

An Overview of Selected Data on Children in Vulnerable Families

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This paper is part of the Urban Institute's *Assessing the New Federalism* project, a multiyear effort to monitor and assess the devolution of social programs from the federal government to the state and local levels. Olivia Golden is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies changes in family well-being.

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CONTENTS

Victimization, Abuse, and Neglect	2
Disabilities.....	6
Mental Health and Substance Abuse	7
Conclusion	8
References	10
About the Author	13

AN OVERVIEW OF SELECTED DATA ON CHILDREN IN VULNERABLE FAMILIES

This paper presents trends over time in the number of children in particularly vulnerable families, including families facing such risks as domestic violence, child maltreatment, substance abuse, depression, and childhood disabilities. These families are of particular importance to policymakers given the considerable risk to children's safety and development, the challenges to parents' ability to support a family as well as raise children when they are facing these major stressors, and the potential requirement for strong public or community roles to meet children's needs when parents cannot.

Providing data on these different family risks in one paper does not mean to suggest that they are similar or that they always occur together. Families raising a child with a disability differ greatly from families in which a parent experiences depression or families with incidents of domestic violence or child maltreatment. Nevertheless, all these families face stressors that go beyond the challenges faced by other low-income families. In addition, while these stressors can occur separately, there is evidence that they often occur in tandem, which can leave families particularly vulnerable. For example, in families where domestic violence occurs between adults, child abuse may be more likely (Appel and Holden 1998; Edelson 1999). Similarly, parents that abuse or neglect their children often struggle with substance problems or depression (DeBellis et al. 2001; Dube et al. 2001; Chaffin, Kelleher, and Hollenberg 1996; Kelleher et al. 1994). Research also suggests that children with disabilities have higher rates of abuse or neglect (U.S. Department of Health and Human Services 1993).

While families at all income levels can experience these challenges, many challenges are disproportionately frequent among low-income families. As illustrated more fully below, depression is more prevalent among low-income parents. Domestic violence and child abuse also occur more frequently in low-income families. There is considerable dispute in some of these fields about whether this disproportionate occurrence reflects greater surveillance of low-income families, the greater stresses of poverty, or other factors. Regardless of whether the occurrence of the stress is associated with low income, the challenges faced by families are likely more difficult to cope with when they have fewer resources. For instance, raising a child with a disability can require significant time, attention, and resources that a low-income parent may not be able to offer. Coping with depression or substance abuse and trying to maintain low-wage work can make it difficult for parents to adequately care for their children. And the stresses of juggling the demands of daily life with little income may put a significant burden on couple's relationship, and these tensions may erupt into violence.

This paper distills some of the key trends related to these risks. Where available, we provide data on low-income families in particular, as well as families at all income levels. We draw on several sources of data, including the National

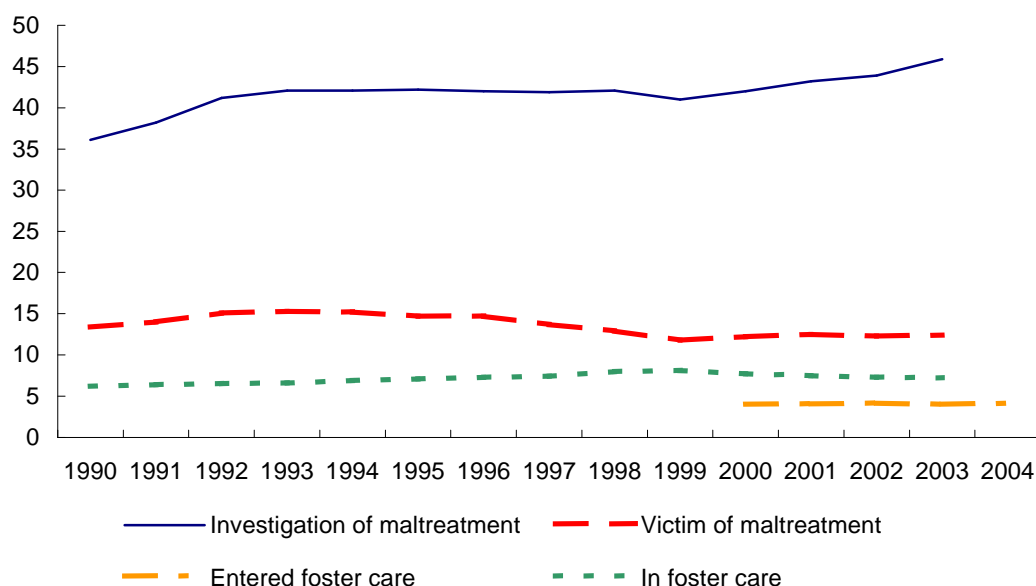
Survey of America's Families (NSAF), as well as administrative data and other survey estimates. Some of the trends presented suggest good news and others point to areas that will continue to require focus, creative solutions, and resources. As state and local policymakers, funders, and researchers look ahead to craft policies and practices to better the lives of children, these trends illuminate some of the key challenges that may arise in addressing the needs of vulnerable low-income families.

Victimization, Abuse, and Neglect

Rates of child victimization and placement in foster care remained steady between 1990 and 2003, while investigations of reports of abuse increased. In 1990, 36.1 children per 1,000 were investigated or assessed for abuse or neglect by child welfare agencies. This rate increased steadily in the last decade, and according to the most recently available data, reached 45.9 children per 1,000 in 2003 (figure 1) (U.S. Department of Health and Human Services 2005a). The rate of children with substantiated cases of abuse or neglect remained fairly steady between 1990 and 2003, fluctuating between approximately 12 and 15 children per 1,000 (U.S. Department of Health and Human Services 2005a). Rates of entry into foster care remained steady between 2000 and 2004, ranging from 4 to 4.2 children per 1,000 (U.S. Department of Health and Human Services 2005b; U.S. Census Bureau 2005). Looking at children in foster care in a given year, rates for this population also remained stable between 1990 and 2003, fluctuating between approximately 6 and 8 children per 1,000 (Child Trends Data Bank 2005b).

Research suggests strong links between poverty and child abuse or neglect (Coulton et al. 1995; Gelles 1992; Jones and McCurdy 1992). Nearly half of all foster children come from homes that are eligible for welfare (U.S. House Committee 2004), and close to half of all identified incidents of child abuse or neglect occur in families receiving welfare (Pelton 1994). Understanding and disentangling the link between poverty and child maltreatment presents a challenge, and various hypotheses have been put forth. The increased prevalence of maltreatment among poor families may be due to the stress of poverty itself, as it places greater pressure on parents to cope with the daily challenges of raising children (Vondra 1986). At the same time, poor families may simply have more contact with service professionals who report suspected cases of abuse or neglect (i.e., emergency room health care, program eligibility workers), while middle- and upper-income families may have resources to conceal maltreatment (i.e., private doctors, a suburban home) (Vondra 1993). Or any one of several factors related to poverty, including parental depression, domestic violence, or social disorganization, may be what puts children at greater risk of abuse or neglect (Korbin 1997; Vondra 1993).

Figure 1: Rates of Investigation, Victimization, Entry into Foster Care, and Living in Foster Care



Sources: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2003*; Child Trends Data Bank, Foster Care, December 2005; U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Trends in Foster Care and Adoption—FY 2000–2004*; U.S. Census Bureau, *Annual Estimates of Population by Selected Age Groups and Sex for the United States, 2005*.

Notes: Rates are per 1,000 children. The rate of investigations also includes assessments and alternative responses to reports of abuse. These approaches are used by some states as an alternative to investigation usually for less severe cases when the child is not in immediate danger.

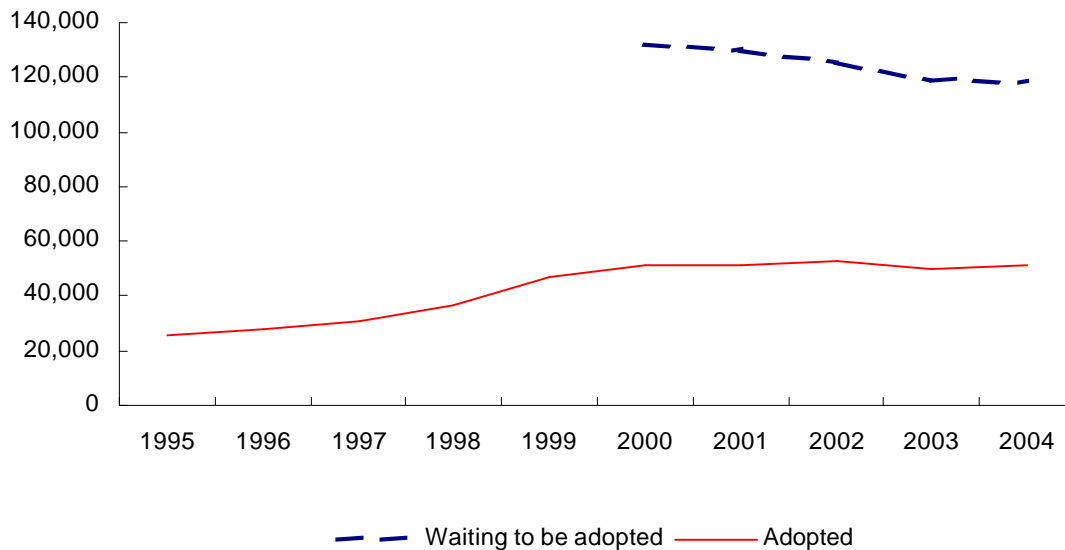
Rates of maltreatment victimization are highest for the country's youngest children. Of particular concern is that rates of maltreatment are highest among the country's youngest children. In 2003, 16.4 per 1,000 infants and toddlers (children under age 3) were victims of abuse or neglect (U.S. Department of Health and Human Services 2005a). Yet as children age, rates of maltreatment decline. For children age 4 through 7, 13.8 children per 1,000 were victims of maltreatment in 2003 (U.S. Department of Health and Human Services 2005a). For children age 8 through 11, 12 through 15, and 16 through 17 the rates are 11.7, 10.7, and 5.9 children per 1,000, respectively (U.S. Department of Health and Human Services 2005a).

Relatives are the first placement option for maltreated children; many relatives have low incomes and do not receive financial assistance, although this may be improving. Child welfare agencies are increasingly relying on relatives to care for abused and neglected children (U.S. Department of Health and Human Services 2000). This shift in practice is primarily driven by changes in policy that required child welfare agencies to look first for relatives when finding placements for children as well as a belief that abused and neglected children fare better when placed with relatives (U.S. Department of Health and Human Services 2000). The primary concern regarding these children is that many live in low-income families (76 percent) and do not receive the financial assistance for which they are eligible,

such as foster care, TANF child-only, Social Security, or Supplemental Security payments (Ehrle and Geen 2002). According to analyses of the 2002 NSAF, approximately one-third (32 percent) of children whom social services helped place with a relative are living with relatives who do not receive any type of payment for the child's care (Murray, Macomber, and Geen 2004). A recent analysis of this population suggests, however, that rates of poverty and uninsurance declined steadily for children in these arrangements between 1997 and 2002, and that the gains were even more dramatic than those made by children living with their parents (Main, Macomber, and Geen 2006).

Adoptions from foster care increased substantially between 1995 and 2004, and the number of children waiting to be adopted appears to be on the decline. Since 1995 the number adoptions from foster care nearly doubled (figure 2). In 1995, there were approximately 26,000 adoptions from foster care, whereas by 2000 that number reached 51,000 and has remained steady at that level through 2004 (U.S. Department of Health and Human Services 2005b, 2005c). Meanwhile, since 2000 the number of children waiting to be adopted has declined. Children waiting to be adopted include those that have a goal of adoption and/or those whose parents' parental rights have been terminated. In 2000, 132,000 children were waiting to be adopted, yet by 2004 this number had declined to 118,000 (U.S. Department of Health and Human Service 2005b).

Figure 2: Number of Children Adopted and Waiting to Be Adopted



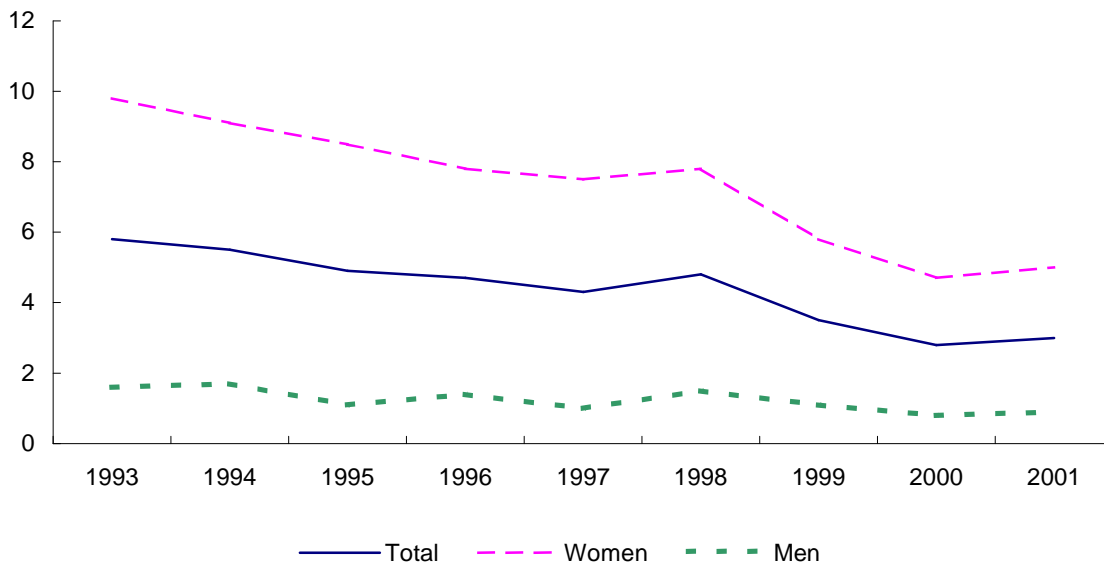
Sources: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Trends in Foster Care and Adoption*; U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Adoptions of Children with Public Child Welfare Agency Involvement by State FY 1995-FY 2003*.

Notes: Data on adoption for 1998 through 2004 come from the Adoption and Foster Care Analysis and Reporting System (AFCARS) adoption database. The data for 1995 through 1997 were reported by states to set baselines for the Adoption Incentive Program. These data came from a variety of sources including AFCARS, court records, file reviews and legacy information systems.

Violence between intimate partners declined substantially between 1993 and 2001. The rate of nonfatal victimizations between intimate partners was reduced by nearly half between 1993 and 2001. In 1993 there were 5.8 nonfatal victimizations per 1,000 people, whereas by 2001 there were 3 per 1,000 people, as shown in figure 3 (U.S. Department of Justice 2003). While both men and women saw declines, women consistently experience higher rates of victimization. Fatal victimizations by an intimate partner also declined between 1993 and 2000, down from 708 to 440 victims per year for men and from 1,581 to 1,247 victims per year for women (U.S. Department of Justice 2003). Roughly 43 percent of households where intimate partner violence occurred between 1993 and 1998 included children under the age of 12 (U.S. Department of Justice 2000). While more recent data are not available on intimate partner violence, we do know that violent crime overall continued declining through 2004 (U.S. Department of Justice 2005).

Data also suggest, however, that women living in households with lower annual incomes experience higher rates of intimate partner violence (U.S. Department of Justice 2000). Specifically, between 1993 and 1998 women living in households with annual incomes less than \$7,500 a year were nearly seven times as likely to be victimized by an intimate partner than were women living in households with an annual income of at least \$75,000 (20 per 1,000 women and 3 per 1,000 women, respectively) (U.S. Department of Justice 2000).

Figure 3: Rates of Nonfatal Intimate Partner Victimization, 1993–2001



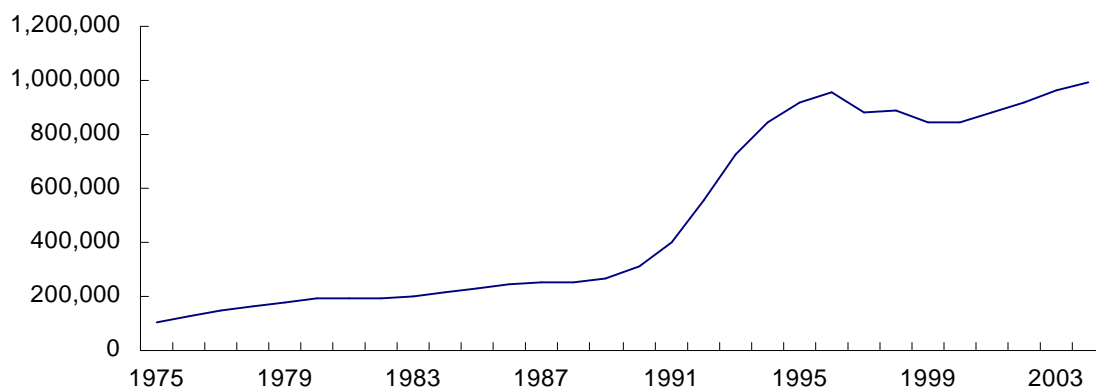
Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "Intimate Partner Violence, 1993–2001," Crime Data Brief, February 2003.
 Note: Rates are per 1,000 persons.

Disabilities

The portion of poor children with “limitations” has fluctuated from 22 to 27 percent between 1998 and 2003. In 2003 about 22 percent of children from poor families suffered some type of limitation according to analyses by Child Trends of the National Health Interview Survey (NHIS) (Child Trends Data Bank 2005a). Limitations include any type of constraint in normal physical activities due to health conditions and impairments, difficulty seeing, difficulty hearing, diagnosed learning disabilities, and limitations requiring help with bathing or showering. The portion of poor children that struggled with a limitation has ranged from 22 to 27 percent between 1998 and 2003 (Child Trends Data Bank 2005a). The portion of nonpoor children with limitations fluctuated between 17 and 19 percent during these years (Child Trends Data Bank 2005a).

The number of children receiving payments through the Supplemental Security Income program has increased steadily in the past 30 years. The Supplemental Security Income (SSI) program provides monthly payments to families of blind and disabled children. To be eligible a child must meet the SSI definition of disability for children and the child’s family’s income must be below a certain threshold. In December 2004, just under a million blind and disabled children under age 18 (993,000) were receiving SSI payments (Social Security Administration 2005). This represents a marked increase since 1975 when approximately 107,000 children were receiving these payments (figure 4). Not only has the number of child recipients increased in the past three decades, but so has the share of recipients that are children. In 2004, children made up about 14 percent of all SSI recipients, up from 2.5 percent in 1997.

Figure 4: Number of Children Receiving Payments through the Supplemental Security Income Program



Source: Social Security Administration, Office of Policy, Office of Research, Evaluation, and Statistics, “Children Receiving SSI, 2004.”

The number of children receiving services under the Individuals with Disabilities Education Act has increased substantially in recent years. In 2003,

approximately 10 percent of poor children had been diagnosed with a learning disability according to analyses by Child Trends of the NHIS (Child Trends Databank 2005d). Between 1998 and 2003, this portion of children fluctuated between 11 and 14 percent. The Individuals with Disabilities Education Act (IDEA) authorizes early intervention and special education services to ensure that all children with disabilities have access to a free and appropriate public education. Since the early 1990s the number of children receiving services through this program has increased steadily. The number of infants and toddlers receiving services under IDEA increased from 165,000 in 1994 to 231,000 by 2000 (U.S. Department of Education 2002). In the 1992–93 school year, 455,000 preschoolers received services under IDEA, whereas in the 2000–01 school year 600,000 children received services (U.S. Department of Education 2002). And for school-age children (age 6 through 21), the number receiving services under IDEA rose from 4,500,000 in the 1991–92 school year to 5,800,000 by the 2000–01 school year (U.S. Department of Education 2002).

There is some evidence to suggest the most vulnerable infants and toddlers are not always identified for IDEA services (Robinson and Rosenberg 2004). The Child Abuse and Prevention Treatment Act (CAPTA) was recently amended to require that children under the age of 3 who are involved in a substantiated case of child abuse or neglect be referred to IDEA services. A similar provision was included in the 2004 IDEA Improvement Act that requires services be available for these maltreated infants and toddlers.

Mental Health and Substance Abuse

The share of low-income children living with a parent with symptoms of poor mental health remained relatively stable between 1997 and 2002, fluctuating between 24 and 26 percent. In 2002, approximately 26 percent of children living in low-income families (families with incomes below 200 percent of the federal poverty threshold) lived with a parent with symptoms of poor mental health according to analyses of the NSAF (Vandivere, Gallagher, and Moore 2004). Mental health in the NSAF is assessed based on the frequency in which caregivers report feeling very nervous, calm and peaceful, downhearted and blue, happy, and so down in the dumps that nothing could cheer them up. Between 1997 and 2002, between 24 and 26 percent of children in low-income families had a parent who reported symptoms of poor mental health. For children in higher-income families, this share ranged from 10 to 11 percent. It is also notable that in 1999 the proportion of low-income children living with parents with symptoms of poor mental health was significantly higher than the national average in the study states of Alabama (31 percent), Massachusetts (33 percent), and Mississippi (29 percent) (Urban Institute 2000).

Analyses of the NHIS by Child Trends also provide information about parental mental health for poor caregivers (Child Trends Data Bank 2005e). These

analyses look at the portion of parents reporting symptoms of depression for poor and nonpoor families. Results reflect the patterns revealed by the NSAF. The proportion of poor parents reporting depressive symptoms fluctuated between 10 and 13 percent between 1998 and 2003 (Child Trends Data Bank 2005e). For parents with incomes above the federal poverty threshold, this proportion ranged from 3 to 4 percent during this period.

The share of poor parents who consume five or more drinks at one occasion on a weekly basis fluctuated between 4 and 5 percent between 1998 and 2003. In 2003, approximately 4 percent of poor parents consumed five or more drinks in one occasion on a weekly basis according to analyses of the NHIS by Child Trends (Child Trends Data Bank 2005c). This share fluctuated between 4 and 5 percent between 1998 and 2003 (Child Trends Data Bank 2005c). The share of nonpoor parents that fell into this category also ranged from 4 to 5 percent in this period (Child Trends Data Bank 2005c). Looking at this level of consumption on a monthly basis, 7 percent of poor parents consumed five or more drinks in one occasion in 2003 (Child Trends Data Bank 2005c). This share fluctuated between 7 and 9 percent between 1998 and 2003 (Child Trends Data Bank 2005c). The share of nonpoor parents in this category ranged from 8 to 9 percent during this period (Child Trends Data Bank 2005c).

These indicators, however, do not provide information on use of illicit substances, which may be more prevalent among low-income parents according to research from the early 1990s (U.S. Department of Health and Human Services 1994). Moreover, in recent years the production, distribution, and use of methamphetamines have increasingly plagued communities nationwide with devastating consequences for families (Hunt, Kuck, and Truitt 2005; Kyle and Hansell 2005). The use and trade of the substance can severely jeopardize the health and well-being of parents and often puts children at risk of abuse or neglect (Hunt et al. 2005; Kyle and Hansell 2005).

Conclusion

This paper highlights trends around some of the most significant risks facing low-income families today—child maltreatment, domestic violence, children’s disabilities, substance abuse, and parental mental health. Some of the trends indicate good news. Adoptions of children from foster care have increased markedly in recent years and the number of children waiting to be adopted is declining. Violence between intimate partners has declined substantially in the past decade. Increasingly more children with disabilities are receiving services through IDEA and SSI. But not all the trends are positive. Investigations of abuse and neglect have risen in recent years, rates of abuse and neglect are highest amongst infants and toddlers, and over a quarter of low-income children live with parents reporting symptoms of poor mental health, more than double the portion of children from

higher-income families. These trends demand the continued attention of policymakers, practitioners, advocates, and analysts.

While trend lines can tell an important story, they only tell part of the story and often raise many questions. Disentangling the causes, correlates, and outcomes of these different risks poses a significant challenge. For example, many of these risks occur in tandem and may feed into one another (e.g., depression may lead to substance abuse and substance abuse may lead to violence). Vulnerable families may require multiple services to achieve stability and security. There are also many risks not on this list that make families vulnerable, such as social isolation, disorganized neighborhoods, and chaotic families. These risks should be factored into any analyses of vulnerable families but can often be difficult to measure.

Looking back, it is notable that we can measure as many indicators as we can, constructing fairly long trend lines for many. This is a tribute to the rigorous efforts of many agencies and organizations to develop indicators and expand information systems to make needed data available. Looking ahead, policymakers, funders, and researchers will be challenged to parse out the policies and practices that contribute to the various trends revealed by these data so that future efforts can continue to push trend lines in positive directions for vulnerable low-income families.

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