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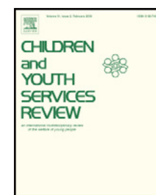

Mothers' experiences, resources and needs: The context for reunification

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ABSTRACT

This paper extends prior scholarship regarding the characteristics of mothers involved with the child welfare system. In-person interviews were conducted with a statewide sample of 747 mothers, 318 with children remaining in home and 429 with children in care, to examine their socio-demographic and psychosocial characteristics as well as service needs. Mothers were mostly impoverished, struggling to meet basic needs, and coping with early trauma, mental health problems, substance abuse and domestic violence. Almost half reported an annual income of less than $10,000 and 70% were unemployed, but few received public benefits with the exception of food stamps. Mothers with children in care experienced greater economic hardship than mothers whose children remained in home. The implications of the findings are discussed.

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1. Introduction

Services for families involved with the child welfare system are best informed by timely, empirically sound data regarding the multi-dimensional needs of mothers and their children (Young, Boles, & Otero, 2007). The vulnerability of child welfare exposed families resulting from substance abuse (Besinger, Garland, Litrownik, & Landsverk, 1999; Sun, Shillington, Hohman, & Jones, 2001), mental health conditions (Burns, et al., 2010; Rinehart et al., 2005) and domestic violence (Edleson, 1999; Windham et al., 2004), in the context of poverty (Coulton, Korbin, & Su, 1999; Pelton, 1989) is well documented. However, the changing policy and economic landscape requires periodic studies of sufficient breadth and rigor to detect changes in the needs of the population as a basis for more effectively targeting services.

The purpose of this paper is to examine the socio-demographic and psychosocial characteristics as well as service needs of a statewide sample of child welfare involved mothers. This research builds on and extends prior child welfare scholarship by employing standardized instruments to measure a range of issues typically associated with child maltreatment, in face-to-face interviews, among a large representative sample of mothers.

The sample is comprised of two groups of mothers, those whose children remained in-home while they received child welfare services and those whose children were placed out-of-home. Although the focus of this special issue is on mothers and foster care, mothers whose children were not placed are included in the study to allow for an examination of differences and similarities in the number and severity of challenges between the two groups. Additional context for the findings is provided through the literature review.

2. Literature review

Given the descriptive nature of this study, the review is intended to locate the findings within a broader literature regarding the prevalence of substance abuse, mental health conditions, and domestic violence among at-risk groups of mothers. Therefore, to the extent possible, the review moves from less to greater population specificity, first examining prevalence rates among low-income mothers, then at-risk mothers, and finally child welfare involved mothers.

2.1. Substance abuse

An estimated 5.5% of women living with children under the age of 18 have abused or been dependent on alcohol or an illicit drug (Substance Abuse & Mental Health Services Administration, 2003). Studies examining the potential of mothers with substance abuse disorders to maltreat their children have produced mixed results. Research with a community sample (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999) revealed elevated scores on the Child Abuse Potential Inventory (Milner, 1994) among substance abusing mothers, while similar research with low-income mothers participating in a home visitation program did not find differences to be associated with maternal substance abuse (Hogan, Myers, & Elswick, 2006). Nonetheless, maternal substance abuse has been correlated with higher rates of child maltreatment in community-based epidemiological studies (Chaffin, Kelleher, & Hollenberg, 1996; Walsh, MacMillan, & Jamieson, 2003).

Prevalence estimates of substance abuse among child welfare involved families are widely disparate, ranging from 15% to 79% (Besinger et al., 1999; Curtis & McCullough, 1993;), due in large part

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to methodological variations in the research. Differences in the operational definition of substance abuse, sampling (in-home or out-of-home) and data sources (parent or worker report), time-frame queried, and whether one or both parents are included in the estimates (Besinger et al., 1999; Loring, 2004; Young et al, 2007) accounts for most of the variation in reported prevalence rates. In the only nationally representative sample of a child welfare population, 11% of caregivers whose children lived at home met criteria on the Composite International Diagnostic Interview-Short Form (CIDI-SF) for substance dependence, a finding consistent with other studies employing the same instrument (Courtney, McMurtry, Zinn, Power, & Maldre, 2004). The relatively low prevalence rate is attributed to the parameters of the CIDI-SF, which measures dependence or abuse rather than use alone and limits the period to the last 12 months, and to the fact that the findings are based on parent self report.

2.2. Mental health

Mental health research with vulnerable mothers has focused primarily on depression, a disorder with demonstrable impacts on the development of young children (Peterson & Albers, 2001; NICHD, 1999). Based upon the results of epidemiological surveys, low-income, unmarried women with low levels of educational attainment are at highest risk of mood disorders (Kessler, et al., 2003). Furthermore, these conditions frequently co-occur with anxiety and substance abuse disorders (Kessler, Berglund, Demler, Jin, & Walters, 2005). In a comprehensive review of the research on low-income mothers and depression, Lennon et al. (2002) report that the median 12 month prevalence rates for Major Depressive Disorder (MDD) among women receiving TANF benefits was 22% and the median rate of depressive symptoms for this population was 47%. A study of homeless mothers, 26% of whom had been in foster care as children, estimated current MDD at 52%, with lifetime rates of 85% (Weinreb, Buckner, Williams, & Nicholson, 2006).

Research with child welfare involved mothers has found rates of MDD between that of the TANF and homeless samples. In a six year longitudinal study of a national representative sample of mostly mothers (95.5%) with their children residing at home, 46.4% of mothers with young children (National Survey of Child & Adolescent Well-Being, No. 13) and 40% with older children (Burns et al., 2010) met criteria for MDD at one or more data collection points. Cross sectional research with parents involved in child welfare estimates 12 month prevalence rates for MDD at about a third (Courtney, et al., 2004). The data show that mothers known to child welfare have elevated rates of MMD and that longer observation periods produce higher rates. However, these studies may actually underestimate the prevalence of MDD in this population. The average age of onset of mood disorders is 30 years (Kessler, et al., 2005), older than a substantial proportion of mothers entering the child welfare system and older than many of the mothers included in the studies referenced above.

2.3. Domestic violence

Intimate partner violence (IPV) is a major public health concern with significant negative consequences for exposed children (Fantuzzo & Mohr, 1999; Osofsky, 2003). Data from nationally representative surveys estimate over 20% of women experience violence at the hands of a partner during their lifetime (Gelles & Straus, 1988; Tjaden & Thoennes, 2000). However, available research under-represents the experiences of women of color (Lee, Sanders Thompson, & Mechanic, 2002; Malcoe & Duran, 2004), a group disproportionately represented in child welfare (Courtney & Syles, 2003).

Based on two separate reviews of the research literature (Appel & Holden, 1998; Edleson, 1999), the proportion of families known to child welfare who have problems of domestic violence is between 30% and 60%. In a nationally representative sample of female caregivers reported for child maltreatment, 44.8% indicated they experienced domestic violence in their lifetime and 29% had been victimized in the past year (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). However, it does not appear that workers detect IPV at the investigative stage in the majority of cases. Among caregivers in the previous study whose children remained in the home post-investigation, 31% reported IPV in the past year while workers indicated IPV in only 8% of cases (Kohl, Barth, Hazen, & Landsverk, 2005), perhaps calling into question research solely reliant on worker report. Nonetheless, in cases where domestic violence is worker indicated, families have been found to be at higher risk of child placement and re-referral for new allegations of abuse (English, Edleson, & Herrick, 2005).

2.4. Co-occurring conditions

Despite a substantial range in prevalence rates, our review confirms that mothers known to the child welfare system have rates of substance abuse and dependence, mental health problems, and domestic violence that exceed those of low-income women generally, and often other at-risk groups of mothers. However, the extent to which these conditions co-occur may be a more salient indicator of maltreatment potential (Nair, Schuler, Black, Kettinger, & Harrington, 2003) and a significant obstacle to reunification (Marsh, Ryan, Choi, & Testa, 2006).

The most commonly studied dual diagnosis is substance abuse and mental health. Relying primarily on treatment samples, research reveals that 30% to 59% of women are positive for co-occurring substance abuse and mental health conditions (Newmann & Sallmann, 2004; Stromwall et al., 2008). While this might be true for women in treatment, in a probabilistic community sample Chaffin et al. (1996) found few cases of co-occurring disorders. Furthermore, only depression predicted physical abuse, a finding consistent with other research (Rinehart, et al., 2005), and substance abuse predicted abuse and neglect.

Intimate partner violence and mental health disorders have been found to co-occur at rates that exceed that of the general population (54% versus 6%) among women residing in domestic violence shelters (Helfrich, Fujiura, & Rutkowski-Kmitta, 2008) and those reported to child protective services (Hazen et al., 2004). Results from the first national multi-site study of women engaged in treatment for co-occurring substance abuse and mental health problems with histories of interpersonal trauma found that almost 70% had been separated from their children against their will and 26% had their rights to one or more children terminated (Becker et al., 2005). This highly vulnerable group of mothers had extensive histories of physical, sexual, and emotional abuse that typically began in early adolescence and persisted into adulthood.

2.5. Poverty

In addition to the risk factors included in this review, the extant literature on predictors of child welfare involvement also implicates poverty and its attendant financial hardships (Culhane, Webb, Grim, Metraux, & Culhane, 2003; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Although poverty is often characteristic of mothers known to child welfare, the relationship between poverty and maltreatment is difficult to disentangle and the subject of debate within the field (Eamon & Kopels, 2004; Pelton & Milner, 1994). The purpose of this paper is not to interrogate the data underlying these arguments, or to settle the question of the causal pathways to maltreatment, but to review the literature as context for our findings. It is worth noting, however, that sustained economic hardship has been shown to lead to poorer functioning across a range of domains (Lynch, Kaplan, & Shema, 1997), many of which correlate with child welfare involvement.

Two primary methods have been used to measure maltreatment incidence and thus examine its relationship to poverty: 1) counts of

administrative or observed maltreatment such as the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Study (NIS) and 2) data from epidemiological studies which account for maltreatment that may only be known to victims and perpetrators. Generally, official accounts produce lower rates of maltreatment and stronger correlations with poverty than do epidemiological studies. For instance, the most current NIS data indicate that 4% of US children were maltreated in 2005–2006 and that children in low socioeconomic households were 5 times more likely to experience maltreatment than other children (Sedlak et al., 2010). By comparison, data from the National Longitudinal Study of Adolescent Health indicate that 28% of the respondents recalled physical abuse and 11.8% recalled neglect prior to the sixth grade and that children in low-income families were over 1.5 times as likely to report any type of maltreatment (Hussey, Chang, & Kotch, 2006).

Research on the prevalence of maltreatment risk factors is extensive and findings vary widely depending upon the methodology employed. The contribution of the study reported here is the use of a large statewide sample and the range of socio-demographic and psychosocial factors examined employing standardized measures in face-to-face interviews. To our knowledge, there has not been another statewide study of this magnitude and rigor.

It is important to cast the findings of this study in the context of the state's population and the structure of its child welfare system. As in other US child welfare systems, African American and Native American children are disproportionately represented. African American children constitute 4.5% of the general state population and 9.8% of the child welfare population, while 2.0% of the state's children are Native American and 12.1% make up the child welfare system. (Washington State Department of Social & Health Services, 2008).

Washington's child welfare system is state administered across six geographic regions. Investigations and most case management functions are conducted by state social workers. Specialized services such as mental health, substance abuse and domestic violence are provided through contracts with the state agency.

3. Method

3.1. Design

This is a cross-sectional study of all primary caregivers, 18 years and older, with a child welfare case opened in the Washington State for in-home or out-of-home services in the past 30 to 120 days. This timeframe was selected to assure that mothers had been exposed to child welfare services for a minimum of a month, so that they were in a good position to comment on their interactions with the child welfare system, but that their involvement had not been prolonged, potentially making it difficult to locate them. Mothers were excluded if they were incarcerated at the time of the study, if they resided outside of the state, or if they were unable to complete the interview in English.

Face-to-face interviews were conducted using a structured questionnaire that included demographic characteristics, measures of domestic violence, mental health, substance abuse, trauma, parenting stress, financial hardship, and services received and needed (Table 1). Audi CASI was used for the domestic violence measure due to its sensitive nature.

3.2. Recruitment procedure

The state's administrative database was used to select the sample. Following a general information letter from the child welfare agency, an “opt out” letter, again from the agency, was sent. After two weeks, contact information for caregivers who did not opt out or for whom the letters were deliverable, was forwarded to the researchers.

Based on this information, an advance letter was sent to mothers, briefly explaining the study, again assuring confidentiality, and informing them of the $50 compensation for responding to the interview. One week after the advance letter was mailed, an interviewer attempted to contact participants. A total of 990 subjects met the inclusion criteria and 809 were interviewed, 345 with children in-home and 464 with children out-of-home, yielding a response rate of 82%. The response rate did not differ by whether children were in or out-of-home. Interviews were conducted between July and December 2008. For this study only female caregivers (92%) were selected, 318 with children in-home and 429 with children out-of-home. All protocols were approved by the Washington State Institutional Review Board.

Table 1
Demographic characteristics.

	Total ($N=747$)	In-home ($n=318$)	In-care ($n=429$)	Sig.
Children's age (≤18) $\bar{x}$ (sd)	7.1 (5.3)	7.6 (5.2)	6.8 (5.4)	**
Children age (≤18 living in household) $\bar{x}$ (sd)	2.0 (2.2)	2.6 (2.2)	1.5 (2.2)	**
Primary caregiver's age $\bar{x}$ (sd)	31.9 (9.5)	32.6 (9.6)	31.4 (9.5)	
Adult's age (≥19 living in household) $\bar{x}$ (sd)	1.6 (2.9)	1.4 (2.7)	1.8 (3.0)	
Marital status %				**
Single, never married	41.0	34.6	45.7	
Married or in committed relationship	32.1	37.4	28.2	
Separated, divorced, widowed	26.9	28.0	26.1	
Current living situation %				**
House/apartment	71.8	83.3	63.4	
Staying with friends/family	13.4	7.6	17.7	
Homeless shelter/no housing	4.0	2.2	5.4	
Residential treatment	3.9	2.8	4.7	
Other (SRO, etc.)	6.8	4.1	8.9	
Race %				
Caucasian	60.8	60.7	60.8	
African American	5.1	5.0	5.1	
Native American	6.7	5.7	7.5	
Asian American, Pacific Islander	1.6	2.5	.9	
Hispanic, Latino	5.9	6.6	5.4	
Mixed Race/more than one race	18.2	17.0	19.1	
Other	1.5	1.9	1.2	
Mother's education %				**
<High school graduate	30.3	24.2	34.8	
High school graduate	27.5	28.6	26.6	
>High School	42.2	47.2	38.6	

**$p \le .01$, *$p \le .05$.

3.3. Measures

The survey consisted of basic demographic information: age, gender, race, education, marital status, employment, income, living situation, and household composition. In addition, for each child the parent was asked the child's age, gender, and whether the child had any special needs. Additional measures of financial stress, maternal mental health, sexual abuse as a minor, family violence, substance abuse, and service needs are described below (Table 2).

3.3.1. Service needs

A list of 18 services commonly needed by families involved in the child welfare system was developed. The services included basic needs such as housing, food, clothing, transportation, and employment, as well as services for psychosocial needs such as mental health counseling, substance abuse, domestic violence, and parenting (Table 3). Respondents were asked if they received the service and, if not, whether they needed the service. In the following analysis, service need is defined as having received or needed the service.

3.3.2. Partner violence

Selected items from the Conflict Tactic Scale 1 (Straus, 1979) were used to measure intimate partner violence. Mothers were asked about the prevalence and nature of violence in their relationship with their current or most recent partner, three items pertain to the respondent as victim and three items pertain to the respondent as the perpetrator of

Table 2
Income and financial hardship.

	Total ($N=747$)	In-home ($n=318$)	In-care ($n=429$)	Sig.
Household income %				**
≤$10,000	48.6	37.3	57.2	
$10,001–$20,000	22.2	23.2	21.4	
$20,001–$30,000	10.4	12.9	8.5	
$30,001–$40,000	8.2	10.3	6.6	
$40,001–$50,000	3.0	4.2	2.2	
≥$50,001	7.6	12.2	4.1	
Mother's current employment status %				*
Not employed	69.5	64.8	73.0	
Employed full-time	17.5	19.8	15.9	
Employed part-time or seasonally	13.0	15.4	11.2	
Public transfer income %				
Temporary Assistance for Needy Families	28.8	34.0	24.9	**
General assistance	12.4	8.8	15.1	**
Social Security Disability	21.3	24.8	18.7	*
Food stamps	65.7	63.2	67.6	
Public housing (Section 8)	15.7	17.7	14.3	
Cash from family, friends, or a partner %	30.5	26.1	33.8	*
Financial hardship: past 12 months %				
Lacked money for family clothing or shoes	56.3	53.9	58.0	
Lacked money to pay rent or mortgage	44.9	45.4	44.5	
Lacked money to buy enough food for family	32.7	34.7	31.2	
Used food pantry or community meal program	53.4	49.1	56.6	*
Utilities shut off	26.4	26.2	26.6	
Evicted from home	17.3	12.9	20.5	**
Moved in with family or friends	36.7	26.8	44.1	**
Furniture, car, other belongings repossessed	10.3	8.8	11.4	
Homeless	30.1	19.2	38.1	**

**$p \leq .01$, *$p \leq .05$.

aggressive behavior. The items included: 1) verbal threats, 2) physical aggression, and 3) physical injury. Psychometric testing has supported the reliability and validity of the CTS1 (Straus, 1979). The instrument is designed to be self-administered and Audio CASI was employed given the sensitive nature of the questions.

3.3.3. Mental health and substance abuse

The Mini-International Neuropsychiatric Interview (MINI) was used to measure maternal mental health and substance abuse. The MINI is a widely used psychiatric structured diagnostic instrument that has been validated against the much longer Structured Clinical Interview for DSM diagnoses (SCID-P), the Composite International Diagnostic Interview for ICD-10 (CIDI), and against expert opinion in a large sample in four European countries (Sheehan, et al., 1997). The MINI can be administered in approximately 15 min, making it appropriate for use in a research context where ease and length of administration are concerns. The MINI can be used by clinicians, after a brief training session, and with lay interviewers after more extensive training. All research staff was trained to administer the instrument by an approved trainer.

The instrument yields a lifetime and past twelve month diagnosis. The subscales measuring depression, bipolar disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorders, and alcohol and other drug abuse and dependence were used.

Table 3
Substance abuse and mental health.

	Total	In-home	In-care	Sig.
	% (n)	% (n)	% (n)	
Alcohol or drug abuse	30.2 (725)	21.8 (307)	36.4 (418)	**
Depression	47.0 (725)	49.5 (307)	45.2 (418)	
Anxiety	39.6 (725)	40.7 (307)	38.8 (418)	
Any mental health disorder	57.4 (725)	59.3 (307)	56.0 (418)	
Co-occurring alcohol/drug and mental health disorder	22.6 (725)	17.9 (307)	26.1 (418)	**
Childhood sexual abuse	57.6 (745)	57.1 (317)	57.9 (428)	
Domestic violence	35.8 (746)	31.8 (318)	38.8 (428)	*
	($N=747$)	($n=318$)	($n=429$)	

**$p \leq .01$, *$p \leq .05$.

3.3.4. Early maternal sexual trauma

Mothers were asked if, as a minor, they had experienced any one of three forms of sexual abuse: 1) touched by an adult or older child in a sexual way, 2) forced to touch an adult or older child in a sexual way, and 3) forced to have sex. For each type of abuse the respondent experienced, she was asked if it happened once or more than once.

3.4. Analysis

The analysis was restricted to the 92% of the total sample who were female primary caregivers ($N=747$). Univariate and bivariate analyses were conducted for the purposes of describing the overall sample and comparing female primary caregivers' whose child(ren) had been placed in out-of-home care or had not on the following characteristics: demographic background; living arrangements and household composition; income and financial hardship; maltreatment risk factors; and services received and unmet service needs (Table 4).

4. Results

4.1. Sample description

Female primary caregivers were, on average, 32 years-old, and were predominantly Caucasian (60.8%). Smaller percentages of the sample identified as mixed race (18.2%), Native American (6.7%), Hispanic (5.9%), African American (5.1%), and Asian American (1.6%). Forty-one percent of the caregivers were single and had never been married, 27% were separated, divorced, or widowed, and 32% were either married or in a committed relationship. The sample was fairly evenly distributed across the educational categories: some high school or less (30.3%), high school graduate (27.5%), college or technical training (33.5%). Nine percent of the sample reported having a college degree.

Table 4
Basic services needed and unmet.

	Total	In-home	In-care	Sig.
	%	%	%	
Services needed (received plus unmet)				
Getting enough food ($n=747$)	69.5	66.0	72.0	
Transportation ($n=746$)	64.5	51.7	73.9	**
Clothing ($n=746$)	63.9	59.1	67.5	*
Financial assistance ($n=742$)	50.1	41.1	56.8	**
Finding a place to live ($n=744$)	48.1	37.0	56.3	**
Basic home management ($n=744$)	39.0	37.5	40.1	
Obtaining education or getting a GED ($n=745$)	37.7	31.4	42.4	**
Finding and/or keeping a job ($n=743$)	35.1	25.6	42.2	**
Home repair or maintenance ($n=742$)	29.5	30.2	29.0	
Unmet need				
Clothing ($n=746$)	37.3	32.7	40.7	**
Finding a place to live ($n=744$)	30.8	22.5	36.9	**
Transportation ($n=746$)	26.9	24.6	28.7	**
Obtaining education or getting a GED ($n=745$)	26.4	22.6	29.3	**
Financial assistance ($n=742$)	25.9	19.3	30.8	**
Finding and/or keeping a job ($n=743$)	25.2	16.8	31.4	**
Basic home management ($n=744$)	24.9	22.5	26.6	
Home repair or maintenance ($n=742$)	21.8	20.6	22.7	
Getting enough food ($n=747$)	22.0	17.9	24.9	**

**$p \leq .01$, *$p \leq .05$.

The survey also asked respondents about their current living situation and household composition. A majority were living in their own home or apartment (71.8%). The balance of the sample lived with family or friends (13.4%), were homeless (4%), lived in residential treatment facilities (3.9%), resided in single residential occupancy hotels or motels (1.8%), or had some other living arrangement (5%). On average, the number of adults and children living in the primary caregivers' households were 1.6 and 2.0, respectively. Primary caregivers' own children (18 and under) were, on average, seven-years-old.

The characteristics of primary caregivers differed by whether or not their children had been placed in out-of-home care or still resided at home. Primary caregivers' whose child(ren) had been placed in out-of-home care were more likely to be single and never married (45.7% vs. 34.6%, $p \leq .01$), have only a high school education or less (34.8% vs. 24.2%, $p \leq .01$), and to live someplace other than their own home or apartment (36.6% vs. 16.7%, $p \leq .01$). Also, the out-of home group was more likely to have a larger number of adults (1.8 vs. 1.4), and a smaller number of children (1.5 vs. 2.6, $p \leq .01$) and younger children (6.8 vs. 7.6, $p \leq .01$) living in their households. The two groups did not differ with respect to the primary caregivers' age or race.

4.2. Financial hardship

Seventy percent of the caregivers reported that they were not employed and nearly half (48.6%) had annual household incomes of less than $10,000. Caregivers had received the following public transfers in the past year: food stamps (65.7%), Temporary Assistance for Needy Families (TANF) (28.8%), Social Security Disability (21.3%), public housing or Section 8 (15.7%), and general assistance (12.4%). Thirty percent of the caregivers received cash income from family, friends, or a partner.

Given their generally low income, it is not surprising that caregivers reported that they had lacked money to purchase family clothing or shoes (56.3%), to pay rent or mortgage (44.9%), to pay utility or medical bills (62.3%), and to buy enough food for their family (32.7%) at some time during the past year. Other indicators of the caregivers' recent financial hardship included using food pantries or meal programs (53.4%), having utilities shut off (26.4%), having been evicted (17.3%) or moving in with family or friends (36.7%), and having furniture, a car, or other belongings repossessed (10.3%). In addition, 30% of the caregivers had been homeless in the past year.

Although, compared with caregivers whose child(ren) was not placed in out-of-home care, significantly larger proportions of caregivers whose child(ren) had been placed had income of less than $10,000 (57.2% vs. 37.3%, $p \leq .01$) and were not employed (73% vs. 64.8%, $p \leq .05$), smaller percentages received income from TANF ($p \leq .01$), and Social Security Disability ($p \leq .05$). This could be due to the fact that parents whose children had been placed out-of-home were no longer eligible for these sources of support on behalf of themselves or their child(ren). Larger percentages of caregivers whose children were placed, however, received income from general assistance ($p \leq .01$) and cash from family, friends, or partners ($p \leq .05$). In addition, caregivers whose child(ren) was placed were significantly more likely to have used a food pantry or meal program ($p \leq .05$), to have been evicted or moved in with family or friends ($p \leq .01$), and to have been homeless ($p \leq .01$). Reflective of the two groups' differences on measures of financial hardship, caregivers whose children were placed scored higher on a financial stress scale based on a sum of the individual surveys items asking about ten forms of financial hardship (3.9 vs. 3.4, $p \leq .01$).

4.3. Maltreatment risk factors

Over half of the sample (57.4%) met clinical criteria for one or more of the assessed mental health disorders. The highest prevalence disorders were depression (47%) and anxiety (39.6%). Caregiver's met criteria for alcohol or drug abuse/dependence in the past twelve months in about one-third of cases (30.2%). In addition, 22.6% met the criteria for co-occurring substance abuse and mental health disorder. Fifty-eight percent of the caregivers reported having been sexually abused in childhood, and 36% had experienced domestic violence.

Larger proportions of caregivers whose child(ren) was placed in out-of-home care, compared to those whose child(ren) was not placed, had substance abuse issues (36.4% vs. 21.8%, $p \leq .01$), co-occurring substance abuse and mental health disorders (26.1% vs. 17.9%, $p \leq .01$), and had experienced domestic violence (38.8% vs. 31.8%, $p \leq .05$).

4.4. Services

Service need was determined by combining service receipt with unmet need, for each service queried (Table 5). Admittedly this is an imperfect measure since receiving a service may not mean that the mother felt the need for the service. In fact, research shows that this is more often the case for psychosocial services rather than concrete services (Pelton, 2008).

Among the basic services the survey asked caregivers about, a majority reported needed assistance with getting enough food (69.5%), transportation (64.5%), and clothing (63.9%). About half of the caregivers needed financial assistance (50.1%) and help finding a place to live (48.1%). Over one-third of caregivers reported needing assistance obtaining education or a GED (37.7%) and finding or keeping a job (35.1%). Fewer caregivers said that they needed help with home repair or maintenance (29.5%). Compared to caregivers whose child(ren) was not placed, significantly larger proportions of caregivers whose child (ren) was placed in out-of-home care needed assistance with transportation, clothing, financial assistance, finding a place to live, obtaining education or a GED, and finding or keeping a job.

Caregivers reported that they had needed but had not received help with clothing (37.3%), housing (30.8%), transportation (26.9%), education (26.4%), financial (25.9%), employment (25.2%), home management (24.9%), home repair (21.8%), and food (22%). Caregivers whose child(ren) was placed were significantly less likely than those whose child(ren) had not been placed to have had their service needs met in the following areas: clothing, housing, transportation, education, financial, employment, and food.

Caregivers also reported their need for physical and emotional health services. More than two-thirds of the caregivers needed medical

Table 5
Services for physical and emotional health.

	Total	In-home	In-care	Sig.
	%	%	%	
Services needed (received plus unmet)				
Medical services ($n = 745$)	69.9	65.3	73.4	*
Basic parenting assistance ($n = 747$)	66.0	53.1	75.5	**
Managing child behaviors ($n = 744$)	63.4	62.1	64.4	
Mental health services ($n = 745$)	60.7	54.3	65.4	**
Social or emotional support ($n = 746$)	59.0	52.2	64.0	**
Family counseling services ($n = 741$)	57.9	53.8	60.9	*
Substance abuse services ($n = 747$)	41.2	27.0	51.7	**
Anger management services ($n = 728$)	25.7	19.9	30.0	**
Domestic violence services ($n = 747$)	25.6	19.8	29.8	**
Unmet need				
Family counseling services ($n = 741$)	33.1	26.3	38.1	**
Managing child behaviors ($n = 744$)	24.2	26.8	22.2	
Social or emotional support ($n = 746$)	22.1	20.1	23.6	*
Medical services ($n = 745$)	20.3	12.9	25.7	**
Mental health services ($n = 745$)	16.6	14.2	18.5	**
Basic parenting assistance ($n = 747$)	14.9	12.6	16.6	**
Anger management services ($n = 728$)	10.3	10.0	10.6	
Domestic violence services ($n = 747$)	7.2	7.5	7.0	
Substance abuse services ($n = 747$)	3.9	1.6	5.6	**

** $p \leq .01$, * $p \leq .05$.

services (69.9%), parenting assistance (66%), and help managing child behaviors (63.4%). About 60% of the caregivers said that they needed mental health services and social or emotional support. Fifty-eight percent had a need for family counseling; and 41% needed substance abuse services. A quarter of the caregivers needed assistance with anger management and domestic violence. Compared to caregivers whose child(ren) was not placed, significantly larger proportions of caregivers whose child(ren) was placed needed each of the physical and emotional health services except managing child behaviors.

Fewer caregivers received physical and emotional health services then needed them. For instance, 33% of caregivers needed but did not receive family counseling services. Caregivers also needed but did not receive assistance with managing child behaviors (24.2%), social or emotional support (22.1%), medical services (20.3%), mental health services (16.6%), parenting (14.9%), and anger management (10.3%). Fewer caregivers needed but did not receive domestic violence services (7.2%) and substance abuse services (3.9%). Caregivers whose child(ren) was placed were significantly more likely than those whose child(ren) was not placed to need but to have not received family counseling, social or emotional support, medical services, mental health services, parenting assistance, and substance abuse services.

5. Discussion

This study sought to describe the socio-demographic and psycho-social characteristics of a large representative sample of child welfare involved mothers to inform our understanding of the needs and parenting context of this population of mothers. The analysis revealed a picture of mostly impoverished mothers, struggling to meet their families' most basic needs, and coping with early trauma, mental health problems, substance abuse, and domestic violence.

Almost half of the mothers had an annual income of less than $10,000, which is below the federal poverty level even for a single individual (Department of Health & Human Services, 2009). Low-income was accompanied by very low rates of employment. A remarkable 73% of mothers with children in-care were unemployed, significantly higher than those mothers whose children were in-home (65%), which was still quite high. However, the combination of low-income and low workforce participation did not translate to wide support from public transfer programs, with the exception of food stamps (66%). The proportion of mothers receiving TANF was less than a quarter of those with children in placement[1] and 34% of mothers with their children remaining at home. This finding is slightly higher than the NSCAW study which found that 21% of parents with children in-home were currently receiving TANF (National Survey of Child & Adolescent Well-Being, 2005). It is worth noting here that an undetermined number of mothers in our sample may have been receiving child-only TANF benefits, either because they were receiving SSI or due to TANF time limits, sanctions or ineligibility resulting from a felony drug conviction (Anthony, Vu, & Austin, 2008).

A substantial proportion of mothers in our sample were potentially TANF eligible based on income alone, but did not report receiving this benefit. For instance, 62% of mothers with an annual income of $10,000 ($n=351$) or less were not receiving TANF, 44.8% with children in-home and 71.1% with children out-of-home ($p<.01$). The reasons for nonparticipation in TANF are unknown, but this is a departure from earlier studies with child welfare involved families that report high levels of Aid to Families with Dependent Children receipt (Pelton, 1994; US Department of Health and Human Services, Administration for Children & Families, 2000), calling into question the impact of welfare reform on this highly vulnerable population. Research examining the relationship between welfare reform and child welfare generally points to increases in the risk of investigation (Nam, Meezan, & Danziger, 2006), entries (Waldfogel, 2004), and length of stay (Wells & Guo, 2006), as well as an income related slowing of reunification (Wells & Guo, 2006).

Our data possibly expose another phenomenon: poverty may have intensified for families known to the child welfare system post-welfare reform. Indeed, about a third of the early decline in TANF participation following welfare reform has been attributed to lack of enrollment by eligible families (Zedlewski, 2002). A longitudinal study conducted post-welfare reform found that about 9% of former recipients were *chronically disconnected*, meaning they were neither employed nor receiving cash welfare. Correlates of becoming disconnected included drug and alcohol abuse, disability, and having no car or drivers license (Turner, Danziger, & Seefeldt, 2006), all characteristic of our sample. As our literature review shows, child welfare involved families are more fragile relative to other low-income families due to problems of substance abuse, mental health, and domestic violence. Deepening poverty diminishes families' ability to obtain basic survival needs and poses additional risks to their children's health and development (Duncan & Brooks-Gunn, 1997).

A potential source of cash support that could offset TANF eligibility, although limited to persons with a severe disability, is Supplemental Security Income (SSI). In our sample 19% of mothers with children in-care and 25% of mothers with their children at home received SSI. Data from the NSCAW analysis of children in out-of-home care estimated that about 21% of children would likely be eligible for SSI (National Survey of Child & Adolescent Well-Being, No. 12). Comparable data were not available for children remaining in the care of their parents. It is not possible to determine the proportion of eligible parents *not* currently receiving SSI benefits in this study. Although 50% of families indicated that one or more of their children had a disability, most often a mental health problem (37%), data on the severity or functional limitations of the children with a disability were not collected. Nonetheless, when feasible it is in the financial interest of parents and the state to pursue SSI funding. The incentive for states is two-fold: the federal government pays for the SSI benefit and states retain all of the savings when family members leave TANF. For families, the erosion of the TANF benefit means that SSI benefits are increasingly generous by comparison; in fact, the transfer of one child or adult to SSI usually doubles a family's income (see Wamhoff & Wiseman, 2005/2006).

Economic hardship among the mothers in this study was most acutely felt in attempts to meet their families' primary needs. Mothers reported that they lacked money for family clothing and shoes (56%), rent (45%), and food (33%). Threats to mothers' ability to provide a secure and predictable environment for their children were evident in the high incidence of homelessness (30%), eviction (17%), and doubling up with friends and family (37%) in the past year. Since housing instability has been found to contribute to out-of-home placement and to reduce the probability of reunification (Courtney et al., 2004), it is not surprising that these factors were more frequently reported by mothers with children in placement.

As might be expected, elevated levels of economic hardship meant high rates of service need for food, transportation, clothing and housing. These needs were generally greater among mothers of placed children, which is likely related to their more acute experiences of poverty. Mothers also reported high unmet needs for these same services, possibly resulting from child welfare workers' limited access to basic resources for the families they serve.

In addition to financial hardship, mothers in this study experienced higher rates of early trauma, mental health disorders, substance abuse, and domestic violence relative to other groups of low-income women. Sexual abuse as a minor was reported by 58% of the sample, more than double the rate of childhood abuse (27%) in a national sample of women (Finkelhor, Hotaling, Lewis, & Smith, 1990) using a similar measure. Perhaps this early traumatic experience set the stage

[1] Washington State allows for receipt of TANF for parents of children in out-of-home care when reunification is expected in the next six months.

for adult mental health problems. Almost half of the mothers in this study met clinical criteria for MDD, a finding consistent with other research with child welfare samples (Burns et al., 2010; Courtney et al., 2004). Furthermore, the prevalence rates of domestic violence (36%) and substance abuse (30%) were well within the range reported by other studies with this population (Courtney et al., 2004). In addition, almost a quarter of mothers met criteria for co-occurring mental health and substance abuse disorders, a combination of factors that has been shown to present significant obstacles to reunification (Marsh et al., 2006).

In keeping with the level of reported social/emotional problems, mothers had high needs for such services as mental health, social support, and substance abuse. However, unmet need for these services was generally low, which might be explained by the fact that the child welfare system often has access to such services. Still, almost 40% of mothers of children in care reported an unmet need for family counseling and approximately a quarter of both groups of mothers needed but did not receive help managing difficult child behaviors. These findings underscore what can be lost when the focus of attention is limited to maternal deficits, child welfare is inextricably tied to family welfare.

There are several limitations to this study. First, the sample was restricted to mothers with a new entry to the child welfare agency in the past 30 to 120 days, consequently the findings may not represent the experiences of mothers with longer child welfare involvement. However, mothers could have had a previous open case with child welfare. Generalization is further limited by the fact that the sample was drawn from one state. The study also relies on mother self-report, which is open to reporting error and possibly bias due to social desirability or fear that the responses might be shared with the child welfare agency, particularly around substance abuse. Furthermore, caution should be exercised when interpreting the findings regarding receipt of public transfer benefits such as TANF, food stamps, and SSI. Economists have found high rates of under-reporting of these benefit programs in major household surveys (Meyer, Mok, & Sullivan, 2009).

Nonetheless, the findings add to the child welfare literature by providing a comprehensive picture of a statewide sample of mothers receiving services from the child welfare system. Arguably, the most troubling finding of this study was the extent of poverty among families surveyed and the attendant hardships this created for mothers as they attempted to meet basic needs. The primary safety net program that should be in place to assist poor families, TANF, may be undersubscribed in this sample. It is not possible to determine to what extent or why TANF participation was low, this is a question demanding further study.

When mothering is understood in the context of set of essential concrete, personal, and interpersonal resources, it demands a policy and services response that is consistent with the identified needs of the population. The mothers in this study were mostly poor, and those with their children in-care were most acutely affected by poverty. Mothers also were confronted with a host of individual and interpersonal challenges such as substance abuse, mental health problems, and domestic violence. By and large services were provided to help mothers resolve these later issues, but the most fundamental resources needed to house, feed and clothe a family were insufficiently addressed, threatening their well being and that of their children.

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