CHAPTER 10

Child Welfare and Poverty

The American Paradox

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America's successful future depends on raising generations of healthy, nurtured, resilient, and educated children. A robust and growing body of evidence documents that this future is threatened by problems that begin in early childhood and persist into adulthood. In the United States, children are presently the poorest segment of our society, placing us at the bottom of all developed nations with regard to child poverty rates. Correspondingly, almost 700,000 children each year are identified by child welfare agencies as victims of maltreatment. These problems are closely linked, and reducing child maltreatment will be most successful by addressing child poverty in a meaningful way.

Although the federal and state governments spend billions of dollars annually responding to child maltreatment, efforts have not addressed the most important predictor of maltreatment, namely child poverty. The United States addresses child and family health and social welfare-related issues in ways that differ from most of the world's industrialized nations. A series of political decisions and legislation

over the course of the 20th century set the United States firmly on a fragmentary path that differed from most industrial societies, one in which children and their needs were viewed through the prism of social class. Policy makers assumed that middle- and upper-class children's needs would be met by their parents and that only poor children and families required governmental involvement in their health and well-being, an intervention that was purposefully stigmatized in an effort to disincentivize utilization of public welfare services.

In this chapter, we will review the impact of poverty and child maltreatment on adult health and well-being, explore the past and present barriers to intervention, and discuss failed and promising legal and policy interventions to address these problems.

The Formation of the American Model to Address Child Poverty

How the United States, one of the richest countries in the world, should help at-risk children has always been contentious. What kind of help, if any, should they and their families receive? Should assistance be paid for by the government, by private groups, or some combination of the two? Is the problem of poor children the fault of parental irresponsibility and immorality, or does it reside in structural frameworks within American social, cultural, political, and economic contexts? How should assistance, if any, be structured to avoid rewarding parental irresponsibility without hurting their children? (Katz, 2013; Davies, 1998).

Efforts to address these questions date back to the early republic and have almost always been politically contentious. For some, individual responsibility and limited government has long defined what it means to be an American; others disagree and have argued for a sturdy social safety net. As a result, there has been little enduring consensus on the best way to provide services, if any, to the indigent (Morone, 2004).

As such, reformers have historically sought to sidestep the questions above by focusing solely on children. The notion of aiding

indigent adults is almost always grounded in distinguishing the "undeserving" (unwed mothers, for example) from the "deserving" (widows). There is consensus, however, that children are "innocent" and deserving of assistance and other opportunities to help them become model American workers and citizens. In other words, when it comes to providing a social safety net for children, Americans are less ambivalent than they are about helping adults, at least rhetorically.

For most of the 19th and early 20th centuries, children whose parents were too poor to care for them ended up in orphanages. Not only were these institutions highly stigmatized, but life for the children in the orphanages was regimented, often harsh, and child morbidity and mortality was high. A major federal conference convened to address the problem of "dependent" children in 1909 concluded that this practice was wrong. These reformers determined that the hundreds of thousands of institutionalized children with living, albeit indigent, parents deserved to live at home.

Their solution, publicly funded "mother's pensions," were adopted by some cities and states in the 1910s and 1920s. Providing a stipend to poor mothers so they did not need to place their children in orphanages became the template upon which the program Aid to Dependent Children (ADC) would be constructed in 1935. But unlike Social Security—an insurance program for all senior citizens—ADC families were scrutinized to make sure the mothers were "deserving."

The 1960s brought new attempts to address the problem of poor children in the context of the Great Society's war on poverty. That almost one-quarter of children were poor in 1964 was considered nothing short of a scandal in the richest nation in the world (Child Trends, 2015). While many new programs such as Medicaid and food stamps (later called the Supplemental Nutrition Assistance Program) were highly controversial out of fear that they would reduce adult incentives to work, those such as Project Head Start that brought services directly to poor children were less controversial because they sidestepped concerns about rewarding

adults who had made poor choices and were thus "undeserving." Initiatives focusing on children attracted broad support across the political spectrum (U.S. Department of Health and Human Services, 2015).

A more conservative political climate in the 1980s and 1990s renewed debates about whether or not government had a role to play in solutions to poverty and even whether keeping poor children at home was in their best interests. In the early 1990s, for example, Newt Gingrich, Speaker of the House of Representatives, suggested in several widely reported interviews that society consider restoring orphanages to house indigent children whose parents were judged to be "bad" and "irresponsible" in order to break the generational cycle of poverty (Morganthau et al., 1994).

When President Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the entitlement that had existed since the 1930s that guaranteed a stipend, however meager, to all extremely poor families ended. In the booming economy of the late 20th century and the first several years of the 21st century, child poverty declined. But since the 2008 economic downturn, it has since risen to virtually the same level it was when President Lyndon Johnson declared the war on poverty in 1964.

Amid an economic downturn in 2008 and 2009, poverty rates began to rise, and by 2014 child poverty was roughly the same (almost one in four children) that it had been when the war on poverty had been declared 50 years earlier (Jing, Ekono, & Skinner, 2015). And debates about poverty remained grounded in arguments of deserving versus undeserving, just as they have for more than 200 years (Bouie, 2014).

Today children are the poorest group, by age, in American society, and the youngest American children have the nation's highest poverty rates. Approximately 22% of all American children live in poverty, and an additional 22% live in low-income families (Jiang et al., 2015). One-quarter of American children under the age of three are poor, living in families whose incomes are less than the federal poverty threshold—$23,624 for a family of four with two

children. From 1959 to 2012, estimated rates of childhood poverty declined from 27% to just over 22% (Council of Economic Advisers, 2014). In contrast, over the past half century federal programs such as Social Security and Medicare have successfully reduced poverty rates in senior citizens from approximately 35% to less than 10% (Wood, 2003). Moreover, among children there are great inequities in poverty rates by race and ethnicity. For example, more than one-third of African American and Hispanic children live below the federal poverty level, and approximately 44% of African American children under the age of five live in poverty (KIDS COUNT Data Center, 2015). Minority children are also more likely to experience chronic poverty, defined as poverty that lasts for more than five years (Magnuson & Votruba-Drzal, 2008).

Child poverty has profound implications for children's physical, intellectual, and emotional health in part because poverty is defined not only by economics but also by environmental and sociocultural influences that put children at risk. Poor children are more likely to live in households headed by single mothers who, in turn, are more likely to be victims of domestic violence, have higher rates of clinical depression, and struggle with substance abuse (Wood, 2003). Poor children frequently live in communities that have concentrated poverty, such as large urban cities. These neighborhoods often have failing schools, high rates of crime, less access to health care, and fewer social supports to mediate these problems.

Educational outcomes for children are also influenced by poverty. On average, poor children enter kindergarten less prepared for learning, have lower levels of reading and math skills, complete less schooling overall, work less, and ultimately earn less than their more affluent peers (Duncan & Magnuson, 2011). Poverty is associated with poor health outcomes throughout childhood. Infant mortality rates and low birth weight rates are notably higher in poor families and are influenced by race and ethnicity within poor communities (Sims, Sims, & Bruce, 2007). Poor children have higher rates of lead poisoning, higher childhood mortality rates, higher hospitalization rates, and a likelier diagnosis of severe,

chronic health conditions (Bauman, Silver, & Stein, 2006). All of these factors influence the lifelong health of impoverished children in profound and lasting ways.

The Link Between Child Poverty and Child Maltreatment

Child maltreatment is a public health problem with lifelong health consequences for victims of abuse and neglect (Middlebrooks & Audage, 2008). Maltreated children have poor health, in part related to the associated risks of poverty, including parental substance abuse, mental health disease, and family violence and as a direct result of their abuse or neglect. Maltreated children receive less routine health care than their peers; they have high rates of growth abnormalities, untreated vision and dental problems, asthma, developmental delay, and early initiation of sexual intercourse; higher rates of sexually transmitted infections and early pregnancy; high rates of mental health disease; and a range of chronic medical diseases (Leslie et al., 2005; Simms, Dubowitz, & Szilagyi, 2000; Black et al., 2009; Carpenter et al., 2001; Boyer & Fine, 1992; Ahrens et al., 2010; McMillen et al., 2005).

Adult health outcomes for children who were maltreated are poor, and evidence confirms that early adverse childhood experiences such as maltreatment are the origins of many chronic adult diseases (Shonkoff, Boyce, & McEwen, 2009; Felitti et al., 1998). In other words, strong associations exist between cumulative traumatic childhood events such as maltreatment, family dysfunction and other social problems, and adult disease (Hillis et al., 2004; Edwards et al., 2003; Caspi et al., 2006; Schilling, Aseltine, & Gore, 2007; Gilbert et al., 2009). For example, rates of heart and liver disease, chronic obstructive pulmonary disease, autoimmune diseases, and sexually transmitted infections are higher in adults who experienced childhood adversity, including maltreatment (Dong et al., 2004; Dube et al., 2009; Dong et al., 2003; Anda et al., 2008; Hillis et

al., 2000). Mental health disease and the use of psychotropic medications are higher in adults who experienced maltreatment as children (Horwitz et al., 2001; Anda et al., 2007).

The biological pathways by which child adversity affects adult health is an area of intense scientific investigation (Hillis et al., 2004). Evidence to date suggests that early childhood trauma including abuse and neglect can have profound effects on neurologic, hormonal, and immunologic systems that influence lifelong health. These data highlight the need for early childhood prevention of maltreatment, which is best addressed by looking at the root causes of maltreatment, including child poverty.

Poverty is one of the strongest and most consistent predictors of child maltreatment. In a study examining the effect of seven different variables on specific types of child maltreatment, only poverty and age of the mother were predictors of all types of child abuse and neglect (Lee & George, 1999). Numerous studies find that low socioeconomic status (SES) families have the highest rates of child abuse and neglect (Brown et al., 1998; Lauderdale, Valiunas, & Anderson, 1980; Gelles, 1989; Whipple & Webster-Stratton, 1991; Zuravin & Greif, 1989). Although child maltreatment is found in families at all income levels, there is a significantly higher level of child abuse and neglect of children living in homes classified as low SES. The U.S. Department of Health and Human Services found in its Fourth National Incidence Study of Child Abuse and Neglect that children living in homes with annual incomes of $15,000 or less were five times more likely to be at risk of child maltreatment than those with incomes of $30,000 or more. In examining type of abuse, the risk was three times as great for physical abuse and seven times as great for neglect (Sedlak et al., 2010).

A variety of studies have examined the relationship between income and maltreatment rates at the state, county, and neighborhood levels. Higher incidence of child maltreatment exists in those states with higher proportions of very poor children, higher levels of unemployment, and larger proportions of working single mothers (Paxson & Waldfogel, 1999, 2002, 2003). County-level research indicates that higher income inequality equates with higher incidence

of child maltreatment (Eckenrode et al., 2014). And in a review of 25 different studies that assessed the influence of geographically defined neighborhoods, neighborhood structural factors, particularly economic, are most consistently correlated with child maltreatment (Coulton et al., 2007).

These data all support the current argument that there are indeed higher rates of child maltreatment among poor families (Straus & Gelles, 1986; Pelton, 1978; Drake & Jonson-Reid, 2014). And although recent studies have identified reporting biases that result in lower SES families being reported for suspected child maltreatment more frequently than their middle-class counterparts, it is likely that abuse does occur more often among lower SES families. It is unclear, however, whether this relationship is causal or simply a correlation. Multiple factors contribute to the connection between poverty and child abuse and neglect (Berger, 2004). For example, Waldfogel identifies four theories about the relationship between child maltreatment and poverty:

> The stress associated with low-income status results in maltreatment;
> Poor families are not at increased risk of hurting their children but are just more likely to be reported for child abuse;
> Families who are poor are reported for neglect more often because they can't provide for their children; and
> An underlying factor is influencing the correlation between poverty and neglect. (Waldfogel, 2001)

The correlation between poverty and child maltreatment is likely the result of a number of factors. For example, families who seek public services come before mandated reporters more often, may be scrutinized more closely, and can be subjected to different assumptions than their higher SES counterparts. Children often are reported as victims of neglect as a *result* of poverty. The quality of and access to services for families without financial resources can also place children at greater risk. The complexity of this issue points to a myriad

of compounding factors resulting in the correlation between poverty and child maltreatment.

Legal Responses to Child Maltreatment and Poverty

In light of the demonstrable link between child maltreatment and poverty, you would anticipate that the legal response to child abuse and neglect incorporates an assessment of the impact of poverty on family safety and legislative reform focuses on the efficacy of anti-poverty programs on reducing the incidence of child abuse and neglect. However, child welfare laws have been historically silent on the link between child maltreatment and poverty. Furthermore, legislative reform and funding have focused on permanency and timelines once a child is in foster care as opposed to preventive strategies providing tangible supports to impoverished families.

Laws regarding child abuse and neglect reach far and wide and differ by state in terms of determining what constitutes abuse and neglect, under what circumstances a child can be placed in foster care, and how long a child can remain in the state's custody. Historically, this has meant a range of legal responses for addressing child maltreatment and improving outcomes for children in the child welfare system. For example, youth can stay in foster care until they are 21 years old in Pennsylvania and California, but the requirements for remaining eligible for care differ in each of the jurisdictions (National Resource Center on Youth Development, 2013). Furthermore, some states don't permit young people to remain in care after they turn 18 or 19, allowing them to age out of the system whether or not they have economic or social stability at the time (N.M. Stat § 32A-1.8).

Similarly, there is no consensus as to whether the law should specifically exempt poverty as a legal ground for determining in court that a child is neglected and therefore able to be placed in foster care or that parental rights should be terminated. Indeed, only a few jurisdictions explicitly exempt poverty as legal grounds for

neglect. In New York, the definition of a neglected child specifies that a parent's failure to provide food, clothing, shelter, or education must be assessed in terms of their financial ability or if they were offered "financial or other reasonable means to do so" (N.Y. Fam. Crt. Act § 1012 [f] [A]). In the District of Columbia, the law states that "the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian" (D.C. Code §16-2301 [9][a] [ii]). Connecticut's definition specifies that the grounds for neglect must be "for reasons other than being impoverished" (Conn. Gen. Stat. § 46b-120). In addition, courts have long noted that poverty may not be the only evidence provided to sustain a finding of abuse or neglect against a parent (*In re* D.S., 88 A.3d 678 [D.C. 2014]). As many have noted, poverty is never explicitly stated as the reason for child maltreatment but instead is defined as neglect in case law because of a failure to supply adequate food, housing, or medical care (Duva & Metzger, 2010). As Professor Martin Guggenheim noted, "it is rather that but for being poor, there would never be a prosecution" (Duva & Metzger, 2010, p. 63). Others have noted that the compendium of factors used by courts to make findings of abuse or neglect or in more extreme circumstances to terminate parental rights are directly related to parental poverty, including persistent unemployment, homelessness or inadequate housing, and chronic food instability.

The impact of explicitly distinguishing poverty and child maltreatment should not be underestimated. The vast majority of cases brought to the attention of child welfare agencies and ultimately adjudicated by courts concern neglect issues. By implicitly recognizing the link, child welfare agencies and by default courts are forced to assess factors related to poverty and expand their notion of a family's needs and appropriate responses. In part, the system could begin a subtle but powerful shift toward engaging families in preventive services aimed at reducing poverty, such as income supports and access to subsidized child care. This would be a dramatic change from the traditional model of service delivery to parents and children focused primarily on parenting skills, counseling, and substance abuse treatment. The traditional model's focus on engagement or compliance

with services does not address needs related to poverty that would be better met through a focus on targeted resources and tangible supports such as nutrition, home visiting, and early intervention. However, the legal response must be one that is nationally focused to prevent the patchwork of reforms and policies that currently define the child welfare system.

Promising Programs and Policies

In order to understand the potential impact of antipoverty programs on child maltreatment, we must first put into context the amount of resources designated for child maltreatment. In addition to the long-term impact of child maltreatment on health and well-being (Sedlak et al., 2010), the financial costs associated with child abuse and neglect are astronomical. The lifetime cost for just one year of substantiated child abuse and neglect cases is estimated at $124 billion. In 2010, each case of nonfatal child abuse incurred lifetime costs of $210,012, including $32,648 in childhood health care costs, $10,530 in adult medical costs, $7,728 in child welfare costs, $6,747 in criminal justice costs, $7,999 in special education costs, and $144,360 in productivity losses. For cases of child maltreatment fatalities, the estimated average lifetime cost per death is $1,272,900, including $14,100 in medical costs and $1,258,800 in productivity losses (Fang et al., 2012).

The costs, of course, are not isolated. Scholars have noted the overwhelmingly poor outcomes on a number of social, well-being, and economic metrics particularly for young people who age out of the foster care system without being adopted or reunified with their families. For those young people who are exiting in some states at age 18, the likelihood of ending up homeless, without a college education or stable employment is higher. However, recent legislative efforts to allow state to extend jurisdiction until foster youths are 21 years old may have the potential to impact educational outcomes, as one example. Researchers have noted that "allowing foster youth to remain in care until age twenty-one could lead to a significant increase in educational attainment, which in turn would result in

significantly higher lifetime earnings" (Dworsky, Courtney, & Pollack, 2009).

The costs experienced by older foster youths include poor heath, financial instability, and homelessness, among others detailed earlier in this chapter. Critically, though, those costs also implicate broader social and economic costs (Waldfogel, 2010). In sum, the short- and long-term costs are significant, and there is reason to believe that a concerted effort to reduce child poverty would have a collateral effect on the rates of child maltreatment and consequent involvement in the foster care system.

One model for addressing child poverty in order to reduce child maltreatment can be found in Britain's successful efforts to cut child poverty in half. In 1999 Prime Minister Tony Blair pledged to erase child poverty, and over a 10-year period the government succeeded in reducing the rate of child poverty by more than half. The reforms included programs aimed at increasing adult employment, providing additional financial supports for families, and increasing funding in children's programs. Researchers have noted the important lessons that could be imported into an American regime to reduce child poverty and collaterally decrease the rates of child maltreatment as a result (Waldfogel, 2010). Researchers have already demonstrated increased spending by low-income families on children's clothing, toys, and books in addition to improved well-being and health outcomes for young children and adolescents as a result of the antipoverty initiatives. This suggests that there can be an impact not only on the rates of child poverty but also on the rates of child maltreatment (Gregg, Waldfogel, & Washbrook, 2005; NESS Research Team, 2008). Ongoing research will hopefully shed light on the extent of the impact on both child maltreatment and long-term health and well-being. However, what is clear now is that the program was successful in reducing the rate of poverty in children because it set an ambitious goal and provided continued financial support in the form of services to children, incentives for parents to work, and additional financial support for families. Researchers estimate that similar investments in the United States would have been around $150 billion in 2008, almost half of what is spent on the

Earned Income Tax Credit, the Supplemental Nutrition Assistance Program, child care, and Temporary Assistance for Needy Families combined (Smeeding & Waldfogel, 2010).

Children remain popular on both sides of the aisle. No candidate was ever elected on an overt antichildren platform, and we propose learning from history. Rather than trying to seek consensus on the "why" of poverty, we suggest a solution that is framed in market pragmatism. Rather than providing services to poor children because it is the right thing to do, we draw on new research in brain science and economics that suggests a solution that will save money in the long term. Ultimately, we argue that impacting child maltreatment in any significant way means fostering policies and legislation that reduce poverty for both children and adults. We make this argument while remaining morally neutral about the American tradition of labeling certain adults "deserving" or "undeserving." Rather, we stipulate that since having an impoverished parent puts a child at increased risk, providing health care, educational support, child care, nutritional support, and other assistance ultimately benefits the next generation of Americans (Heckman, 2015). If the political will exists to set an ambitious goal of decreasing child poverty, then the corresponding fiscal investment must be sustained and targeted at improving living standards. As Jane Waldfogel notes, "if Britain could cut absolute child poverty in half in ten years, the US, and other wealthy nations, can too" (Waldfogel, 2010).

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