

Poverty and Child Welfare: Understanding the Connection

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The scholarly debate regarding the relationship between poverty and child abuse and neglect has been over for many years.

Not surprisingly, children in foster care are overwhelming from poor families.

Nevertheless, there is not a good understanding of how poverty influences family functioning; the appeal to the stress of poverty is superficial, inaccurate or misleading.

Poor families involved with child welfare systems have high rates of substance abuse, mental health problems and interpersonal violence.

Substance
Abuse

Mental Health

Poverty

Trauma/Violence

How to understand the relationship between and among poverty, substance abuse, mental health problems of parents and histories of trauma is the main question which theories of child maltreatment must answer.

There is a difference between poverty and “deep” poverty, i.e., severe, long term and/or concentrated poverty.

15% of poor children are poor
for 10 years or more.

Corcoran & Chaudry,
The Future of Children, 1997

Families experiencing long term poverty are usually severely poor.

Corcoran & Chaudry,
The Future of Children, 1997

Why is racial disproportionality such a big issue in child welfare?

In part because rates of “deep poverty” are so high for African Americans and Native Americans.

In the early 1990's, 60% of all poor children were white, but 90% of children in long term poverty were African American.

Corcoran & Chaudry, "The Dynamics of Childhood Poverty" The Future of Children, Summer/Fall 1997

About half of African American children and three quarters of white children who grow up in long term poverty escape long term poverty as young adults.

Nevertheless, growing up in long term poverty greatly increases the risk of living in long term poverty as an adult.

For example, "long term poor whites are eight times more likely to live in long-term poverty as adults than non-poor white children."

Family structure has a strong effect on poverty rates.

- Long term poverty is associated with neighborhood concentrations of poverty, family structure, educational outcomes, parents' work histories and change in labor market conditions
- However, even when these conditions are controlled for there is a 2-1 difference in lifetime earnings between children growing up in middle class families vs. poor families.

Our most discouraging finding is the persistent importance of race. “Black children were five times more likely to be persistently poor during childhood than white children were.”

Mary Corcoran & Terry Adams in “Race, Sex and the Intergenerational transmission of poverty”. In Consequences of Growing Up Poor by Greg Duncan and Jeanne Brooks-Gunn, 1997.

40% of women in welfare to work programs are severely depressed.

The most common mental health problem associated with trauma is depression. Substance abuse and depression are strongly linked.

The association between welfare receipt as a child and greater depressed mood as an adult mirrors the findings of Ensminger (1995) and Elder and Like (1982), who suggested that economic difficulties early in life exert long-lasting deleterious effects, particularly on women.

...these findings do point to the importance of depression in explaining both the persistence and intergenerational transmission of poverty.

30-60% of substance abusers have co-occurring mental health disorders, especially depression and post-traumatic stress disorder.

Individuals with co-occurring disorders should be the expectation, not the exception in the substance abuse and mental health systems. From studies and first hand experience, many researchers and clinicians believe that both disorders must be addressed as primary and treated as such.

A large percentage of women with co-occurring substance abuse and mental health disorders have histories of severe trauma;

In many of these women's histories, violence begins early and continues into adult life.

...women with co-occurring addictive and mental disorders reveal “an emerging profile of vulnerability” linked to poverty and victimization experiences.

Newmann and Sallman, September 2004

Data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES) revealed a strong and pervasive relationship between depression and substance use disorders.

Women demonstrated a stronger association between depression and substance abuse, especially for the use of prescription drugs, stimulants, sedatives, tranquilizers and amphetamines.

Persons with PTSD have high rates of comorbidity (80 percent) with other disorders, most commonly depression, other anxiety disorders, and substance abuse or dependence.

Hills, April 2004

Women in substance abuse treatment had much higher rates of partner violence than women in comparative community samples – often 2,3, or 4 times higher depending on the specific type of violence. In these women, substance abuse may be related to victimization either because alcohol and drugs are used as a general coping mechanism, or to deal with post traumatic stress disorder resulting from the violence.

Blending Perspectives and Building Common Ground
A Report to Congress on Substance Abuse and Child Protection, 1999

Early trauma has been found to have major effects (dose related) on adult health and mental health of adults 50-60 years of age.

- Heart Disease
- Stroke
- Obesity
- Diabetes
- Substance Abuse
- Depression
- Suicide attempts
- Sexually Transmitted Diseases

Osher and Drake (1996) summarize research findings gathered during the past decade that conclude that persons with co-occurring disorders, compared to persons with single syndromes:

- have greater vulnerability for rehospitalization;
- experience more psychotic symptoms;
- have more severe depression and suicidality
- have higher rates of violence and incarceration
- have more difficulty with daily living skills
- are more noncompliant with treatment regimens;
- have increased vulnerability to HIV infection; and
- are high service utilizers.

A related finding, and one that is disturbing in its scope, is the predominant theme of violence in these women's lives. Such violence begins early and, for many women interviewed, continues into adulthood.

...many women who enter the ADM system have been exposed to an epidemic of interpersonal violence across the life course. For many women, this experience is replicated in their contacts with the courts, the child welfare system, the jail and prison system, the welfare system, and within the ADM system itself.

...almost three-quarters of women with ADM problems (73.8 percent) reported both physical and sexual abuse.

...the vast majority of women who report both a mental health and a substance use problem will also report histories of physical or sexual abuse.

...women who report being victims of childhood abuse are at higher risk for 13 of 16 subsequent lifetime mood, anxiety, and substance disorders in comparison to women who do not have such childhood experiences.

Women with reported childhood sexual abuse histories are at considerably greater risk for posttraumatic stress disorder, manic depressive disorder, drug problems and dependence, major depressive disorder and dysthymia, alcohol problems and other anxiety disorders.

Existing studies, which focus primarily on those who enter drug or alcohol treatment programs, consistently show that women with co-occurring addictive and mental health disorders have poorer treatment outcomes than women who have only one such disorder.

Newmann and Sallman, September 2004

Studies within substance abuse and mental health settings have demonstrated that integrated treatment is successful in retaining individuals who have co-occurring disorders in substance abuse treatment, reducing substance abuse disorders, and reducing symptoms of mental disorders.

Depression and other mental health problems such as post traumatic stress disorder work together to produce hopelessness and helplessness, i.e., demoralization.

Poverty and trauma → mental health → substance abuse and other health endangering behaviors.

Indicators of Demoralization

- Poor self care
- Lack of concern with physical environment
- Apathy in the face of threat
- Cannot “regroup” in the face of adversity
- Accepts demeaning behavior and attributions
- Unresponsive to offers of help
- Hopeless/helpless

Factors Which Sustain Morale in Difficult Circumstances

- Past success with overcoming adversity
- Strong sense of identity
- Good health
- Affiliation with a religious community
- Social support/encouragement
- Hope
- A sense of meaning and purpose
- Taking pleasure in small things
- An ability to ask for help and give help
- Strong self-esteem
- Anger
- Material resources

Integrated treatment programs means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion, whereby the agency or direct providers take responsibility for combining the treatment and service interventions into one coherent package.

...services for women must be trauma informed, which means "services for trauma survivors are based on...an understanding of what is meant by trauma (e.g. physical abuse, sexual abuse) and the varying degrees of impact trauma has on a woman."

Traumatized individuals need to have experiences that directly contradict the emotional helplessness and physical paralysis that accompany traumatic experiences.

...helplessness and paralysis becomes a habitual way of responding to stressful stimuli....

Education and economic
opportunity for some fraction of
low income parents

Combat the neighborhood segregation of African-Americans

See [American Apartheid](#) by Nancy
Denton and Douglas Massie

Create hope.

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