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Underexamined points of vulnerability for black mothers in the child welfare system: The role of number of births, age of first use of substances and criminal justice involvement☆

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ABSTRACT

Black mothers and their children continue to interface with the child welfare (CW) system at unacceptably high rates. With research into traditionally understood contributing factors such as poverty, substance use, mental health and intimate partner violence abounding, this study sought to identify underexamined factors that potentially sustain very high rates of CW involvement for Black mothers. A sample of 415 Black mothers who accessed financial assistance through the Temporary Assistance for Needy Families program was analyzed for the factors associated with active CW involvement. Analytic procedures included, first, independent *t*-test and chi-square tests to determine significant group differences. Second, logistic regression was used to test a range of psychosocial risk factors for active CW involvement. Results from our final model indicated three factors beyond those typically associated with CW involvement, number of births, age at first use of cocaine and legal involvement. The standout impact of having a history of CW involvement is also discussed. Implications for policy and practice are explored.

1. Introduction

Black mothers interface with the child welfare (CW) system at one of the highest rates of all racial/ethnic groups within the United States (Drake et al., 2011; Fluke, Yuan, Henderson, & Curtis, 2003; Knott & Donovan, 2010; Magruder & Shaw, 2008). Given the negative ramifications of separation for families, especially when multiple placements occur or reunification is not achieved (Baglivio et al., 2016; Unrau, Seita, & Putney, 2008), understanding all contributing factors to Black mothers' CW involvement is essential to intervening effectively with this group. Some of the most commonly investigated factors correlated with CW involvement include: poverty (Drake, Lee, & Jonson-Reid, 2009; Fong, 2017); single-parent household status (Maloney, Jiang, Putnam-Hornstein, Dalton, & Vaithianathan, 2017); substance use (Semidei, Radel, & Nolan, 2001; Staudt & Cherry, 2009; Young, Boles, & Otero, 2007); mental illness (Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Staudt & Cherry, 2009); and domestic or intimate partner violence (Kohl, Edleson, English, & Barth, 2005; Mirick, 2014). However, the chronicity of the overrepresentation of Black mothers within the CW system indicates that the fundamental contributing factors to this particular problem remain either unidentified or continue to resist existing remedies. The identification of unexplored contributing factors that can inform and support systemic changes that address the overrepresentation of Blacks in the CW system is needed.

The overrepresentation of Blacks within the CW system has been researched in terms of disproportionality and disparity (Fluke, Harden, Jenkins, & Ruehrdanz, 2011). Disproportionality is the percentage difference in representation of a race in the CW system when compared to the general population, while disparity refers to observed unequal treatment within the CW system when comparing a racial/ethnic minority group to Whites. While disproportionality and disparity within the CW system are the critical contexts to a study of Black mothers, this is not a disproportionality study. Disproportionality has been extensively researched (Courtney & Skyles, 2003; Harris & Hackett, 2008; Maloney et al., 2017; Wildeman & Waldfogel, 2014). Instead, this study investigates previously unidentified, contributing factors to CW

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involvement, specifically for Black mothers living below the poverty line. Our aim is to illuminate additional pathways, beyond what is already identified within the child welfare literature, for intervention with this group at the policy and practice levels. Below, in order to provide important background for the present study, we describe some of the history of and efforts to address disproportionality and disparity and review existing identified risk factors for CW involvement among Black mothers.

1.1. Scope of the overrepresentation of Blacks in the CW system

The overrepresentation of Blacks across the 50 states that constitute the national CW system in the United States has been an issue of concern for decades (Courtney & Skyles, 2003; Wildeman & Waldfogel, 2014). Data from the 2017 Adoption and Foster Care Analysis and Reporting System (AFCARS) report show that across the U.S., 23% of children in foster care were identified as Black, while Blacks comprised only 13.4% of the U.S. population (United States Census Bureau American Community Survey, 2017). In contrast, White children made up 44% of children in foster care while Whites comprised 76.6% of the U.S. population (note this number falls to 60.7% if non-Hispanic Whites only are being considered). These numbers reflect a decline in the overrepresentation of Blacks in the CW system. Wildeman and Emanuel (2014) found declines in cumulative risk for CW placement across all races in their review of AFCARS data from 2000 to 2011, with Black and Native American children experiencing the greatest decline in risk for out of home placement. In spite of this improvement, the overrepresentation of Blacks within the CW system remains a problem that constitutes a serious public health concern.

The national scope of this issue was investigated by Wildeman and Waldfogel (2014) in a review of the available research on the reasons for CW involvement and exploring who is most affected. Using data from the U.S. Department of Health and Human Services, researchers found that, in 2011, 4% (223,000 children) of the 3.4 million referrals made to child protective services nationally resulted in foster care placement. Between 2000 and 2011, approximately 6% of all children living in the United States entered the foster care system between birth and age 18 (Wildeman & Emanuel, 2014). The racial breakdown is as follows: 15.4% of Native American and 11.5% of African American children were likely to be placed in foster care before age 18 (compared to 5.4% of Hispanics, 4.9% of Whites, and 2.1% of Asians). Wildeman and Waldfogel caution that should foster care placement itself cause harm to children, then the existing system operates as an efficient engine of perpetuating inequality, with the children from the most historically marginalized and traumatized racial communities in American society most affected.

Prior to the 1970s, Blacks were almost universally excluded from CW services (Roberts, 2014). These services were offered through a network of mostly private providers who worked primarily with White families (Roberts, 2014). Gaining access to these CW services coincided with the passing of the Child Abuse Prevention and Treatment Act of 1974 (Myers, 2008), and Blacks began to engage with a service provision model that was rapidly changing. The former privately funded, in-home, supportive model was replaced by a federally-funded program through Title-IV E monies from the Social Security Act, which provides each state with money to support out-of-home placement as a result of child maltreatment (United States Department of Health and Human Services, 2019). Presently, Black mothers are engaged with a system where their children are more likely to be referred to state central registries and three times more likely to be removed from their care when compared to Whites (Harris & Hackett, 2008; Maloney et al., 2017), least likely to achieve reunification, and most likely to re-enter the CW or criminal justice systems (Baglivio et al., 2016; Magruder & Shaw, 2008; Shipe, Shaw, Betsinger, & Farrell, 2017). This overrepresentation of Blacks within the CW system led Roberts (2003) to assign it the status of America's ongoing apartheid system.

1.2. Etiological theories of overrepresentation of Blacks in CW

Several theories are posited as to why Blacks are overrepresented in the CW system, each of which has differential empirical support. These theories and supporting data are reviewed below.

1.2.1. Blacks harm their children at higher rates than all other racial/ethnic groups

One theory is that Black children are more likely to be abused and maltreated by their caregivers than all other ethnic/racial groups. The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) found twice the rates of physical and sexual abuse among Black children than Whites, with commensurate differences in severity and lethality between racial groups (Sedlak et al., 2010). This study was the first of its kind to find a significant difference in rates of abuse among racial groups. However, a closer investigation of the methodological approach used in this iteration of the NIS study revealed potentially biased methods, raising doubts about the reliability and validity of the data. Both verified cases of abuse and neglect and anecdotal feedback from community members, such as teachers, day-care workers, doctors and nurses with frequent contact with children and families, known as "sentinels", were used to provide data points on the prevalence of abuse and neglect. Without further triangulation of the data, such as verification of both the anecdotal feedback and reports from sentinels, these findings were potentially over-reliant on subjective perspectives.

Bartholet (2009) also identified higher rates of maltreatment and abuse among Black families as an explanation for disparities in the system. Bartholet reviewed literature that identified correlates of child maltreatment that frequently flourish in Black communities, such as neighborhood factors (Freisthler, Merritt, & LaScala, 2006) and concentrated poverty in Black households headed by single Black mothers (Schuck, 2005), as direct evidence that Black families put Black children at greater risk and thereby justifying disproportionality in the CW system. Bartholet concludes: "if black children are in fact subject to serious maltreatment by their parents at higher rates than white children, [then] those removal rates, while disproportionate compared to the general population, will be properly proportionate to their greater maltreatment rate" (Bartholet, 2009, p. 5).

Several methodological limitations potentially skew Bartholet's findings. Importantly, Bartholet does not acknowledge the possibility of a confounding variable(s) that cause(s) high rates of child maltreatment *and* its correlates among this group. Instead, Bartholet relies heavily on the assumption that the reporting and investigative arms of the CW system are both rigorous and unbiased to support her views that proportional rates of removals exist according to verified risk. Potential factors that may influence initial reports of maltreatment are not acknowledged, which could cause children abused or neglected in non-Black homes to be comparatively undetected, unreported, and/or underrepresented (Hampton & Newberger, 1985). In fact, counter to Bartholet's trust in a fair and functional CW system, there is evidence that race, specifically being Black, is a predictor of CW involvement, even when controlling for caregiver characteristics and types and severity of maltreatment (Knott & Donovan, 2010), thus raising significant concern about the role of racially-based decision-making (Dettlaff et al., 2011; Font, Berger, & Slack, 2012; Hampton & Newberger, 1985) in contributing to the persistence of the overrepresentation of Blacks in the CW system. Additionally, authors Harris and Hackett (2008) caution against unquestioning belief in racial parity in decision-making, noting that CW decision-makers who are not alert to the impact of racial bias are less likely to flag racially-based issues that arise, leading to the perpetuation of the overrepresentation of Blacks in the system.

1.2.2. Poverty as a predictor of CW involvement

Poverty (Drake et al., 2009; Fong, 2017); neighborhood effects, such as high rates of unemployment, neighborhood density, and availability

of drugs and alcohol (Freisthler et al., 2006); and family structure, such as being led by single mothers (Culhane, Webb, Grim, & Metraux, 2003), have all been explored for their role in CW involvement. Fong (2017) attributed the higher rates of CW involvement for the poor to the compound effect of cumulative disadvantage. For instance, a call to the police for a domestic incident may automatically trigger a CW report, or the use of social service agencies where parenting practices can be scrutinized may increase a parent's likelihood of being reported for abuse or neglect. Poverty has been cited as a stronger predictor of CW involvement than race. Specifically, Drake et al. (2009) found that poverty nullified the impact of race for CW involvement, a finding replicated by Dettlaff et al. (2011). However, Dettlaff and colleagues went further and introduced caseworker assessment into their model, at which point race re-emerged as a stronger predictor of CW involvement. That is, race was the strongest determinant of how caseworkers made their assessments of child risk, even among families facing similar stressors typically associated with poverty. Additionally, the race of the caseworker does not serve to neutralize the effect of racially-biased decision-making. As Font et al. (2012) found, this trend persists even when both the family being investigated and the CW caseworker identify as Black. While no mother has probably ever been told that she was being investigated because she was poor and Black, the available research suggests that these are the mothers that consistently fall within the cross-hairs of investigation, suggesting a potential pipeline for maintaining their overrepresentation in the CW system.

1.3. Existing risk factors for CW involvement: substance use, mental health and interpersonal violence

Within the CW literature, the most commonly cited reasons given for CW involvement are: substance use (SA; Gregoire & Schultz, 2001; Grella, Hser, & Huang, 2006; United States Department of Health and Human Services [USDHHS], 2016; Walsh, MacMillan, & Jamieson, 2003); mental health (MH) issues (MH; Fong, 2017; O'Donnell et al., 2015); and interpersonal violence (IPV; Kohl et al., 2005). These factors are often cited as indicators of household dysfunction that increase the likelihood of child maltreatment. These broad categories often overshadow the complex problems with which mothers involved with the CW system struggle (Chemtob, Griffing, Tullberg, Roberts, & Ellis, 2011), highlighting the problematic behaviors without sufficient clarification of the underlying traumatic experiences that need to be addressed. More specifically, emerging research has sought to illuminate the nuances in the relationships between substance use and trauma exposure (Blakey & Hatcher, 2013; Stephens & Aparicio, 2017), as well as mental health and revictimization IPV (Chemtob et al., 2011), emphasizing the complex trauma with which many mothers live, requiring a trauma-informed response on the part of the CW system (Stephens, 2019; Stephens et al., 2018).

1.4. The present study

Much remains to be learned about the factors that contribute to the overrepresentation of Black mothers in the CW system. This is especially true for Black mothers living in poverty who experience intersecting systems of oppression simultaneously (Roberts, 2014). Research to date has focused on cross-racial factors that differentiate families that are able to avoid out-of-home placement and those who are not (Marcenko, Lyons, & Courtney, 2011), or between racial group analyses comprising the well-established body of literature on disproportionality (Drake et al., 2011; Fluke et al., 2003; Knott & Donovan, 2010; Magruder & Shaw, 2008). Rather than compare Black and non-Black mothers, this is the first study of its kind to do a *within group* analysis of poor Black mothers who accessed Temporary Assistance for Needy Families (TANF) benefits to understand why some poor Black mothers are more likely to be involved with the CW system than others. Insight into why these mothers and their children come to the attention of the CW system is essential if sustainable progress is to be made in reducing the factors that support their overrepresentation. Much of the CW research has focused on the risks that are associated with poor, Black mothers, and this dataset offers an opportunity to identify previously unexplored factors that may indicate points of prevention and intervention. Our analyses were guided by the following research questions:

(1) What are the unique characteristics of Black mothers applying for TANF with active CW involvement compared to those without such involvement?
(2) What are the contributions of a history of interpersonal violence, mental health difficulties, and substance use to active CW involvement for Black mothers applying for TANF?
(3) What unidentified or under-identified factors, such as attributes of motherhood, housing status, chronic medical problems, specific traumatic events, extended poverty or criminal justice (CJ) involvement, might contribute to active CW involvement over and above those previously identified?

2. Methods

This exploratory study performed secondary data analysis using data collected during a randomized controlled trial implemented by Morgenstern and colleagues between 1999 and 2004 (Morgenstern et al., 2003, 2006, 2008) to answer the above research questions. This welfare demonstration project examined the effectiveness and cost effectiveness of Intensive Case Management (ICM) for substance dependent women on welfare. Baseline data were collected on a total of 452 women applying for or recertifying their TANF-funded public assistance. Mothers were recruited from welfare offices in Essex County, New Jersey; 302 women were substance dependent and 150 women were recruited to be a non-substance dependent comparison sample. Once determined eligible, a baseline battery of measures was administered.

2.1. Participants

2.1.1. Eligibility criteria

Eligibility criteria for participants were: (1) being TANF eligible, (2) entering New Jersey's welfare-to-work program without deferral for a medical problem, and (3) speaking English well enough to complete an interview (Morgenstern et al., 2001, 2006). Participants were excluded if they were: (1) actively psychotic or receiving treatment for a psychotic disorder, (2) receiving or seeking methadone treatment, (3) seeking long-term residential treatment, or (4) currently stably engaged in substance abuse treatment at time of recruitment.

2.1.2. Sample description

Participants ranged in age from 18 to 54 years, with a majority (91.5%) identifying as non-Hispanic Black. Hispanic participants made up 6.1% of the sample. This sample was a representative sample of those participants who satisfied eligibility criteria among Essex County welfare recipients (Morgenstern et al., 2001). Among the 450 participants involved in the original study, the typical participant was around the age of 35, had not graduated high school, and had 3 to 4 children (Morgenstern et al., 2003, 2006). Her mean annual income was $10,000, and she had received welfare benefits for an average of 12 years.

2.2. Procedures

Once screened and found eligible, a baseline battery of measures was administered, which is the only timepoint utilized in the present analysis. The primary measure used was the Addiction Severity Index–Expanded Female Version (ASI-F, Center for Substance Abuse Treatment, 1997), a well-established, standardized interview that is

considered the gold standard in substance abuse research with strong psychometric properties (Makela, 2004). The ASI-F has seven sections that are separated by subject domain: general, medical, drug and alcohol, employment, family and social, psychiatric, and legal. Each section is comprised of 50 face-valid questions about the lifetime experiences and current status of a participant related to that subject domain, and each section is scored to provide a composite score for each section. Composite scores rely on both the answers provided for each question, as well as subjective impressions of the interviewer. Composite scores are not a mere sum score of close-ended questions. Thus, the ASI provides both basic, concrete information on participant characteristics and history, as well as a more subjective impression of the whole person by the interviewer. As a result, individual items and composite scores are often used in tandem. For this analysis, the purpose of using both the composite scores and the individual items was to drill down, where possible, to the detailed point of vulnerability for Black mothers, rather than only rely on the more global composite score.

Additional measures were administered including: the Structured Clinical Interview for DSM-IV (SCID, First, Spitzer, & Gibbon, 1996; First, Spitzer, Gibbon, & Williams, 1997) to determine eligibility; the Becks Depression Inventory-II (BDI, Beck, Steer, & Brown, 1996) to measure depressive symptoms; and the Post-Traumatic Diagnostic Scale (PTDS, Foa, 1995; Foa, Cashman, Jaycox, & Perry, 1997) to measure level of exposure to trauma and level of symptomatology for post-traumatic stress disorder (PTSD).

2.3. Variables of interest

2.3.1. Demographics

The ASI included questions about age, race and ethnicity, and number of years of education completed. It also asked about usual pattern of employment over last three years, the response set for which included 8 options (full-time (40 h), part-time (regular), part-time (irregular, i.e., day work, seasonal), student, military service, retired, disability, unemployed, and in a controlled environment). We collapsed these options into full-time, part-time, and unemployed as all responses fell into these three groups.

2.3.2. Interpersonal violence

A proxy for IPV was created from questions from the social section of the ASI-F. The questions asked were: was the participant ever abused either in the past 30 days or ever in their lifetime by someone in their inner social circle (including immediate family, spouse or partner, close friends, co-workers, or anyone else close to them) or someone else (a) emotionally, (b) physically, or (c) sexually.

2.3.3. Mental health

To measure overall need for psychological counseling, we used the composite ASI-F score for mental health need (ASI Psych Composite), with higher scores indicating greater distress and need for psychological support and counseling. Additionally, we utilized the BDI to measure depressive symptoms and the PTDS to determine number of PTSD symptoms and formal PTSD diagnosis according to the DSM-IV (American Psychiatric Association, 1994). From the PTDS, participants were also asked whether or not (yes/no) they felt their overall functioning had been impaired in the last 30 days by the problems they experience resulting from their traumatic experiences.

2.3.4. Substance use

The DSM-IV substance dependence diagnosis, as measured by the Structured Clinical Interview for DSM-IV (SCID, First et al., 1996; King & Bordnick, 2002; Segal & Falk, 1998) was used for group assignment. The SCID is a structured interview and was implemented by addictions counselors as part of an in-depth evaluation of substance use severity (Morgenstern et al., 2001, 2006). Composite scores for drug use and alcohol use from the ASI-F were used as indicators of substance use severity. Higher scores indicate greater problems and severity. Additionally, age of first use of any alcohol, age of first use of alcohol to intoxication, age of first use of heroin, age of first use of cannabis, and age of first use of cocaine were obtained and used as independent predictors in this analysis.

2.3.5. Motherhood

Attributes of motherhood were measured using the following variables: number of times pregnant, number of times given birth, and age at first birth. These questions were part of a questionnaire to ask about familial vulnerability with high face validity.

2.3.6. Housing

Stressors related to participants' housing was measured in two ways. First, participants reported whether they had been homeless at all in the past 3 months, coded as a dichotomous variable (0 = no, 1 = yes). Second, participants were asked whether they currently lived with someone who actively uses substances, again coded as a dichotomous variable (0 = no, 1 = yes).

2.3.7. Specific traumatic events

Beyond diagnosis and symptoms, we were interested in whether specific types of traumatic events would indicate a particular vulnerability to CW involvement. We used the list of traumatic events in the PTDS (see above) to measure these different experiences (Table 1).

2.3.8. Years receiving welfare benefits

While an imperfect measure of history of poverty, we used the number of years a participant reported living on welfare. Since data were collected just after welfare reform, women had been able to receive benefits for more than five years.

2.3.9. Chronic medical problem

Participants were asked whether they suffered from a chronic medical problem. Response set was yes or no.

2.3.10. Criminal justice (CJ) involvement

CJ involvement was measured in two ways. There were three individual items we used from the ASI: currently on probation or parole, the number of convictions they had received, and months they spent incarcerated in their life. The composite ASI legal score was also used to measure overall extent of CJ involvement, with higher scores indicating a greater number of legal problems.

2.3.11. Active CW involvement

The dichotomous outcome measure was active CW involvement (yes = 1, no = 0).

2.4. Analytic plan

Analyses were performed in steps. To answer our first research question, we first compared attributes of women with active CW involvement to those who had no active CW involvement. Independent *t* and chi-squared tests were used to test for significant differences. Next, to answer our second question, we tested variables previously identified by the CW literature as potential risk factors for (i.e., predictors of) active CW involvement using logistic regression. We tested each predictor related to interpersonal violence, mental health, and substance use alone in an independent model to determine independent effects on the outcome. Those predictors significant at the $p < .05$ level were entered into a model together. All combined models were tested for multicollinearity issues. There were none. Next, we eliminated, in a backwards stepwise fashion, predictors that were non-significant ($p > .05$) in the combined "CW" model.

To answer our third question, we then repeated this model building

Table 1
Characteristics of women applying for TANF: No active CW involvement vs. active CW involvement.

	No Active CW Involvement (N = 332)		Active CW Involvement (N = 70)		t or χ^2	p-value
Variable	M or %	SD	M or %	SD		
Age (years)	34.0	8.5	33.2	6.2	0.96	.34
Number of years education	11.1	1.6	11.7	1.5	−2.7	< .01
Usual Employment Status Over last 3 years					3.2	.37
Full time	11.4		15.7			
Part time	9.6		8.6			
Unemployed	77.7		75.7			
Years on welfare	11.8	7.5	12.1	7.2	−0.20	.84
Has History of CW Involvement	27.1		90.0		97.0	< .001
Mental Health						
ASI Psychological Score						
Beck Depression Inventory II	15.4	11.9	20.1	11.7	−3.1	< .01
PTSD symptoms endorsed	3.2	4.6	4.7	5.1	−2.5	.01
Qualify for PTSD Diagnosis	10.7		17.6		2.8	.10
PTSD symptom severity	6.0	10.0	9.4	11.4	−2.4	.02
Interpersonal Violence (Abuse)						
Emotionally (lifetime)	50.0		67.6		7.6	.01
Emotionally (past 30 days)	30.0		33.8		0.41	.52
Physically (lifetime)	36.1		52.7		7.1	.01
Physically (past 30 days)	6.6		9.5		0.76	.38
Sexually (lifetime)	26.0		32.9		1.5	.23
Sexually (past 30 days)	0.0		0.0		–	–
Substance use						
ASI alcohol	0.19	0.29	0.21	0.29	−0.63	.53
ASI drug	0.14	0.15	0.19	0.13	−2.9	< .01
Age of first use						
Alcohol (to intoxication)	21.7	7.2	19.0	5.5	2.6	.01
Cannabis	18.5	6.2	17.5	3.8	0.75	.46
Cocaine	27.3	6.8	23.3	4.8	4.5	< .001
Heroin	28.6	7.0	25.6	4.4	2.5	.02
Motherhood						
Number of pregnancies	4.3	2.6	6.1	3.2	−4.7	< .001
Number of births	2.8	1.6	4.1	2.1	−5.2	< .001
Age at first birth	19.2	4.1	19.0	4.2	0.36	.72
Housing						
Homeless in past 3 months	18.2		28.4		4.0	.045
Lives with someone who uses	15.9		27.0		5.2	.02
Specific Traumatic Events						
Serious accident, explosion, fire	20.3		20.3		0.0	.99
Natural disaster	2.2		1.4		0.22	.64
Non-sexual assault by family	11.8		13.5		0.17	.68
Non-sexual assault by stranger	14.0		24.3		4.9	.03
Sexual assault by family	18.7		16.2		0.25	.62
Sexual assault by stranger	11.3		17.6		2.3	.13
Military combat	0.5		0.0		0.41	.52
Sexual contact by age 5	12.1		20.3		3.5	.06
Imprisonment (in jail, hostage)	4.7		17.6		16.1	< .001
Torture	1.9		4.1		1.3	.26
Life threatening Illness	8.5		17.6		5.6	.02
Lives with chronic medical problem	35.5		35.6		0.0	.98
Criminal Justice Involvement						
Currently on parole or probation	5.6		8.7		0.90	.34
Number of convictions	0.56	1.2	0.68	1.4	−0.73	.47
Total months incarcerated in life	1.4	6.8	2.6	6.6	−1.5	.15
ASI Legal Composite Score	0.05	0.14	0.19	0.21	−6.9	< .001

process with the new alternative variables that may predict CW involvement. We tested each predictor alone in an independent model, and those predictors significant at the $p < .05$ level were entered into a model together. Again, no multicollinearity issues emerged. Next, we eliminated, in a backwards stepwise fashion, predictors that were not significant in the combined model.

We then entered the two sets of "combined" predictors into one model, again eliminating those predictors that did not remain significant and testing for multicollinearity. As a last step, we tested the final model with history of CW involvement as a covariate of active CW involvement to determine the contribution of the final predictors over and above history of CW involvement. No multicollinearity issues emerged. Due to our interest in only Black mothers, we removed non-Black mothers from our sample for this analysis, resulting in an N of 415 out of the original 452.

3. Results

3.1. Attributes of women with and without active CW involvement

Table 1 shows all of the variables on which the two groups of women were compared. There were no significant demographic differences other than years of education, in which women with active CW involvement had slightly more years of education than those who did not have active involvement. Women with active CW involvement had significantly more severe mental health problems, with an average BDI score demonstrating clinical depression (20 or higher), more PTSD symptoms, and greater PTSD severity than those without CW

involvement. A higher proportion of CW-involved mothers experienced both emotional and physical abuse in their lifetimes compared to those without CW involvement. Mothers with CW involvement also demonstrated a significantly higher mean ASI drug score and significantly lower mean ages (by 2–4 years) of first alcohol use to intoxication, first cocaine use, and first heroin use compared to mothers without CW involvement. Mothers with CW involvement also demonstrated on average two additional pregnancies and one additional birth compared to non-CW involved mothers. A greater proportion of CW-involved mothers were homeless in the last three months, lived with someone who uses substances, and experienced non-sexual assault by a stranger, imprisonment, and a life-threatening illness compared to mothers who were not actively involved with CW. Finally, a much higher proportion of mothers with active CW involvement reported having a history of CW involvement in their lifetime compared to mothers without active CW involvement.

3.2. Independent predictors of active CW involvement

3.2.1. Demographics

Only years of education emerged as a predictor of active CW involvement, such that for each additional year of education, the odds of active CW involvement increased by 20%.

3.3. Predictors targeted by CW literature

3.3.1. Interpersonal violence

Only lifetime experience of emotional abuse and lifetime experience of physical abuse were significant predictors of active CW involvement (Table 2). Mothers who experienced emotional abuse within their lifetime had 2.1 times greater odds of active CW involvement compared to those who did not. Mothers who experienced physical abuse within their lifetime had twice the odds of active CW involvement compared to those who did not experience physical abuse in their lifetime.

3.3.2. Mental health

Several variables related to MH emerged as independent predictors of active CW involvement. ASI Psychological Score, BDI score, PTSD symptoms, and PTSD severity were all positively associated with active CW involvement, such that for each unit increase in each measure, the odds of active CW involvement increased by 1330%, 3%, 6%, and 3%, respectively (Table 2).

3.3.3. Substance use

Three variables related to substance use yielded a significant association with active CW involvement: ASI drug score, age of first use of alcohol to intoxication, and age of first use of cocaine. For each unit increase in ASI drug score, the odds of active CW involvement increased by 780%. Initiating substance use later in life appeared to be protective: for each additional year older a participant was when they first used alcohol to intoxication or cocaine, odds of active CW involvement decreased by 6% and 10% respectively.

3.3.4. Combined model

Only age of first cocaine use remained significant when the predictors targeted by the CW literature were combined together in one model.

3.4. Alternative predictors of active CW involvement

3.4.1. Motherhood

Number of pregnancies and number of births were both positively associated with active CW involvement. For every additional pregnancy, the odds of active CW involvement increased by 20%. For every additional birth, the odds of active CW involvement increased by 50%.

Table 2
Results of Logistic Regression Models Predicting Active Child Involvement: Independent Predictors (Each tested alone in their own model).

Predictor	*B*	*SE*	*OR*	95% Confidence Interval	
				Lower	*Upper*
Age (years)	−0.01	0.02	0.99	0.96	1.0
Number of years education	**0.21**	**0.09**	**1.2**	**1.04**	**1.5**
Years on welfare	0.01	0.03	1.0	0.97	1.1
Has History of CW Involvement	**3.2**	**0.39**	**23.7**	**11.0**	**51.2**
Typical predictors from CW literature					
Interpersonal Violence					
Emotionally (lifetime)	**0.73**	**0.27**	**2.1**	**1.2**	**3.5**
Emotionally (past 30 days)	0.17	0.27	1.2	0.70	2.0
Physically (lifetime)	**0.68**	**0.26**	**2.0**	**1.2**	**3.3**
Physically (past 30 days)	0.39	0.45	1.5	0.61	3.6
Sexually (lifetime)	0.33	0.28	1.4	0.81	2.4
Mental Health					
ASI Psychological Score	**2.6**	**0.65**	**13.3**	**3.7**	**47.4**
Beck Depression Inventory II	**0.03**	**0.01**	**1.03**	**1.01**	**1.05**
PTSD symptoms endorsed	**0.06**	**0.03**	**1.06**	**1.01**	**1.11**
PTSD symptom severity	**0.03**	**0.01**	**1.03**	**1.01**	**1.05**
Qualify for PTSD Diagnosis	−0.57	0.35	0.56	0.28	1.11
Substance use					
ASI alcohol	0.27	0.42	1.3	0.57	3.0
ASI drug	**2.1**	**0.80**	**7.8**	**1.6**	**37.3**
Age of first use					
Alcohol (any)	−0.04	0.03	0.96	0.91	1.0
Alcohol (to intoxication)	**−0.07**	**0.03**	**0.94**	**0.88**	**0.995**
Cannabis	−0.04	0.05	0.97	0.88	1.1
Cocaine	**−0.10**	**0.03**	**0.90**	**0.85**	**0.96**
Heroin	−0.07	0.04	0.93	0.86	1.0
Alternative Predictors					
Motherhood					
Number of pregnancies	**0.21**	**0.04**	**1.2**	**1.1**	**1.3**
Number of births	**0.38**	**0.07**	**1.5**	**1.3**	**1.7**
Age at first birth	−0.01	0.03	0.99	0.93	1.1
Housing					
Homeless in past 3 months	**0.58**	**0.29**	**1.8**	**1.01**	**3.2**
Lives with someone who uses	**0.67**	**0.30**	**2.0**	**1.1**	**3.5**
Specific Traumatic Events					
Serious accident, explosion, fire	0.00	0.32	1.0	0.54	1.9
Natural disaster	−0.50	1.1	0.61	0.08	4.9
Non-sexual assault by family	0.15	0.38	1.2	0.56	2.4
Non-sexual assault by stranger	**0.68**	**0.31**	**2.0**	**1.1**	**3.6**
Sexual assault by family	−0.17	0.34	0.84	0.43	1.7
Sexual assault by stranger	0.52	0.35	1.7	0.85	3.3
Military combat[a]	–	–	–	–	–
Sexual contact by age 5	0.62	0.33	1.8	0.97	3.5
Imprisonment (in jail, hostage)	**1.5**	**0.40**	**4.4**	**2.0**	**9.4**
Torture	0.77	0.70	2.2	0.54	8.5
Life threatening Illness	**0.83**	**0.36**	**2.3**	**1.1**	**4.6**
Lives with chronic medical problem	0.01	0.27	1.00	0.59	1.7
Criminal Justice Involvement					
Currently on parole or probation	0.47	0.50	1.6	0.60	4.3
Number of convictions	0.07	1.0	1.1	0.89	1.3
Total months incarcerated in life	0.02	0.02	1.02	0.99	1.05
ASI Legal Composite Score	**3.9**	**0.66**	**49.2**	**13.5**	**179.5**

The bolded numbers indicate statistically significant predictors.
[a]Model did not converge.

3.4.2. Housing

Women who reported being homeless in the last three months had 1.8 greater odds of experiencing active CW involvement than those who did not report such homelessness. Additionally, participants reporting living with a loved one who uses substances had twice the odds of active CW involvement than those who did not.

3.4.3. Specific traumatic events

Three specific traumatic events were associated with active CW involvement: non-sexual assault by a stranger, imprisonment, and having a life-threatening illness. Non-sexual assault by a stranger, imprisonment, and having a life-threatening illness all increased the odds of active CW involvement by 200%, 440%, and 230% respectively, compared to women who did not experience these events.

3.4.4. Chronic medical problem

There was no association between having a chronic medical problem and active CW involvement.

3.4.5. Criminal justice (CJ)

There was no association between any of the individual CJ involvement indicators and active CW involvement; however, ASI legal composite score was highly significant, such that for every unit increase in legal problems, participants experienced 4920% greater odds of active CW involvement.

3.4.6. Combined model of alternative predictors

When all the alternative predictors were entered into the model, four variables remained significant: number of times given birth, age of first use of cocaine, imprisonment, and ASI legal composite score were still significantly associated with active CW involvement.

3.5. Final model

When all significant independent predictors, from both sets of predictors, were entered into a model together, only three variables remained significant: number of times given birth, age of first use of cocaine, and ASI legal composite score were all significantly associated with active CW involvement (See Table 3). Both number of times given birth and ASI legal composite score were positively associated with active CW involvement, increasing the odds of CW involvement by 50% (OR 1.5, for every additional birth) and 1170% (OR 11.7, for each unit increase in legal problems), respectively. Age of first use of cocaine was negatively associated with active CW involvement, such that for each year older, odds of active CW involvement decreased by 9% (OR 0.91). When CW history was entered into the model, having a history of CW involvement increased the odds of active CW involvement by 1410% (OR 14.1), while keeping the other predictors constant.

3.6. Post hoc analyses

The ASI legal composite score was a very strong predictor of CW Involvement, while individual indicators we chose were not. While it was possible that this effect of the composite score was driven largely by the interviewer's subjective ratings of the participants, we were interested in exploring whether we could identify specific aspects of their legal involvement that might differentiate the CW-involved and those non-involved mothers. First, we performed descriptive statistics on items describing their criminal justice involvement (see Table 4). Overall, women were most often charged with drug charges, followed by assault. Women with active CW involvement were likely to be convicted of the charge (42% vs. 27.6%), irrespective of what the charge was, and more likely to have ever been incarcerated (38.2% vs. 15.4%) compared to those without CW involvement. The groups also differed such that women with active CW involvement were less likely to be incarcerated for parole or probation violations and more likely to be charged with arson, contempt of court, and other charges (primarily described as related to CW).

Table 3
Final Models of Predictors of Active CW Involvement with and without History of CW Involvement.

Predictor	*B*	*SE*	*OR*	95% Confidence Interval	
				Lower	*Upper*
Age of first use of cocaine	−0.10	0.03	0.91	0.85	0.97
Number of times given birth	0.43	0.16	1.5	1.1	2.0
ASI legal composite score	2.5	0.93	11.7	1.9	72.4
Adding History of CW Involvement as Covariate					
Age of first use of cocaine	−0.12	0.04	0.89	0.83	0.96
Number of times given birth	0.27	0.12	1.3	1.03	1.7
ASI legal composite score	3.2	1.0	23.9	3.2	176.3
History of CW involvement	2.6	0.60	14.1	4.3	46.0

4. Discussion

This study set out to identify factors (both beyond and including those previously identified in the CW literature) associated with active CW involvement among Black mothers living in poverty which, once elucidated, may add to our knowledge base and interventions at the practice and policy levels for these mothers. Mothers who reported active CW involvement were demonstrably more vulnerable than those without active CW involvement—having experienced significantly more traumatic events, including non-sexual assault by a stranger and imprisonment; experiencing greater depression, PTSD symptomology and severity, and reporting greater drug use severity—all consistent with targets in the CW literature. Beyond the general categories of violence, mental health, and drug use severity, mothers with active CW involvement reported additional experiences that indicated extreme vulnerability—younger age at first use of alcohol to intoxication and cocaine; significantly more pregnancies and births; a history of homelessness in the past 3 months; living with someone who is using substances; a greater history of legal problems; and a previous history of CW involvement. When taken together, the significant predictors of active CW involvement that emerged above all others were age at first use of cocaine, legal problems, and number of births—factors beyond those typically targeted by CW and social service systems. The identification of these factors within a demographically homogenous group of Black mothers points to new pathways for intervention and prevention of CW involvement.

4.1. Age of first use of cocaine

We learned that, rather than substance use as a whole driving CW involvement, a delay in use was protective against active CW involvement. Each year that mothers were able to delay their cocaine use appeared to serve a protective function, lowering their likelihood of CW involvement by nine percentage points. This protective functioning of delayed onset of substance use became even more pronounced when controlling for history of CW involvement. The mean age of first use for mothers with CW involvement was 23 years (SD = 4.8 years), compared to over 27 for those not actively involved with CW. For a subset of mothers, use of substances like cocaine at an earlier age may be evidence of lives marked by extreme adversity, where exposure to substances at an earlier age may be an indicator of a gap in protective factors that have broad ranging implications for their well-being. Additionally, early use of substances like cocaine to the point of intoxication may serve to accelerate these mothers' timeline to dependence on such substances, increasing the likelihood that they later engage in activities to support their use, increasing their and their children's likelihood of becoming CW-involved.

4.2. Number of births

The finding that each additional birth increased mothers' likelihood of interaction with the CW system can be interpreted in different ways. The prevailing wisdom is that a history of child maltreatment puts mothers in a higher risk category for future maltreatment (English,

Table 4
Legal problems.

	No Active CW (N = 332)		Active CW (N = 70)	
Charge resulting in conviction*	**27.6**		**42.0**	
Ever incarcerated***	**15.4**		**38.2**	
	Ever Charged in Lifetime (N = 332) %	Charge for Last Incarceration (N = 50) %	Ever Charged in Lifetime (N = 70) %	Charge for Last Incarceration (N = 26) %
Shoplifting	9.4	8.0	15.9	3.8
Drug charges	18.1	20.0	25.7	15.4
Other (primarily child welfare charges)**	**9.9**	**6.3**	**19.7**	**23.1**
Parole/probation violation	6.0	**16.0**	8.6	**0**
Weapons	4.5	4.0	5.7	3.8
Assault	13.0	20.0	12.9	15.4
Disorderly conduct, vagrancy, public intoxication	3.9	0	5.7	0
Burglary/Robbery	3.9	10.0	4.3	7.7
Arson*	**0.3**	0	**4.3**	3.8
Contempt of court*	**2.1**	4.0	**8.6**	7.7
Forgery	1.5	0	2.9	0
Prostitution	1.2	2.0	4.3	3.8
Vandalism	0.3	0	0	0

*p < .05, ** p < .01, ***p < .001.
Note: Bolded numbers indicate significant differences between the active child welfare involvement group and the non-active group.

Marshall, Brummel, & Orme, 1999; Fluke, Shusterman, Hollinshead, & Yuan, 2008). This explanation is incomplete, given that should a mother be found to mistreat her child, intervention on the part of the CW system would presumably rehabilitate her and provide her resources to prevent such events occurring in the future. This explanation casts doubt on the effectiveness of the interventions in use if they make little to no difference in a mother's future likelihood to maltreat.

An alternate explanation that may shed light on the persistence of the overrepresentation of Blacks in the CW system is the recognition that Black mothers living in poverty are subject to differential rates of referral to the CW system when they engage with a multitude of systems that are related to their children. These systems include prenatal clinics, hospitals, and schools. There are fears that potential child maltreatment is being under-reported in these settings resulting in high rates of unidentified and unaddressed abuse (Gilbert et al., 2009). An example of the disparate treatment of Black mothers with consequent CW referral has been documented in hospital settings. Hampton and Newberger (1985) found that Black mothers were more likely to be reported to the state central registry by hospitals than White mothers even when there were no significant differences in prenatal drug use (Chasnoff, Landress, & Barrett, 1990). Higher rates of hospital-based referrals for Blacks persist, with Putnam-Hornstein, Prindle, and Leventhal (2016) finding that "Black and Hispanic infants with a diagnosed substance exposure were slightly but significantly more likely to be reported to CPS than White infants (p. 4)". So, in the case of prenatal drug use that can be detected at birth, Black mothers are more likely to be reported (Chasnoff et al., 1990; Kerker, Horwitz, & Leventhal, 2004). The implications of this disparate treatment has a potentially more chilling impact. Black mothers may avoid early contact with reproductive health care providers for fear of becoming CW system-involved. Fear of being reported to the police has already been found to be a possible deterrent to seeking prenatal care in a sample of majority Black mothers with prenatal substance use (Schempf & Strobino, 2009). In summary, while these results may be interpreted as previously CW-involved mothers being more likely to maltreat their children, they can also be viewed as indicators of Black mothers being treated disparately each time they give birth.

4.3. Legal problems

While individual items from the legal section of the ASI were tested and not significant predictors of CW involvement, the overall legal score was a very strong predictor of CW involvement, indicating that for this group of mothers it was the compound effect of criminal justice (CJ) involvement, rather than any one isolated experience that put them at risk for CW involvement. Mothers with CW involvement reported greater likelihood of charges resulting in conviction and ever being incarcerated than their non-CW involved counterparts, intensifying their experiences with CJ involvement. According to the mothers, these were primarily related to drug and CW-related charges.

In practical terms, CJ involvement takes the precious commodities of time and opportunities away from mothers. Criminal and family courts are not responsive to a mother's work schedule or transportation barriers, and a missed court date can easily be interpreted as a mother *not caring* about regaining custody of their child (personal communication with a team of public defense attorneys who represent parents in family courts, October 8, 2019). Additionally, CJ involvement records can interfere with a mother's ability to maintain current employment or secure future opportunities that could assist her in building a more financially stable future for her family.

Despite the fact that imprisonment, experienced as a traumatic event, significantly contributed to CW involvement and was later rendered insignificant once total ASI legal score was entered into the model, its role in Black mothers' lives is important to note. Imprisonment/incarceration has been differentially applied across racial lines in the United States, with Black people constituting the majority of the prison population (Alexander, 2010; Sudbury, 2002). Black mothers in the 1980 s, who were caught up in the "crack-cocaine" epidemic, were routinely vilified politically and in the media (Washington, 2005). Many were imprisoned for crimes associated with supporting their drug habit (Fullilove, Lown, & Fullilove, 1992) and permanently lost custody of their children as a result (Bush-Baskette, 2000). Edwards (2016), highlighted the close relationship between the CW and CJ systems, citing evidence that more stringent and punitive CJ policies and practices result in higher rates of CW involvement (Edwards, 2016 - please delete this last reference. it is a duplicate.

The impact of incarcerating a mother cannot be overstated for its consequences for her children (Bush-Baskette, 2000). Someone else must then assume the role and responsibilities of primary caregiver. While naturally occurring supports like kinship care providers have played a tremendous role in the Black community, with many grandmothers raising their grandchildren either through formal or informal kinship arrangements (Fuller-Thomson & Minkler, 2000; Washington, Gleeson, & Rulison, 2013), becoming primary caregivers to young children at an advanced age takes a psychological and physical toll (Kelley, Whitley, Sipe, & Yorker, 2000). The concentration of CJ and

CW involvement across generations in poor Black communities has strained naturally occurring supports (Abramovitz & Albrecht, 2013), potentially resulting in foster care placement being viewed as a more viable option for Black children. In fact, according to a 2017 New Jersey state report (New Jersey Department of Children and Families, 2017), Black children had both the lowest proportion in kinship care and the lowest rates of permanency within 12 months from 2011 to 2016. Ironically, this ensures the sustainability of the system at a significant cost to all.

4.4. History of CW involvement

This within-group analysis highlights the critical factors that Black mothers living in poverty may experience that are associated with active CW involvement. Our within-group analysis showed that, while Black mothers are able to live with and navigate a host of stressors, a history of CW system involvement increases the likelihood of future involvement substantially. It seems that once the CW system becomes involved in a poor Black mother's life, there is a strong likelihood that that she will remain involved with the system over time. Mothers with CW system involvement reported that they did not believe that their needs were matched by the multitude of services like anger management and parenting classes they were required to complete (Marcenko, Brown, DeVoy, & Conway, 2010). This emphasis on the completion of classes/programs as evidence of behavior change versus responsiveness to the unique needs presented by each mother (Michalopoulos, Ahn, Shaw, & O'Connor, 2012) creates a potential pipeline for continued CW involvement over time. Additionally, parents who experience CW involvement do not view the system as a resource for ongoing support. Often scarred by their experience with the CW system, parents who successfully reunified with their children express strong hesitation to reach out to the CW system for assistance should problems arise once their children are returned to their care often out of fear of losing their children once again (Stephens et al., 2017).

Having a history of a CW case counts as a risk factor separate and apart from any new charges being levied at a mother, a point verified by these findings as well as through personal communication with attorneys representing parents in family court (personal communication, May 2019). Such history compounds the weight of those charges and increases the likelihood that a new allegation will result in near automatic system involvement. Even if we assume that a history of CW involvement is a proxy for poor parenting skills, then what does it say about the CW system's ability to support and/or rehabilitate parents if there is re-entry into the system? While existing reunification literature focuses on factors such as parent characteristics and permanency characteristics (Goering & Shaw, 2017; Lee, Jonson-Reid, & Drake, 2012) among other factors, the field has yet to grapple with the question of the aftershocks for families of the CW system itself seeming to perpetuate and sustain itself.

4.5. Implications for policy and practice

Our findings suggest that CW and healthcare overall must invest in programs for Black mothers with emphases on: (1) using collaborative approaches to identifying and addressing early drug use; (2) making improvements in engaging Black mothers when they seek reproductive health care; and (3) critically assessing the role of CJ involvement and its connection to chronic CW system involvement. Our findings show that Black mothers who interact with the CW system are under incredible psychological distress and suggest that ameliorating this distress may be a component of addressing the chronic overrepresentation of Blacks in the CW system. Though it did not remain significant in the final model, we found that the odds of CW involvement dramatically increased with higher levels of psychological distress, when tested independently. It is impossible to determine the cause of this distress from this cross-sectional analysis—yet trauma and depression loom large. It has been shown that mothers with more severe psychological distress may struggle with the stressors of parenting and, as a result, be more likely to maltreat their children and interact with CW as a consequence (Taylor, Guterman, Lee, & Rathouz, 2009). It is also possible that the loss of their children and the traumatic engagement with the CW system has contributed to chronically elevated levels of psychological distress for these mothers. Whatever the source of the distress, its impact on mothers should be a consideration when designing interventions and policies regarding their engagement.

Early drug use may be the most poignant marker of vulnerability that requires a carefully thought out trauma-informed response. The earlier the age at which drug use began, the greater the need to adhere to the Substance Abuse and Mental Health Administration's (Substance Abuse and Mental Health Services Association [SAMHSA], 2019) pillars of the trauma-informed approach of *recognizing* and *responding* to trauma. Early drug use may be understood as a proxy for a gap in a mother's own early protective factors which left her exposed to a host of traumas, and that drug use is only one indicator of extensive adversity. CW services that are able to connect mothers with mental health services that are capable of responding to the complex trauma evidenced by many mothers (Stephens, 2019) and that are not retraumatizing may be helpful approaches to collaborative intervention.

Maternal distress can impact every interaction that mothers have with the key players in the CW system, their caseworkers, foster-care providers, supervisors, attorneys and family court, requiring a trauma-informed approach across providers who work with them. Black mothers are often vilified for being angry and enraged that their children have been removed from their care and are routinely mandated to anger management classes. Blakey and Hatcher (2013) identified anger and rage as the external manifestations of trauma for many CW-involved mothers. Within the context of lives marked by extreme adversity (Stephens & Aparicio, 2017), mothers' psychological distress and their demonstrations/expressions of that distress can be viewed as normal, valid, and proportionate to the circumstances. This stance reflects the trauma-informed approach which would seek to align with mothers as partners in reunifying with their children and seeking a collaborative pathway to limiting their CW system involvement. As recommended by Lawler, Shaver, and Goodman (2011), a relationship-based approach to working with CW-involved mothers, where opportunities for alignment and mutual problem-solving and decision-making are provided, can be productive intervention choices.

4.6. Limitations

There are limitations to this study, such that findings should be interpreted with appropriate caution. First, analyses are cross-sectional in nature. While assessments were performed with associated time frames, causation cannot be inferred. Second, data were collected almost two decades ago, thus generalizability is limited; however, we do not see this as quite the limitation it might otherwise be. Compared with two decades ago, Essex County is still comprised of 40% of its residents identifying as Black or African American (United States Census Bureau, 2018; United States Census, 2000, 2010). While detailed data on demographics of current TANF recipients is lacking, Essex County, NJ is still the county with the highest number of TANF recipients (New Jersey Department of Human Services, Division of Family Development, 2019), making data collected from this county particularly important. Other county-based data demonstrate that Black families in Essex County are still quite economically vulnerable. In 2017, of the about 64,000 Black families in Essex County, 14,000 live at or below the poverty line. Among those living in poverty, 62% are single women with children (United States Census Bureau American Community Survey, 2017). In fact, Black families make up 79% of those living in poverty in Essex County (United States Census Bureau American Community Survey, 2017). Given this current data, it is reasonable to assume that Black mothers would still make up the

majority of those on TANF, as was the case in 2000.

In 2015, 30% of victims of child maltreatment in the state of New Jersey were Black (New Jersey Department of Children and Families, 2017). Twelve-month re-entry into the CW system post-reunification peaked for Black children in 2011, but the latest data shows Black children had the lowest rates of re-entry in more recent years, at around 14% in 2014. In this study, just about 18% of the participants reported active CW involvement. Among all participants, 38% had a history of child welfare involvement, with just under half of those reporting active child welfare involvement. Taken together, it is reasonable to assume that overall demographics of TANF recipients and individuals involved in the CW system have not dramatically changed in the last two decades.

It is important to note that this sample is unique in that a sample of mothers who could be on welfare for more than 5 years is no longer available—so mothers living in poverty currently have even fewer supports. We seized the opportunity to use an unusually large and complete dataset from an important population to explore our research question. At a minimum, these findings provide a point of initiation for future research, assessment, and intervention in this area with a more contemporary sample.

5. Conclusion

Black mothers, living in poverty, are–and have always been–able to raise their children in the face of extreme duress. Parenting as a Black mother living in poverty is difficult. Mothers often must grapple with keeping their children safe whilst being typified as being strains on the society (Kelly, 2010). They must manage their own and their children's exposure to trauma from the micro- to the macro-systems levels (Cross et al., 2017), often with very little assistance. They have persevered, with minimal resources and an ever-shrinking safety net, in a society that has chosen to vilify poverty and its manifestations at the familial level while ignoring any communal and civic duty to provide for its citizens (Roberts, 2014). The data in this study illustrate how systems such as the CW, health care, and CJ meet Black mothers living in poverty, and the complexity of those intersections. Policies and interventions that address some of the issues we have highlighted here may be useful in addressing the overrepresentation of Blacks in the CW system.

Declaration of Competing Interest

We do not have ant financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported here or the conclusions, implications or opinions stated – including pertinent commercial or other sources of funding for the individual author(s) or for the associated department(s) or organization (s), personal relationships, or direct academic competition.

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