

Testimony by Laura Briggs, Ph.D.

Good morning and thank you to Senator Johnson, Rep. Nichols, and members of the committee for allowing me to testify. I am a historian by training, currently an associate professor in the department of Women's Studies at the University of Arizona. I have published articles on crack babies, on international adoption, and recently completed one on street children in Mexico. I am also the parent of a 17-year old adopted from foster care, who, by the way, very much wanted to be here today, but I was the mean mom told her that since she was behind in school, there was no going to meet the legislators.

I want to start by talking about how I got personally interested in doing research on foster care and adoption, then discuss in broad strokes the history of foster care, and then turn to what I think are the policy challenges us facing us now, both in Arizona and nationally.

When I was growing up, my mother always told me that children were a community's responsibility, not just their parents.' So I've tried to live that value, teaching Sunday School, working in day care, teaching high school, and now teaching at a university. To no one's great surprise, I also decided to become a foster parent. Throughout that whole period, I realize now, I took for granted that people saw me as nice and helpful, obviously a force for good in kids lives, well-intentioned, skilled, and knowledgeable. This all changed when I became an adoptive parent of a mentally ill kid. No longer was I the saintly foster parent who did this out of the goodness of my heart, but I apparently grew horns and developed super-powers to do harm to my child. To my considerable surprise, whether she did her homework, had terrible behavior problems, or

attempted suicide became the result not of the 12 years of disruption and trauma she experienced before I ever met her, but of things like power struggles at home, me being over-invested or not invested enough, my communication style. It was bewildering. The same behaviors that a few months earlier our adoption therapist from the child welfare agency was trying to help us adjust to and learn how to live with were suddenly our fault. And as I looked around the waiting rooms or talked to other parents in our parents of sexually abused kids group, I thought, if I, with all the support, resources, and education that I have, can't figure out how to interact with all the authorities that a kid with serious behavior problems attracts, how could anyone with fewer resources keep their kid out of CPS? I had nightmarish interactions with police, mental health caseworkers, psychiatrists. There was the emergency room psychiatrist who met my sullen, raging, teenager who at 16 was saying she wasn't going home—and the psychiatrist, without ever talking to me or reading my daughter's chart, threw me out of the ER, saying I must be abusing her. One time I got into a struggle with a mental health caseworker who wanted my daughter released from the psych hospital, even though she had just had a terribly violent episode at home in which several people got hurt, and the psychiatrist and I thought she was dangerous to herself and others. When I said I thought she needed to stay longer, the caseworker told me that she was being released—and that if I didn't go pick her up, she would call CPS and the police and have us prosecuted for child abandonment. I had never dreamed that I might be the target of these kinds of threats and allegations. And when the shoe was on the other foot, when I stopped being the nice person who was so committed to kids and saw myself through the eyes of these people who thought if there was something really wrong with my kid it must be my fault, I

thought, I've got to figure out how we got here. And I spent the next several years piecing together archives, medical journal and law review articles, Congressional testimony, and newspaper records. Let me tell you what I know.

Foster care is as probably as old as our species, if by that we mean temporary caretakers for children whose parents have died or were otherwise unable to care for them. But child abuse and neglect have become social issues much more recently. The current configuration of our child welfare system emerged in the 1870s, in response to a highly publicized case of child abuse in New York City, resulting in a network of private charities, the Societies for the Prevention of Cruelty to Children, composed of wealthy gentlemen and ladies who were empowered to take children away from their parents. Before long, of course, they were widely feared in poor communities, and "the Cruelty" became their enduring name among the ethnic Irish and Italian communities that they largely targeted. In response, some members of the societies developed a competing model, urging "family rehabilitation" instead of "placing children out." By the Great Depression, however, and much earlier in most places, the societies died out. It was not until the early 1960s that child abuse became an issue again, raised by emergency room physicians, who described it as a public health emergency. In the context of the social movements of the period and the War on Poverty, state and federal governments became progressively more interventionist to protect children from harm in their homes. In the late sixties and early seventies, states expanded the definitions of people who could remove a child from her home merely on suspicion of abuse, without the intervention of courts, police, or prosecutors. This occurred at the same time that the child welfare system as a whole discovered African-American communities and reservations, with

predictable results. There were widespread reports of abuse of this power by social workers, and of cultural misunderstanding. American Indian children were pulled at very high rates, resulting in one in three children born on a reservation living in out of home care in states like Arizona by the early 1970s. There were court cases and Congressional hearings, and the federal government passed the Indian Child Welfare Act in 1978, a few years after the National Association of Black Social Workers issued a statement denouncing the adoption of Black children into white homes, saying Black children were being pulled from their homes at an unconscionably high rate, and if they had to be pulled, they should at least be able to be raised in their own communities.

This cycle of identifying a crisis among working-class children, responding by removing them from their families, and backlash has continued, as you well know, into the present and into Arizona. I just want to mention two recent features of it, because I think they have relevance for problems currently facing us. One is the so-called crack epidemic of the 1980s, a story that makes me very wary of the current alarm about methamphetamines. At that time, we were besieged by reports from doctors and the media that there was an alarming increase in cocaine use, particularly by Black women, that was resulting in the birth of large numbers of crack babies who were born addicted and quivering, with lasting results to their health and well-being. Both of these reports we now know were wrong; cocaine use stayed relatively constant, the typical user was a white male, and physicians now agree that cocaine has little or no effect on the outcome of a pregnancy. But at the time, it seemed to many people like a crisis. Hospitals and prosecutors started a witch hunt for “crack mothers,” and newborns were taken into protective custody in huge numbers, doubling the size of the child welfare system, and

their mothers, sometimes still bleeding from labor and delivery, were jailed and prosecuted. Some very interesting research by anthropologist Mindy Fullilove suggests that what we were in fact seeing in this population of “crack mothers” was the multi-generational effects of trauma, that pregnant women who used crack were survivors of child sexual abuse, rape, domestic violence, and homelessness. In the absence of accessible community mental health services, women were self-medicating with street drugs. Child welfare workers were right that their children were not doing well, but crack was a marker of their distress, not a cause. In the 1990s, this cycle of crisis and backlash accelerated. In state after state, highly publicized cases of deaths of children at the hands of their parents has resulted in high rates of children being pulled from their homes, creating a crisis for the child welfare system, which cannot afford to maintain the resulting large numbers of children in out-of-home care. When the system is overwhelmed, children in care suffer—numbers of children lost to the system increase, through runaways, misplaced paperwork, and accidents to children in foster homes with too many children.

What can we learn from this history? First, we need to remember that children in foster care are traumatized children. They have probably been through a lot in their birth family, and, as I learned first-hand from my daughter, separation from parents is itself trauma. This is justifiable if we know that the child is in serious danger of death or disability. But most children are taken for neglect, not abuse. Neglect—not having food in the fridge, exposed wires, kids not attending school, kids in soiled diapers—is much easier to prove than abuse. When we overwhelm case workers with huge numbers of children, and when they don’t have clear guidelines, training, or accountability from

clients, they begin to pull significant numbers of children in the “grey area” between just being poor and child maltreatment. And the more cases they have, the less likely they are to be able to investigate adequately confusing cases that might be abuse, or might be a vindictive neighbor or mother-in-law. When we begin to use drug or alcohol abuse by parents as itself evidence of neglect, we apply a standard to poor families that we would never apply to middle-class families, and bring kids into the system, traumatizing them, who might have been fine if their birth families had access to mental health treatment, including drug treatment, access to day care and after school problems, jobs, health care, transportation, and housing. And we give the money instead to foster parents and adoptive parents like me, who are then faced with the very serious problem of how to raise severely traumatized children. Mostly, we don’t succeed very well. Children in the system are far more likely than their counterparts in their birth families to drop out of school, to be in special education classes, to be receiving psychotropic drugs or be treated for ADD. A significant minority of these children wind up, as adults, homeless or in prison.

Nationally as well as locally, the trend has been toward increasing the numbers of children in out-of-home care. There are a number of changes fueling this, including the decline of federal antipoverty programs, like AFDC, and proposed changes in federal Medicaid benefits will make this problem worse. A 2001 General Accounting Office report found tens of thousands of children in out-of-home care because they are too violent and mentally ill to live at home, and their parents cannot afford mental health treatment for them. That report identified 1800 kids in Pima County alone who had been relinquished to get them mental health treatment—but although it’s common to find those

kids in CPS in other states, Pima County reported that they were being turned over to juvenile justice, which is an alarming problem in itself, as we know that detention is the worst possible place for mentally ill children, although it has become the largest single provider of mental health services to children and adults.

One of the stunning things I found this summer in my research on street children in Mexico and in the former war zones of El Salvador and Guatemala was how familiar these children seemed to me from my experience of kids here in special ed and child sexual abuse therapy groups. We are doing better than Latin America at raising traumatized kids—our kids are much less likely to be living on the street—but we are raising a generation of very traumatized kids. We are seeing rising rates of kids with mental illness diagnoses, kids in special ed, and so forth. Most of this, obviously, is not the fault of the child welfare system as much as it is the widening disparities between rich and poor, and in fact, it is largely what the child welfare system is trying to do something about. But once we pull them, as my experience attests, we don't know what to do for them. I have taken my daughter to an endless round of experts, mental health treatments, private and charter schools. Her levels of violence and suicidality have only increased as she has grown older, and she can no longer live with me. While many kids do better in foster care and adoptive homes than she has, there is a significant minority of kids whose profile looks like hers—I meet them over and over again in psych hospitals, group homes, and juvenile detention. I know their foster and adoptive parents, from church and therapy groups, and they are good people who have given their all to make this story turn out differently. While I don't believe that all children can live at home—because of crises in the lives of their caregivers, including prison, severe drug abuse, disease, and death—

or because the children themselves are too mentally ill or violent to live in families—I also think that our confident sense that if we just pull them from their crazy situations they will be ok is misplaced. Often, they really aren't. Unless we address the root causes of children's and birth families' distress—homelessness, unemployment, multigenerational, untreated mental illness, lack of affordable daycare and after school programs—in a system that is respectful to parents and children, we are going to continue this cycle of crisis and backlash, without improving the lives of children. And while I applaud the general sense of the proposal for Strengthening Families, it will not make a difference unless we address the problems at the level where service providers and caseworkers meet families. We need a comprehensive training program for service providers in listening to and respecting families, and a meaningful system of accountability when they do not, then the next parent of a kid in distress who walks into an emergency room or insists their child needs a longer stay in a psychiatric hospital is, like me, going to find that threats of CPS involvement are used as a weapon to intimidate them into compliance.

Thank you for the opportunity to share my research and experience. If anyone has any questions, I'd be happy to answer them.