.

Conditions of Proactive Avoidance

Mothers generally found system avoidance unnecessary as a proactive strategy. They repeatedly noted that they had "nothing to hide," in line with their identities as good mothers (Edin and Kefalas 2005; McCormack 2005). They wanted to be involved in their children's education, address their families' health needs, and receive social services they felt would help them. Many cited regularly sending children to school and medical appointments as reasons they did not need to worry about CPS involvement. Juliana, a Hispanic mother of four, expressed a common sentiment: "You gotta do what you gotta do so CPS won't get involved with you. You gotta keep your kids clean, going to school, all the appointments."[7] Broad-scale system avoidance made little sense when this could prompt reports of medical or educational neglect.

Still, approximately one in six respondents described proactively declining services due to concerns about CPS reports. Mothers rarely discussed withdrawing from medical, welfare,

legal, labor market, or educational institutions, the focus of previous research on system avoidance (Brayne 2014; Goffman 2009; Haskins and Jacobsen 2017; Lageson 2016), only doing so in situations they felt certain would draw CPS attention if authorities were aware. For example, Brittni, a White mother, came to Rhode Island from New York and lived in her car with her boyfriend and two young children on and off for six months. When they learned they needed proof of residency to receive welfare or SNAP, they decided to forego this assistance, "because if [welfare] find[s] out [about the living situation], they have to tell CPS and CPS will come and take the kids away." Instead, they endured severe hardship into the record-cold winter before finally securing a place in a shelter a few weeks before we met. Marissa, a White mother of five, recalled regular cocaine use several years prior that had led to the removal of her four older children. She was clean when we met, receiving support from multiple service providers as she parented her infant daughter. Marissa contrasted this with her approach before. "During my times of active use, there was absolutely no outside people at all." A neighbor took her daughter to school: "There was a lack of involvement in any kind of school activity at all. None."

Such conditions – active drug use, living in a car – are perhaps akin to the "wanted" or "illegal" statuses that clearly mark one's vulnerability. Yet linked administrative data systems, data-sharing practices, and Internet searches (Brayne 2014; Gilliom 2001; Lageson 2016) likely would not reveal these situations to authorities. Mothers felt these conditions put them at risk when they could be physically observed by others. Marissa explained why she stayed away from school: "Maybe you have a callus on your hand from using a lighter burning over again, and you want to hide that, you know? Or your pupils are maybe dilated because maybe you used earlier that day." She was not concerned that officials would track and locate her through the school (Goffman 2009), but that the school would observe her appearance and notify authorities.

Though Brittni emphasized she was not neglectful – saying she did not eat some days so the children could – she felt authorities would define her homelessness as neglect, requiring CPS intervention: "That's just common knowledge… You gotta figure, there's no place to prepare food, there's no running water, there's no place to shower." Concerned that others would learn about their situations, Marissa and Brittni retreated.

More commonly than avoiding schools, hospitals, courts, or welfare agencies, mothers hesitated to access intensive nonprofit services like homeless shelters and home visiting programs that surveil families in their homes. For example, Lisa, a Black mother with a two-month-old who had never been reported to CPS, declined home visiting services based on the services' role in CPS surveillance:

> I feel like those services that come, like the nurses and the social workers, that's CPS bait, you know what I'm saying? Like, before you gotta get the fish, you gotta put the bait on the thing? That's the bait on the thing. They're looking for something that's wrong with my baby. But don't get me wrong, they'll help [making a quotation mark gesture] me along the way to let me know, oh, they're on my side. But once they see something wrong with my baby, CPS is like 911. They're definitely gonna call…The good is they do help you. But the bad is, do I really wanna risk if they feel as though I'm not taking care of my baby according to their book? Do I wanna risk all that? 'Cause if [you're] not doing what their book says, then you're a bad parent.

Though home visiting programs enhance children's development and home environments (Howard and Brooks-Gunn 2009), their staff are also mandated CPS reporters, so Lisa interpreted their assistance as "bait" to lure her to CPS. She reasoned that potentially being out of sync with home visitors' parenting standards – doing something "wrong" by "their book" – was not worth the risk. Other mothers worried they might be penalized by home visitors for living doubled up or having messy homes. Since authorities' understandings of maltreatment might differ from their own, some mothers exercised caution by declining services aimed at assisting vulnerable families.

Selective Visibility

Examining poor mothers' withdrawal from educational, medical, and social service institutions provides only a limited picture of their efforts to protect against CPS reports. Mothers felt disclosures to institutional officials, rather than presence in institutional spaces or records, created vulnerability. In this context, mothers drew on techniques of information control (Goffman 1963) within their participation, concealing potentially discrediting information from authorities not just to avoid negative impressions but also to prevent the CPS reports such assessments could prompt. Even as they asserted they had nothing to hide, mothers repeatedly spoke about needing to be cautious when speaking with professionals. Latanya, a Black mother, explained that mothers should "just be careful when you're mentioning things about your kids and stuff like that…Don't say too much 'cause you never know what's gonna happen." In an alternative to system avoidance, mothers embraced a selective visibility, engaging with authorities while managing the information these authorities had about them.

I discuss three conditions mothers worried might invite CPS reports: housing and material hardship, other stressors and adverse experiences, and harsh discipline of children. Over half of respondents (57%) described concealment in at least one of these areas. Regardless of whether mothers accurately perceived their vulnerability to CPS reports, often they did not want to take the risk, as reports only allege possible maltreatment to be investigated and reporting involves considerable discretion (Webster et al. 2005). While Brittni and Marissa believed their conditions would undoubtedly draw CPS attention, others were not always clear whether authorities would find their situations objectionable. As exemplified by the concerns articulated about home visiting programs, they were unsure whether they met professionals' parenting standards. Amidst this uncertainty, they hesitated to speak openly or act freely in front of

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authorities. While this selective visibility may protect against the CPS reports mothers fear, it also obscures families' needs from systems tasked with assisting them.

Housing and Material Hardship

Though families must make their needs known to receive state and nonprofit support, mothers were unsure where service providers would draw the line between severe deprivation and child neglect. Concerned that authorities might call CPS instead of offering assistance, mothers facing material hardships or instability hesitated to reveal precarious situations. While they understood this made securing assistance difficult, they believed downplaying their needs could protect against CPS reports. Desiree, a Dominican and Puerto Rican mother with no formal income for months after her welfare benefits were cut off, felt caught in the social safety net. She had to demonstrate she was sufficiently needy to receive welfare and housing assistance, but, as she explained:

> I feel like if let's say I tell welfare, "Hey, this mess is going on, and I can barely afford to keep my kids." "You can't afford to keep your kids? You know we're gonna have to call the city on you. We're gonna have to call CPS."… I feel like I can't tell anybody anything, because oops, I might've said too much. I might have a knock on my door, and somebody might be here to take my kids. That's one of my biggest fears.

As mandated CPS reporters, social service providers became entities to tiptoe around – agents of the punitive state rather than allies seeking to help families. Desiree put it plainly: "I have to lie." She wanted compassion but imagined providers beholden to reporting mandates:

> What about, something happens to you and you lose your job and it's hard for you to feed your kids? Should I call CPS on you because it's a little bump in your road right now? Should I give you a chance? Should I just try to help you? No, everything is official, official. I have to call that person. I have to call this person. You're humans. Just like me. Why can't you just help me?

Desiree worried service providers would view her situation as neglect, requiring official intervention, rather than helping her through a difficult time. Fearing a CPS report, she kept the severity of her hardship to herself.

In another example, when I first met Maggie, a White mother with a nine-year-old daughter, she listed CPS concerns as a reason not to go to a homeless shelter, among the only launchpads into short-term subsidized housing in the city. A year later, Maggie had indeed avoided shelters, but instead spent months in a camper due to a management company she said scammed her. Through the winter, she used a generator for electricity and a kerosene heater. Maggie gave her brother's address to the welfare office and her daughter's school, "so they didn't see it and call on me." Rather than avoiding welfare or school entirely, Maggie withheld information to shield her situation from view:

> I was scared CPS coulda took her away from me 'til I found a suitable thing… I did lie about the address… 'cause I was scared of somebody coming over. You do hide, but you never know. It could be better for you [to be truthful], but you don't think that way. Many times I thought about calling the city and telling them [about the scam]. And then I said, I'll wait 'til I move 'cause I don't want anything to happen.

Though she recalled how cold they were that winter and the injustice she felt regarding the management company's behavior, Maggie's response to the situation was oriented around avoiding CPS intervention, as opposed to maximizing her family's material conditions ("you don't think that way"). Her proactive avoidance and selective visibility kept CPS at bay, but left her without support to improve her family's living situation. "You just can't win when you're poor," said Stacy, a White mother reflecting on this dilemma.

Most commonly, mothers hesitated to disclose housing instability, particularly when moving around between friends and relatives without a stable place to stay. Yajaira, a Hispanic mother, said she hid her "house-hopping" from service providers such as doctors:

I put that I was living in my cousin's house. It was because I was in fear that instead of reaching out to give me help, they would be like okay, well he's not living in a home. He's not in a stable home, so we need to take him away.

Yajaira interpreted her situation as necessitating assistance, saying authorities should "help to guide [families] into an apartment." But, recalling doctors' questions about her residential mobility that made her feel "uncomfortable" and "unsure about [herself]," she worried others might see the situation as a problem to be solved through child removal. Wary of this possibility, mothers like Yajaira kept quiet.

Mothers can obtain important resources by opening up to professionals. Once, when Desiree was struggling to afford food, she confided in her daughter's preschool teacher, who sent money and referred her to someone at the school to help Desiree get food from food pantries. Similarly, Laura, a Hispanic mother, initially declined to tell doctors about her homelessness based on the "horror stories" she had heard about child removal; when she finally did, they gave her gift cards for grocery stores: "Thank God I did. They ended up helping me." As for Desiree, even as she reached out in a moment of desperation, she did so with trepidation, careful to manage her image in the eyes of the teacher: "I wrote a long text message, but at the end I did tell her, I don't want you to feel like I can't care for my kids. I don't want you to feel like you have to call these people on me." Disclosing situations of severe deprivation was no simple act for mothers when those providing support could report them to CPS.

Answering Questions about Home Life

In the welfare system, a "tradition of personalized supervision has given way to forms of technological surveillance and bureaucratic control" (Gilliom 2001:32). Yet personalized supervision of poor mothers remains, in the form of medical, educational, and social services that probe families' intimate lives. Recognizing them as potential CPS reporters, mothers worried

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that acknowledging parenting stressors or adversities such as substance use or domestic violence could trigger CPS intervention. They responded by obscuring what they thought authorities might deem inappropriate. "I answer the question, but I really don't answer it," said Aaliyah, a Black mother. As Ruby, a Black mother, put it, "I tell them what I want them to know." Selena, a Dominican mother, explained: "Your personal problems… you don't say it to a worker, because as soon as you turn around, they put a knife in your back."

Understanding the role of home environments broadly in education and health, schools and doctors seek to assess and support families' other needs (American Academy of Pediatrics 2003; Franklin and Streeter 1995; Small 2006). However, mothers did not always see these efforts as motivated by concern for families. Mothers often portrayed inquiries about topics like smoking or alcohol habits, mental health, domestic violence, parenting practices, or guns in the home as inappropriate and unnecessary. They interpreted such questions as a desire to be nosy and judgmental, evidence that professionals' motivations diverged from families'. Sherelle, a Black mother, explained that saying the "wrong thing," such as mentioning alcohol use while a child was home, could lead to a CPS report. This had happened to a friend of hers. To prevent it, she shielded her personal life from professionals:

> Your privacy is your privacy. No one has the business to know what you did at home, what you did in the dark and stuff… If the doctor tells you how I am, I'm good. If everything's good at home. Yes, everything is good at home. Nothing to worry about, nothing to complain. Everything's perfect. That's what I tell them. I look to my face, you ain't got any business knowin' what am I doing when I'm at home. That's not your business. Your business is to be in an office and talk about my kids.

Mothers like Sherelle did not see the holistic assessment model that providers might have intended. Rather, they saw efforts to gather information outside a given domain as irrelevant to

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the professionals' duties and as potential paths to child welfare entanglement, justifying concealment.

In another example, Colleen, a White mother, spoke in detail about the constant stresses she felt parenting seven young children. Later, she questioned the intentions of her children's pediatrician and school when they ask about her mental health and parenting. "They get into, like, are you depressed, do you have any pleasure in anything. Why do you need to ask me that? You're my child's doctor." She read the questionnaire she completed bimonthly for the school:

> "I feel little interest or pleasure in doing things. I feel too stressed to enjoy my child. I get more frustrated than I want with my child's behavior." It's like a trap. If you say yeah, I get more frustrated with my child's behavior, that means you're gonna hit 'em or something, they probably think… So I just circle "sometimes." Why do you need to know about what I do?

> *Why do they want to know?*

> I dunno. Just 'cause they, I dunno, maybe they want to, I feel like they want to know 'cause they want to threaten your family or something… It seems to be like, sometimes they do want to report you or something or catch you doing something wrong.

Colleen framed professionals' inquiries as unnecessary intrusions – efforts to "trap" her. She accepted home visiting services, thinking they would help her children, but said she felt nervous when the visiting nurse asked her questions. Even though these professionals had not threatened to call CPS, her anxiety in these interactions inhibited full disclosure.

Mothers did not always trust that providers would see their honest responses in their full context. Tonya, a Black mother, said social service providers "ask questions that I feel like they shouldn't be asking," such as regarding domestic violence. "If it was going on, I wouldn't tell somebody. I would deal with it myself." She was skeptical that social workers could help her, as "they don't understand…unless they lived the life that you live." Tonya also offered the example of drinking alcohol, which she noted could lead to a CPS report if divulged.

What if you drink when your kids are not there? They could take it into the aspect of, "Oh, she's drinking while her kids are there." Instead of knowing exactly, all right, she drinks occasionally, when the kids are not there… And that's the thing. They take it as if, oh, she's a drunk, or she's this, or she's that, and they don't honestly know.

Tonya's comments exemplify how mothers' reactions stemmed from their perceptions that professionals would see an incomplete or inaccurate picture of mothers' lives and, from that, judge them as abusive or neglectful parents. To protect against this, they declined to be fully forthcoming with authorities asking questions.

Managing Children

In addition to information about mothers' personal lives, behavior observed by potential reporters also posed a threat. Some mothers emphasized that they did not treat their children differently in front of watchful eyes, as they wanted their children to know they did not have free rein to misbehave in public. Others described exercising caution when disciplining their children in view of professionals. Angela, a White mother, said her three young sons "acted like animals" when they lived in a shelter several months prior. "You couldn't hit them nowhere else because there's cameras everywhere. But as soon as I was behind them doors, woo... That's discipline because I don't want my kids to get out of line." She complied in front of surveillors but pursued harsh discipline in private as a parenting strategy (Fernández-Kelly 2015:165).

Mothers recognized that even if they understood their discipline techniques as appropriate, professionals might see things otherwise. Paulina, a multiracial mother, recalled a teacher calling CPS when her boyfriend grabbed his nephew in school to discipline him: "[The teacher] perceived that as the little boy being abused and [my boyfriend] perceived it as him telling him, you don't do that when you're in school." She continued:

Honestly, you just gotta watch out, especially around teachers and important people that are there for the well-being of the child. Definitely, you just look at them and you can be

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like, I'm gonna beat your ass when we get home. Not right now, 'cause they're watching me, but I'm gonna get you when you get home.

Yeah. What kind of things do parents have to be careful about?

I think they just have to be careful [with] just the way that they talk and they treat their child in public, because your kid may be used to it and they may think that this is fine, but someone else will be like, "Oh my God… She's cussing that child out. I feel like that child's not safe when she gets home." It just depends on how people view the situation.

Paulina highlighted the discretion involved in CPS reporting, as behavior she found acceptable could be interpreted by others as child abuse. To prevent misunderstandings, she felt she had to "watch out" around professionals.

As these examples suggest, mothers exercised restraint in public even as they resisted privately. Deandra, a Black mother, said discussing discipline methods with doctors and teachers necessitated caution, as they "find a way to try to interpret it and make you seem like you're a bad parent." While she felt "a pop on their hand or a little tap here and there doesn't hurt the child," she adapted her discipline practices in public, since observers could distort her words or actions. Deandra described her approach at her daughter's preschool:

I won't dare yell at her in front of her teachers because I don't want somebody to say anything about that… Little do they know, I pinch my daughter when she doesn't listen sometimes, if I'm in a place like that, when there's a lot of people and I can't really yell at her the way I want.

Thus, rather than responding to surveillance with self-discipline (Foucault 1971), mothers projected compliance under authorities' gaze while utilizing their preferred parenting style in private.

Constrained Participation

For those on the run from police, "following the rules (e.g., appearing in court, showing up to probation meetings, or turning oneself in when accused) may *hasten* one's removal to prison" (Goffman 2009:355, emphasis in original). Poor mothers, however, not wanted by the

state, felt system participation demonstrated attention to their or their children's needs.

Conveying fit motherhood often involved making oneself visible to systems rather than retreating. "If you say you don't want no help, then they tell you, you really unfit," explained Vera, a Haitian mother. Cassandra, a White mother, asserted, "The only reason CPS will come in for [mental health] is if you don't do anything about it." Within their visibility, nearly one-third of respondents described constrained, reluctant participation, cognizant of the possibility of CPS reporting. For example, several mothers proactively called upon legal authorities to manage teenage children, opting for the voluntary child welfare involvement that ensued rather than risking an external report.

Worried about avoidance triggering a CPS report, mothers may participate reluctantly. I first met Ruby, a Black mother, at the hospital, accompanying and interviewing her as she navigated the healthcare system that day. Doctors wanted Ruby's three-year-old daughter to go to the emergency room because of her high sodium level, but Ruby was skeptical, recalling long waits, multiple rounds of questioning, and no resolution to the problem in a recent visit to the emergency room for the same issue. The day I met her, she had no one available to pick up her other daughter, who was crying and running around, and she had planned to meet with a housing program that afternoon in hopes of securing subsidized housing, as she was staying with friends temporarily. I had not yet mentioned CPS, but as the doctor walked away, Ruby called out, "If I leave, don't send CPS to [my place] 'cause I won't be there." Though she wanted to leave the hospital and follow up the next day, she worried this would lead to a medical neglect report, so she complied with the doctor's recommendation while expressing her frustration. Later, she recalled a doctor previously threatening to report her to CPS when she tried to decline care for

her child. Rather than cultivating a sense of partnership – parents and systems working together to improve child well-being – CPS threats generated resentment.

Even without specific directives, awareness of professionals' expectations and power could make mothers feel compelled to access services. Gloria, a Black mother, said she sought immediate medical care for her son even for minor concerns (see also Lareau 2011[2003]:217-18). During our evening interview, she said, "I'm so bad with it that if he started to cry with his throat right now, I would take him right now. When I go, it's not an infection yet, so I gotta go back when it's an infection, but I don't wait." Her cousin had waited to take a child to the hospital after an injury, leading to a CPS report. "From that, you coughing, let's go. I don't take no chances. I don't want them to feel like I'm neglecting my kids." Gloria's response was governed by how she felt authorities would see the situation (Stuart 2016). Though medical professionals aspire to reduce low-income children's overuse of emergency room services for routine care (Herman and Jackson 2010), Gloria wanted to show doctors she was responding promptly even if she did not feel her son needed formal healthcare: "I make sure they have it on record that I came ASAP." This extreme caution ensures children receive medical attention, but also diverts healthcare resources to nonemergency care and undermines parenting autonomy, fostering constraint.

Whether or not professionals would actually call CPS, mothers' perceptions prompted visibility to service systems. When Simone, a Black mother, gave birth to her first child prematurely and her baby was in the neonatal intensive care unit, she stayed at the hospital full-time even though she had been discharged and could go home. "I've been nervous not to be here. I don't want them to try anything like I haven't been here or something or just left her here." Later, when I asked about CPS, Simone articulated CPS fears within two weeks of becoming a

mother: "I'm scared of CPS, honestly. I'm not gonna lie, I'm so scared of them. I've never been involved with anything with them or anything, but it just scares me to even think about that." She recalled her presence at the hospital as an example of CPS concerns: "When I said the social worker from here had called me like, 'Oh, we haven't seen you,' I'm just like, I hope you don't try to say I abandoned her or anything like that." Simone made herself visible to authorities, staying at the hospital and, later, continuing services from a social worker even though she felt the worker intruded in her personal life rather than helping the baby.

Opting not to participate in service systems could carry CPS risks, which mothers learned about through firsthand experience, as when a doctor threatened to call CPS on Ruby; secondhand experience, like Gloria recalling her cousin's ordeal; or comments from providers that mothers interpreted as ominous, like Simone's experience in the hospital. Even when mothers are present in systems, this visibility can be constrained or reluctant given the systems' connections to CPS, undermining trusting relationships between families and service providers.

Negative Cases

Poor mothers who did not describe concerns about CPS reports, or concerns around some providers but not others, provide insight into the social contexts informing concealment strategies. When mothers learned that specific providers had a helpful, rather than punitive, orientation, they trusted them not to call CPS even as they were wary around others. Selena, for example, quoted earlier emphasizing the need to be cautious, recalled a nonprofit that advocated for her when CPS got involved: "They put their hand in fire for me so I cannot lose my child." She continued:

> If I don't got food in the house, they not gonna go behind my back and letting know CPS, you know what I mean? If I need food in the house, they help me to get the food. Or if

my child need clothes and I don't got the money, they help me to get the clothes. That's why I have trust to them.

In Selena's view, this nonprofit had aligned itself with her over the child welfare agency and had shown it would respond to her needs with assistance. Thus, mothers do not necessarily harbor a generalized distrust towards service systems, but instead learn from their own or their networks' experiences what details to be careful about sharing and around whom.

Through their class background, social networks, or work roles, some mothers, despite low incomes, felt no need to exercise caution. Sierra, a Black mother with an associate's degree, grew up in an affluent suburb with her college-educated parents and had previously owned a home with her daughter's father. When we met, she had just exited homelessness, following financial problems after ending an abusive relationship and significant health issues after having her second child. Yet Sierra was not concerned about authorities reporting her to CPS:

> To be quite honest with you, I think, how can I say this without sounding like a complete horse's rear-end… The type of people that surround us are not really involved in that, don't really have those kind of issues…The type of people that we really more associate with and hang out with would be the ones that would go to the fundraising gala. We'd sit there. [laughter] That's probably the closest to CPS I've ever been, all right, where I would have gone to the gala and supported by purchasing a plate or whatever and given my $100 to go to have a good time for the night.

Sierra envisioned herself in a position of power with respect to CPS. As her social support network had no contact with CPS, it remained far from view.

Becoming a mandated reporter helped a few mothers better understand the CPS reporting process. For example, Joselyn, who immigrated from the Dominican Republic as a child, earned just above minimum wage working at a program serving mothers trying to reunify with their children. In this position, she was frequently on the phone with the child welfare agency. Years ago, she thought families could be reported to CPS for disciplining their children, but she had

since learned what type of behavior merited reports: "It's not something that's little. It's something like drug abuse." Joselyn described her mother's fears, her experience growing up in an immigrant community, and her changing understandings:

> Growing up here in a Spanish family, your mom's gonna tell you that that's gonna happen to you…. If you are screaming, they're gonna come and take you… I used to believe it because that's how you grow up… It's bad. It's bad. I didn't even understand until I grew up the mentality that my mom has and my aunt and the fear and this thing. My mom still believes that CPS would just come for her hitting my brother… That's her fear, just believing that still and not learning about it and learning what it really is. I feel like working over there at the [program], I've learned a lot about it.

Despite social networks in which CPS fears were rampant, Joselyn saw reporting from the perspective of the reporter, learning that reasonable child discipline should not trigger a call. These negative cases show how social context, previous experiences, and experiences of social networks can mitigate fear and disengagement for some mothers despite their poverty.

DISCUSSION AND CONCLUSION

For poor mothers, the reach of child welfare surveillance extends beyond a single agency. Seeking to prevent CPS reports, mothers shield their needs, stresses, and parenting practices from healthcare, educational, and social service providers. Previous research portrays low-income mothers' parenting strategies as oriented around child protection – for example, protecting children from violent neighborhoods, negative peer influences, and criminalization by authorities (Elliott and Aseltine 2013; Verduzco-Baker 2017). I show how this protective parenting also encompasses strategizing to shield their families from intrusion by the state's own child protection efforts.

These findings provide insight into the dynamics constraining institutional relationships for the poor – relationships consequential for child development and social mobility. Research on low-income mothers highlights how stigma and inconsistent communication about regulations

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and benefits foster distrust of social services (Kissane 2003; Levine 2013). I show how CPS concerns – even if only an imagined threat – also inform how poor mothers mobilize institutional resources for their families. Mothers want and need to connect their children with doctors, schools, and other services, yet must do so in ways that do not expose them to CPS intervention, prompting a selective or reluctant participation. Ultimately, poor children's needs become less visible to these systems and they may not benefit fully from available supports.

This study extends research on responses to state surveillance in at least three ways. First, it compels scholars to look beyond *whether or not* individuals reveal themselves to surveilling systems to consider *how* they do so. Those not engaged in system avoidance may nevertheless be hiding from systems. When individuals participate in systems and appear unproblematic to authorities, their engagement is not necessarily a genuine commitment (Menjívar and Lakhani 2016), but could be a superficial demonstration of compliance. This selective visibility goes beyond adjusting the scene authorities see by avoiding certain areas during particular times, altering one's mannerisms, and regulating others' behavior (Stuart 2016). Individuals actively shift interactions with authorities, strategically concealing information about needs and adversities.

Second, the case of CPS illuminates how vulnerabilities beyond legal status shape responses to surveillance. When a legal status subjects individuals to punishment if apprehended, being known to systems is risky. Yet mothers, not placed against the law with respect to CPS, saw no danger in their physical presence in organizational spaces or their presence in linked data systems (Gilliom 2001; Goffman 2009). Rather, mothers located risk in authorities learning about their personal situations and deeming them objectionable. Instead of cultivating unpredictability or staying out of formal records (Brayne 2014; Goffman 2009), then, mothers

sought to curate the behavior observers knew about and often saw system visibility as advantageous. Looking beyond legal status vulnerabilities opens up additional third-party surveillance systems for scholars to consider – those that may not maintain large-scale administrative databases, but nevertheless observe one's personal life or collect information on sensitive topics. Without sanctionable legal statuses, mothers were not concerned about accessing employers or banks, for example; simply being present in system records did not pose problems. Yet nonprofit service providers carried risks, because they observed or gathered information about parenting that rendered mothers vulnerable to CPS reports.

Third, building on research on the consequences of direct state intervention (Brayne 2014; Stuart 2016), this study draws attention to entry points outside formal social control agencies – how individuals interpret and anticipate other entities that place individuals under the gaze of the state. Even mothers not known to child welfare authorities sought to proactively protect themselves from intervention. This illuminates a more comprehensive vision of, for example, the carceral state or the welfare state. Experiences of state supervision extend beyond what state systems do (e.g. jailing, fining, or sanctioning people) to encompass interactions with intermediaries poised to shuttle individuals to these systems. We may see similar processes of selective visibility when vulnerability stems from behavior observed by or known to third parties – for example, among youth whose schools call the police or among halfway house residents whose staff notify parole officers. These too constitute important sites of state surveillance. When otherwise supportive systems can activate state intervention, those vulnerable and highly exposed to such intervention understand potential sources of assistance not as independent entities, but as channels to punitive social control.

Ultimately, the case of CPS shows how individuals strategically engage third-party systems to forestall punitive state intervention. Though the nature of CPS surveillance – reports of personal behavior, subject to vague and inconsistent standards, from third parties one interacts with routinely – may be particularly likely to encourage strategies of protection within system engagement, similar responses may emerge in other contexts as well. For example, with the criminalization of adversities such as domestic violence and addiction, individuals may decline to acknowledge these experiences with medical providers, worried these providers may notify law enforcement. System engagement, too, may constitute an effort to prevent state sanctions, as when mothers summon police to protect themselves from housing authority violations (Bell 2016:336) or when participating in therapeutic programs can deflect police intervention (Stuart 2016:104). Thus, analyzing concealment and constraint as part of a range of strategies to prevent state intervention complicates the appearance of compliance: what may look like willing participation can instead be acts of resistance and protection.

Building on these findings, future research should continue tracing the conditions under which individuals avoid systems, as opposed to participating selectively, reluctantly, or fully. Surveillance practices and perceptions in different domains likely prompt varied responses to the risk of state intervention. For example, as I suggest, systems apprehending individuals whose very identity makes them a target may encourage avoidance moreso than systems like CPS that rely on reports of observed behavior or disclosed information. Furthermore, within surveillance systems, individuals respond differently based on their perceived vulnerability, which is shaped by their behavior as well as knowledge gleaned from their and their social networks' experiences. Mothers certain that their situations would draw CPS attention retreated from reporting systems. Meanwhile, mothers felt confident fully engaging service providers when they

experienced services helping in times of need rather than reporting, when their social backgrounds and networks kept CPS out of mind, and when their experiences as mandated reporters convinced them they need not worry. In more uncertain situations, subject to discretion, mothers took a risk-averse approach, participating but declining to share information or act in ways that might prompt a CPS report.

Though the dynamics identified here are likely not specific to my study site, this study is limited to a single demographic and policy context. Research should also examine these processes in suburban and rural communities, in neighborhoods of concentrated Black poverty, with non-English-speaking mothers, and with the near-poor or working class. Importantly, although the demographic composition of Providence enabled recruitment of a racially diverse group of respondents, CPS concerns likely disproportionately affect Black and Native American mothers due to the concentration of child welfare intervention in these communities (HHS 2018; Roberts 2008). Additionally, while the basic contours of CPS are consistent across states, local policy and implementation may shape how mothers react to potential reporters. Examining variation across policy contexts would help assess the sources of the perceived risk and identify promising approaches that minimize mothers' negative reactions.

This research does not imply that mandatory CPS reporting should be eliminated. It is critical to engage sentinels in identifying child maltreatment and I cannot evaluate how the benefits of doing so compare to the costs identified. But perhaps this is a false choice. We might instead ask how to protect children while also promoting help-seeking and engagement. U.S. child welfare efforts are primarily reactive, engaging families after a maltreatment report, rather preventative. For poor families, additional income reduces CPS reports (Cancian et al. 2013). Labor market protections, a strong social safety net, and supportive community services for

mental illness and substance abuse could protect children without involving the child welfare system. Moreover, child welfare intervention need not be punitive or adversarial; Finland and Norway, for example, orient child welfare around holistic family support rather than child protection (Gilbert, Parton, and Skivenes 2011), which could reduce the harm mothers attach to CPS reports. Indeed, some mothers revised their perceptions of CPS reports following positive experiences with the agency.

CPS practitioners undoubtedly want poor mothers to be forthcoming with service providers. Yet given the CPS reporting capacity of these providers, mothers face a tradeoff between potential assistance and surveillance. Shielding adversities from view may protect against CPS intervention, but also isolates families from institutional resources and supports.

ENDNOTES

[1]"Child welfare" refers to the system broadly; "CPS" refers to the division that receives and investigates maltreatment reports.

[2]Though I focus on reporting by third-party systems, personal relations also report individuals to the state in CPS and other domains such as child support, policing, and welfare.

[3]For example, paternal incarceration suppresses participation in school events or meetings among fathers, but this pattern is less clear for primary caregivers, typically mothers (Haskins and Jacobsen 2017).

[4]Due to the very dynamics I document, mothers may have concealed vulnerabilities or CPS fears from me, or may have declined to participate in the study, so CPS concerns may be even more salient among those hiding from or in the interview.

[5]See Bell (2016) and Goffman (2009) on CPS in mothers' interactions with police.

[6]Declining to mention the strategies discussed did not imply full engagement, however. For example, a few respondents had little to say about CPS in the interview, reluctant to discuss the sensitive and highly stigmatized topic.

[7]For consistency, I substitute "CPS" for respondents' references to the state child welfare agency, the Rhode Island Department of Children, Youth, and Families.

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Table 1: Respondent Characteristics at Initial Interview

	Count (n=83)	Percent
Race/ethnicity		
White (non-Hispanic)	28	34%
Black (non-Hispanic)	26	31%
Hispanic	23	28%
Native American	3	4%
Multiracial	3	4%
Immigrant	12	14%
Age		
18–25	19	23%
26–35	44	53%
Over 35	20	24%
Number of children		
0[a] or 1	29	35%
2 or 3	29	35%
4 or more	25	30%
Age of oldest child		
Under 1	11	13%
1–5	17	20%
6–12	28	34%
Over 12	27	33%
Educational attainment		
Less than high school	23	28%
High school graduate or GED	18	22%
Some college/certificate	34	41%
Associate's degree or above	8	10%
Household income		
0–50% Federal Poverty Level	36	43%
51–100% Federal Poverty Level	37	45%
Over 100% Federal Poverty Level	10	12%
Government benefits received by respondent, cohabiting partner, or child		
Supplemental Nutrition Assistance Program	80	96%
Temporary Assistance to Needy Families	30	36%
Disability benefits	27	33%
Child welfare involvement		
None	30	36%
Investigation only	21	25%
Investigation and court involvement	32	39%

[a] Three respondents were pregnant with their first child during the initial interview and re-interviewed after giving birth.