## **POVERTY AND MALTREATMENT**

## Remembering the Essential Link Between Poverty and Maltreatment During Policy Decisions Tasha R. Howe, PhD

Last summer, President Bush signed the Keeping Children and Families Safe Act, which included reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). With the juggling of funds for various forms of the bills, we saw about \$7 million in cuts in discretionary grants as well as increases of about \$2 million. It is disheartening to hear that despite epidemic proportions of child abuse and neglect in the United States, there are still arguments over so little funding. Readers may be interested in some events that happened last time CAPTA was being discussed for reauthorization. It is hoped that professionals will remember the real families who are affected by these policy decisions and that appropriate action in the form of impact data, letter writing, e-mailing, and lobbying will be in place next time CAPTA is up for reauthorization.

In October 2001, the U.S. House of Representatives' Education and Workforce Committee met regarding the reauthorization of CAPTA. They heard from psychologist Joann Grayson, PhD, who has served as a forensic evaluator in Virginia courts and runs a child abuse prevention program. She testified regarding the long-term negative effect of abuse and argued that CAPTA has funded research, services, and training that help prevent abuse and neglect. She said, "The need for CAPTA is clear. It has been successful in many ways, but the work of this legislation is not finished. Child abuse and neglect *must remain a national priority*" (http://edworkforce.house.gov/hearings/107th/sed/capta101701/grayson.htm).

As you know, poverty is one of the key correlates of higher incidences of child maltreatment. Therefore, as part of our interactions with government and policy officials, it is necessary to inform them about the impact of Welfare Reform in the same breath as our discussions about CAPTA and Child Protective Services (CPS).

In fact, the *Journal of Social Issues* (Winter 2000) devoted an entire special issue to the impact of welfare reform. The 1996 Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA), the reformed welfare policy, required work for those receiving welfare and limited the amount of time allowable for receiving benefits. There were also requirements for parental behavior, such as child care, paternity identification, and school attendance. In light of these changes, the journal stated that welfare (Temporary Assistance to Needy Families, or TANF) caseloads declined by 37% between 1995 and 1998. However, the number of people in poverty did not decline *and the number of children living in extreme poverty actually increased*.

One article in this special issue focused particularly on the impact of PRWORA on CPS. Researchers Diana Romero and Wendy Chavkin from Columbia University and Paul Wise from Boston Medical Center surveyed state administrators of CPS all across the country to illuminate what, if any, effect Welfare Reform has had on CPS. The researchers argued that the effects of reduced or discontinued benefits on Child Protective Services caseloads and rates of abuse and neglect have been largely ignored. With an extreme shortage of adequate child care available, it would be conceivable

that child care sanctions and problems obtaining employment without child care could increase maltreatment rates in TANF recipients

Their study (Romero, Chafkin, & Wise, 2000) found that in the year after PRWORA, 52% of states reported an increase in CPS caseloads; 17%, a decrease; and 29%, no change. The new policy incorporated sanctions for people breaking TANF rules. Administrators reported that the sanctions most likely to result in a TANF report to CPS were school absenteeism, positive drug test, teen mother school absenteeism, teen mother residency and noncooperation with child support collection. Child maltreatment referrals did not seem to increase in this same period.

However, the authors found that by surveying all 50 states and all U.S. territories, it was virtually impossible to assess the effect of Welfare Reform on CPS or maltreatment because *PRWORA does not require states to conduct evaluations of their programs and there are no comparative assessments of individual programs*. Also, 20% of states had done no assessments at all regarding the consequences of timelimited benefits on children. These researchers argue the need "for continued attention to the potential impact of TANF policies on child welfare" (Romero et al., 2000, p. 807).

There is a role for all of us who work in the field of child maltreatment. I invite you to be cognizant of the effects of these welfare reforms on the families you serve. Please lobby for any changes you feel are needed. This fall, legislators signed the most recent incarnation of TANF (Personal Responsibility and Individual Development for Everyone, or PRIDE), which includes even stiffer requirements (e.g., recipients must work 38 hours per week instead of the previous 30, yet there is no increase in child care funding; there is, however, \$1 billion in funding to promote marriage in welfare recipients).

If welfare reform does not move families out of poverty and decrease rates of child maltreatment, government and policy officials must hear this from us. In your work, please encourage data collection and outcomes-based services so that we may better document the effects of TANF reform, whether good or bad. Without tracking the influences of these changes in welfare, thousands of poor families may be put at even further risk for maltreatment.

## Reference

Romero, D., Chavkin, W., & Wise, P. H. (2000). The impact of welfare reform policies on child protective services: A national study. *Journal of Social Issues*, 56, 799-810.

## **ABOUT THE AUTHOR**

Dr. Tasha R. Howe is a developmental psychologist at Humboldt StateUniversity. Her scholarship focuses on abused children's social development and community-based research. She teaches graduate and undergraduate courses on typical and atypical child and family development.