

Healthy Marriage and the Legacy of Child Maltreatment: A Child Welfare Perspective

By Tiffany Conway and Rutledge Q. Hutson

Introduction

This brief approaches healthy marriage from a fairly unique perspective. Though there has been considerable attention given to the question of how marriage affects children, comparatively few have asked how experiences in childhood impact marriage. We suggest that attention to this question could benefit the populations served by both the child welfare and healthy marriage communities—we offer this brief in that spirit.

The vast majority of Americans aspire to marriage, and most marry at least once in their lives.¹ In an ideal world, children would transition into adulthood equipped with skill-building experiences

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and a sense of emotional well-being that would prepare them for marriage and other healthy adult relationships. Unfortunately, children who are abused or neglected are frequently denied the experiences needed for a secure and happy marriage later in life.

The relationship between childhood traumas—childhood sexual abuse in particular²—and negative marital outcomes is well documented.³ Marital disruption is more likely among those who experienced physical abuse,⁴ rape, or serious physical attack during childhood.⁵ Childhood rape and sexual molestation are also associated with lower marital satisfaction,⁶ which in turn may increase the risk of dissolution or lessen the benefits of marriage.

Perhaps the most direct effect child maltreatment can have on marriage is its impact on intimacy and personal relationship skills. Maltreatment in childhood can negatively

influence an individual's patterns of interpersonal interaction in ways that may interfere with the formation and main-

ABOUT THIS PUBLICATION

The twelfth in a series on Couples and Marriage Research Policy, this brief looks at marriage from a notably different perspective than previous briefs in the series. This brief explores how childhood experiences, specifically child maltreatment and involvement with the child welfare system, impact the potential for a healthy, lasting marriage. The brief summarizes the research on the barriers to a healthy marriage and what is known about the long-term impacts of child maltreatment and foster care. Finally, the authors offer recommendations for addressing the unique needs of couples in which one or both partners have experienced childhood maltreatment.

tenance of healthy adult relationships. For example, childhood maltreatment is associated with insecure patterns of attachment—characterized by a range of behaviors from excessive dependence on others to being highly guarded.⁷ Not surprisingly,

these behaviors may prove to be alienating to others,⁸ thus threatening the potential for a healthy relationship.

Furthermore, there is evidence to suggest that when one or both partners experienced physical and/or sexual abuse in childhood, the couple experienced lower relationship satisfaction and higher individual stress symptoms than similar couples in which neither partner had experienced abuse.⁹ The partners of those who experienced maltreatment in childhood may experience secondary trauma.¹⁰ Such trauma may result from any of the following: hearing about the traumatic event; identifying with the trauma survivor; attachment to the survivor; or the trauma survivor interacting with their partner in ways that are traumatizing.¹¹

In addition to these more direct impacts, child abuse and neglect can lessen the likelihood of healthy marriage by putting children at risk for negative outcomes that subsequently serve as barriers to marriage. For example, victims of child maltreatment are at increased risk for limited educational attainment, economic challenges, mental-health problems, substance use disorders, and early childbearing. Three recent studies—the

Adverse Childhood Experiences Study (ACES) conducted by the Centers for Disease Control and Prevention; the Northwest Foster Care Alumni Study conducted by Casey Family Programs, Harvard Medical School, the University of Michigan Survey Research Center, and the University of Washington; and the Midwest Evaluation of the Adult Functioning of Former Foster Youth, conducted by Chapin Hall Center for Children at the University of Chicago, confirm that the ramifications of child maltreatment often persist well past childhood.

It has been acknowledged that conventional marriage programs may need to be amended if they are to be relevant and accessible to culturally diverse and economically disadvantaged populations.¹² As this brief indicates, the negative outcomes associated with child maltreatment can present additional challenges in attaining and maintaining a healthy marriage. If such individuals are to benefit from marriage education and promotion efforts, public policy and program design must take into account the unique needs of those who have experienced childhood maltreatment.

What are the barriers to a healthy marriage?

There are a variety of specific risk factors and barriers to healthy marriages. From limited education and unemployment to incarceration and substance abuse, each can have a different effect based on gender, race, and socioeconomic status. Many of these barriers can also be linked to childhood maltreatment. Studies addressed later in this brief show that emotional and physical abuse and other childhood traumas can lead to a number of life-long problems which make it difficult to form and sustain healthy relationships. Before turning to those studies, however, a review of the major barriers to healthy marriages is in order.

Limited educational attainment and unemployment

In spite of what one might hope, love is rarely enough—bills and mortgages must be paid and food, clothing, child care, gas, and so on must be purchased. These realities appear to be well recognized in the “marriage market”—education,¹³ economic security,¹⁴ and employment are all, in general, valued and positively associated with marriage.¹⁵ The role that economic security plays in the decision to marry may be par-

ticularly strong for disadvantaged couples.¹⁶ Individuals in “fragile families”—unmarried couples and their children who are more likely to be poor and to experience family break-up¹⁷—express the belief that, before a couple marries, they should be able to afford a down payment on a home, some furniture, a car, a little savings, and a decent wedding.¹⁸ Similarly, unemployment, a lack of economic resources, and other financial hardships can strain marriages and threaten their endurance.¹⁹

Most research suggests that men’s employment and earnings are positively associated with marriage.²⁰ However, more recent research suggests that among “fragile families,” stable male earnings appear to be a necessary but not sufficient prerequisite for marriage.²¹ The picture of the effects of women’s employment and earnings on marriage is more mixed. Some research suggests that women’s employment and earnings are positively associated with marriage, some shows they are negatively associated with marriage, and some shows no association in either direction.²²

It may be that the impact of women’s employment and earnings vary by socioeco-

WHAT CONSTITUTES A HEALTHY MARRIAGE?

Marriage is associated with benefits across a variety of domains and has been the subject of much research.¹ Research indicates that healthy marriages, compared to unhealthy ones, can have benefits for men and women,² their children, and the communities in which they live. Married adults are more productive on the job, earn more, save more, have better physical and mental health, and live longer.³ Research indicates that, on average, children are financially and emotionally better off when their parents are married to each other.⁴ Thus, it is important to understand what facilitates and what interferes with healthy marriage.

GENERALLY SPEAKING, HEALTHY MARRIAGES ARE CHARACTERIZED BY THE FOLLOWING:

SAFETY: A healthy marriage is free from threat of physical or emotional harm.⁵ It has also been suggested that a relatively safe and secure environment—“contextual safety”—is a key component of a healthy marriage.⁶

COMMUNICATION: A healthy marriage allows for emotional safety and support in interactions. Mutual respect, fondness, and appreciation of one another and healthy conflict⁷ typify such positive interactions.

COMMITMENT: In a healthy marriage, partners have a commitment to a shared future.⁸ There must also be commitment to any children that the couple may have (together or individually).⁹

SATISFACTION: Healthy marriages are also characterized by individual happiness and satisfaction. However, happiness and satisfaction are bound to vary over the course of a relationship and should not, by themselves, be used to evaluate the health of a relationship.¹⁰

- 1 There is a great deal of research showing that a range of positive outcomes are associated with healthy marriages. Certainly other family structures—including adoptive, single-parent, multi-generational and two-parent homosexual families—can be healthy and beneficial but research on these families is not as extensive and, therefore, this paper will focus narrowly on the research related to heterosexual marriage unless otherwise indicated.
- 2 It appears that, for men, simply being married is associated with improved well-being. Women, on the other hand, generally benefit but the quality of the marriage plays a role in the benefit experienced. In Roberts, 2007 citing Linda Waite and Maggie Gallagher, *The Case for Marriage: Why Married People Are Happier, Healthier and Better Off Financially*, 2000 and Steven Nock, *Marriage in Men’s Lives*, 1998.
- 3 Theodora Ooms, *Marriage-Plus*, Center for Law and Social Policy, 2002, http://www.clasp.org/publications/marriage_plus.pdf citing Waite and Gallagher, *The Case for Marriage: Why Married People are Happier, Healthier and Better Off Financially*.
- 4 Ibid.
- 5 S. Stanley, “Testimony On Healthy Marriage before the Committee on Finance, Subcommittee on Social Security and Family Policy United States Senate,” May 5, 2004 (Excerpt), http://www.clasp.org/publications/stanley_testimony.pdf; K. Anderson Moore, S. Jekielek, J. Bronte-Tinkew, L. Guzman, S. Ryan, & Z. Redd, *What Is “Healthy Marriage?”* Defining the Concept. Child Trends, 2004, http://www.acf.hhs.gov/healthymarriage/pdf/Child_Trends-2004.pdf.
- 6 Stanley, “Testimony...”
- 7 J. Gottman & N. Silver, *The Seven Principles for Making Marriage Work*, 1999.
- 8 Stanley, “Testimony...”; Anderson Moore, et al, *What Is “Healthy Marriage?”*
- 9 Anderson Moore, et al, *What Is “Healthy Marriage?”*
- 10 Stanley, “Testimony...”; Anderson Moore, et al, *What Is “Healthy Marriage?”*

conomic status. For example, in the face of increased costs of living and rising consumption standards, it appears that traditional views of women's employment as a deterrent to marriage may not hold among lower-income levels; whereas, for women at higher-income levels, employment may serve as a barrier to marriage. Research looking at "fragile families" indicates that greater economic resources, regardless of which partner brings them, often encourage, and never discourage, marriage formation and stability.²³

Having children from a previous relationship

"First comes love, then comes marriage..." is no longer the almost universally endorsed maxim that it once was. Cohabitation and non-marital childbearing are both relatively common and marriage is not the prerequisite for sex that it once was—in short, the practical value of marriage is changing.²⁴ At the same time, distrust of potential marriage partners (particularly by women in "fragile families")²⁵ and fear of divorce may serve as barriers to marrying in the first place.²⁶

The impact of parental status on the likelihood of marriage and marital satisfaction appears to play out somewhat

differently by gender, socioeconomic status, and whether the children are from a previous relationship. A body of research assessing the impact of non-marital births among the general population indicates that such births reduce the likelihood of subsequent marriage for women.²⁷ Some research also indicates that non-marital births are associated with higher rates of marital dissolution, while other research suggests no such relationship when researchers control for underlying characteristics.²⁸ More recent research focused on "fragile families," however, indicates that children from a previous relationship do not serve as a barrier to marriage for lower-income women. Rather, the probability of marriage, at least among "fragile families," is reduced when the father has children from previous relationships.²⁹ It appears that the father's commitments to that child, particularly time commitments, may limit his appeal as a potential partner.³⁰

Incarceration

Having been incarcerated decreases a man's likelihood of marriage, particularly for white men.³¹ A prison record can diminish a man's appeal as a mate in a number of ways; for example, a prison record

has the potential to affect a man's marriagability by limiting his employability and eligibility for some public benefits.³² Additionally, women may avoid marrying men with a history of violent crime, given the risk of violence toward her or her children in the future.³³

Finally, at the community level, discrepancies in rates of marriageable males and females can impact the likelihood of marriage. For example, incarceration and deadly gang violence can reduce the number of marriageable men in a community.³⁴ This threat is particularly real in predominantly black communities; given that one in three black men will be incarcerated at some point during their lifetimes.³⁵

Substance-Use Disorders and Mental-Health Problems

Not surprisingly, substance-use disorders and mental-health problems, particularly depression, PTSD and, for women, generalized anxiety disorder (GAD),³⁶ can stand in the way of the formation and maintenance of a healthy marriage. These issues may be even more problematic for low-income individuals who do not have access to appropriate treatment services.³⁷ Among "fragile families,"

women with mental-health disorders are approximately one-third less likely to marry than women without mental-health problems.³⁸

The impact of child maltreatment and foster care

Child maltreatment is a devastating reality for millions of children³⁹ in the United States. There are a number of trajectories that a child may follow after experiencing abuse or neglect. Some children may receive support and care from family members, foster parents, and other individuals, as well as specific services to address their particular needs. These children are likely to be on a trajectory that allows them to heal and thrive. The goal of the child welfare system is to have as many children on this trajectory as possible.

Unfortunately, a number of children are on a completely different trajectory because they receive little or no help or support. Their abuse or neglect may go undetected—research suggests that the true incidence of maltreatment is two or three times greater than what is officially substantiated.⁴⁰ Alternatively, some children may receive no services despite detection of maltreatment. In fact, for a

number of years now, nearly 40 percent of children who are determined by child protective services to have been abused or neglected receive no services at all. These children are not provided mental-health services, follow-up visits, or foster care. While it is possible to imagine that some children who experience maltreatment need no services to ameliorate harm or that they receive the needed help from family members, it is implausible to believe that 40 percent of maltreated children need no services and supports to recover from their trauma. For many children who get no help, the future offers a continuing set of challenges and difficulties.

A similar trajectory exists for children who are provided some services (e.g. foster care) but fail to receive other critical services, such as mental-health treatment. These children may be removed from immediate harm, but denied the services and supports they need to heal and succeed in life. Similarly, the instability that often results from foster care may exacerbate the challenges a child faces and subject him to additional trauma. For children whose experience following abuse or neglect is fragmented, with inadequate services and instability, their trajectory is likely to be one of

continuing challenges and difficulties into adulthood.

The Adverse Childhood Experiences Study (ACES) conducted by the Centers for Disease Control and Prevention indicates that adverse childhood experiences, including childhood maltreatment and other trauma, are associated with an increased risk for a host of problems—many of which are likely to interfere with achieving a healthy marriage later in life. For example, adverse childhood experiences increase the likelihood of alcohol abuse, illicit drug use, depression, suicide attempts, multiple sexual partners, unintended pregnancy, and risk for intimate partner violence.⁴¹ A study of foster care alumni who were in care for at least 12 continuous months between the ages of 14 and 18—the Northwest Foster Care Alumni Study (Northwest Alumni)⁴²—illustrates the challenges faced by young people who have spent time in foster care. Another study of former foster youth, the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Evaluation)⁴³ confirms these challenges are significant.

Compared to their counterparts in the general population, foster care alumni,

CHILDREN IN THE CHILD WELFARE SYSTEM

While instances of malicious abuse occur and often make headlines, these acts do not represent the bulk of child maltreatment. Neglect consistently accounts for about 60 percent of child maltreatment.¹ Neglect, particularly chronic neglect, can be just as, if not more, detrimental to its young victims.² Child maltreatment, in whatever form it takes—physical abuse, sexual abuse, emotional abuse, or neglect—is traumatic and contributes to a host of negative outcomes.

The single best predictor of abuse and neglect is poverty. Children who live in families with annual incomes below \$15,000 are 22 times more likely to be maltreated than children in families with annual incomes of \$30,000 or more.³ This is not to suggest that most poor parents abuse or neglect their children. Indeed, they do not.⁴ Rather, this is to say that the majority of children who are abused or neglected live in poverty.

Children birth to 3 years of age experience the highest rate of victimization. Girls are only slightly more likely than boys to be victims. Though most child victims are white (48.8 percent), African-American (22.8 percent) children are disproportionately represented among child victims.⁵

At any given time there are over half a million children in foster care, though this number varies significantly as about 800,000 children are in foster care during a year. Forty percent of the children in foster care are white, nearly a third are black, and 19 percent are Hispanic. Boys account for slightly more than half of the children in foster care.⁶ The average child in foster care is 10 years old and has been in care for more than two years.⁷

1 *Child Maltreatment, 2006*, U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2008, <http://www.acf.hhs.gov/programs/cb/pubs/cm06/cm06.pdf>.

2 See e.g., K.A. Kendall-Tackett, and J. Eckenrode, "The Effects of Neglect on Academic Achievement and Disciplinary Problems: A Developmental Perspective," *Child Abuse & Neglect*, Vol. 20, No. 3, (1996); pp. 161-69; M.J. Weiss, and S.H. Wagner, "What Explains the Negative Consequences of Adverse Childhood Experiences on Adult Health? Insights from Cognitive and Neuroscience Research," *American Journal of Preventive Medicine*, Vol. 14, No.4, (1998); pp. 356-60; J. De Paul, and M. I. Arruabarrena, "Behavior Problems in School-Aged Physically Abused and Neglected Children in Spain," *Child Abuse & Neglect*, Vol. 19, No. 4, (1995); pp. 409-418.

3 *The Third National Incidence Study of Child Abuse and Neglect (NIS-3)* (1996).

4 As noted, in 2006, the number of children who were found to have been abused and neglected was under 1 million. Actual incidence may have been closer to 3 million, but it is nowhere near the number of children living in poverty for that year, about 13 million (*New Statistics Reveal No Change in Child Poverty*, Columbia University, Mailman School of Public Health, National Center for Children in Poverty, August 28, 2007, http://www.nccp.org/media/releases/pdf/release_31.pdf).

5 *Child Maltreatment, 2006*, U.S. Department of Health and Human Services. African-American children account for approximately 15 percent of the child population nationally. It should be stressed that, despite the overrepresentation of African-American children amongst child victims, research indicates that African-American parents are no more likely to maltreat their children (NIS-3). This disproportionate representation is seen at each stage of the child welfare system—from reporting of maltreatment, to confirmed victims, to foster care and so on. There is no clear explanation for these disparities; instead, it seems likely that a variety of factors (including the high prevalence of poverty among African-Americans, institutionalized racism, and a failure to adequately account for cultural differences in practice and service delivery) influence and contribute to the disproportionality.

6 The AFCARS Report, Preliminary FY 2006 Estimates as of January 2008 (14), http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report14.pdf.

7 AFCARS, 2006.

including those who aged out of foster care:

Attain fewer years of education. *Northwest Alumni:* Foster care alumni in this study were dramatically less likely to obtain a bachelor's or higher degree. Twenty-seven and a half percent of the general population between the ages of 25 and 34 hold a bachelor's degree or higher, while 1.8 percent of foster alumni do.⁴⁴ *Midwest Evaluation:* Twenty-three percent of 21-year-old former foster youth have neither a GED nor a high school diploma, compared to 10.8 percent of the general population.⁴⁵

Are more likely to be poor. *Northwest Alumni:* Foster care alumni are less likely to be employed (80.1 percent versus 95 percent), more likely to live in poverty (33.2 percent versus 14.4 percent) and more likely to have experienced homelessness than the general population (11 to 22 percent versus 1 percent). *Midwest Evaluation:* Although the vast majority of the young adults in this study had held a job at some point, only half were currently employed (compared to 64 percent of their peers in the general population) suggesting a lack of financial security.⁴⁶ Additionally, about half of these youth report experienc-

ing economic hardship, compared to 27.5 percent of young people in the general population.⁴⁷

Are more likely to experience mental-health problems. *Northwest Alumni:* Over half (54.4 percent) of foster care alumni had ongoing mental-health disorders, compared to 22.1 percent of the general population. The rates of post-traumatic stress disorder (25.2 percent) were not only higher than the general population (4 percent) but were even higher than the rates for U.S. war veterans (6 to 15 percent). Foster care alumni also may be less likely to recover (or take longer to recover) from certain mental-health problems.⁴⁸

Are more likely to use drugs. *Northwest Alumni:* They are more likely to report symptoms of drug (21 percent versus 4.2 percent) and alcohol (11.3 percent versus 7 percent) dependence.

Are more likely to be involved with the criminal justice system. *Midwest Evaluation:* Young men who were formerly in foster care were more likely to have ever been arrested (79.4 percent versus 20.1 percent) and ever convicted (52.6 percent versus 12.1 percent). Similarly, young women who were formerly in foster care were significantly

more likely than young women in the general population to have ever been arrested (56.7 percent versus 4.3 percent) and ever convicted (24.5 percent versus 1.3 percent).⁴⁹

Are more likely to have children young/before marriage/as teens. *Midwest Evaluation:* Seventy-one percent of the young women who were former foster youth had been pregnant by the age of 21, the majority (61.9 percent) reporting two or more pregnancies. In comparison, at age 21, only a third of women in the general population report having ever been pregnant and most report only one pregnancy.⁵⁰

The Impact of Instability and Disconnection

Placement in foster care may compound the difficulties that victims of child maltreatment face when that care is marked by instability and inadequate services. Unfortunately, children who are removed from their families and placed in foster care may not get the other services they need. For example, research indicates that about half of children in foster care have clinically significant emotional or behavioral problems, but only about one-quarter receive mental-health services.⁵¹ In fact, only about half the children who

enter care even receive a mental-health assessment to determine their needs.⁵² Similarly, the families of children in care may not receive the services they need.

National data suggest that more than three-quarters of those caring for children when they were placed in care needed substance-abuse treatment services, but services were provided to only slightly more than one-quarter of these caregivers.⁵³ When such treatment services are not available, children linger in foster care waiting for their parents to recover.

For too many children the experience of foster care is fraught with instability as they move from home to home⁵⁴ The Northwest Alumni study found that, throughout the course of their foster care experience about one-third (31.9 percent) of foster care alumni had three or fewer placements, another third (35.8 percent) had four to seven placements while the remaining third (32.3 percent) had eight or more placements.⁵⁵ These placement changes mean not only a new “family” but, often also a new school with new teachers, new neighbors, a new doctor, and the need to make new friends. The Northwest Alumni study found that almost one-third of

foster care alumni experienced 10 or more school changes from elementary through high school.⁵⁶ Children may also lose connections to people whom they feel very close to as a result of moves. Such instability can compromise a child's ability to form strong attachments,⁵⁷ contribute to a number of behavioral problems⁵⁸ and, among other things, compromise a child's educational attainment.⁵⁹ For children with mental-health problems, such instability is associated with a greater likelihood that these problems will persist into adulthood.⁶⁰

Children in foster care may also have poor relationships with other key adults in their lives. Caseworkers may provide little continuity and stability because they typically carry more than double the recommend caseload and turnover is high—20 to 40 percent per year.⁶¹ These factors make it challenging for caseworkers to establish supportive relationships with children and help them heal. Similarly, there is concern that some foster parents lack the preparation, experience, time, or inclination to nurture the children in their care. The evidence on this point is mixed. For example, one third of foster care alumni in the Northwest Alumni study

report maltreatment of some kind by a foster parent or other adult present in the foster home.⁶² On the other hand, official reports of maltreatment of children in foster care suggest that less than 1 percent of children experience substantiated maltreatment.⁶³ Whatever the true incidence of repeat abuse or neglect, it is clear that some children in foster care experience additional adults who cannot be counted on to meet their needs—thus potentially exacerbating issues of trust and attachment.

Upon reaching the age of majority, youth in foster care, previously provided with at least some level of support, are frequently on their own. Youth who age-out of care report being told, on the morning of their 18th birthdays, that they must leave their foster homes. Around 20,000 to 25,000 young people age-out of the system each year.⁶⁴ Many 18 year olds in the general population are not prepared to support themselves and all that entails.⁶⁵ Yet, a youth who experienced maltreatment, who may or may not have gotten adequate treatment to address that maltreatment, and who has no family to turn to for support is expected to make it on his own. Not surprisingly, many of these

youth experience significant difficulties.

While virtually all of the negative outcomes experienced by child victims, those who spent time in foster care, and particularly those who age-out of care are concerning in and of themselves, many of them also have the potential to further disrupt the child's life by interfering with the attainment and maintenance of a healthy marriage or other intimate adult relationships. The experience of low educational attainment, unemployment, poverty, mental-health and substance-abuse problems create barriers to achieving healthy marriage, as do non-marital births and involvement with the criminal justice system. These barriers must be addressed if a child who experienced abuse or neglect is to enjoy a satisfying, healthy marriage characterized by safety, communication, and commitment.

Recommendations

CLASP supports a Marriage-Plus public policy approach,⁶⁶ which acknowledges that individuals often need economic resources and non-economic supports to increase the likelihood of stable, healthy marriages and better co-parenting relationships. This approach calls for public policy that provides both marriage education

and economic and other needed supports to vulnerable families. Marriage-Plus policies create opportunities for individuals and couples to address issues that threaten the prospects of healthy marriage and adult relationships, including those that arise from a history of childhood abuse or neglect. For example, the Supporting Healthy Marriage and Building Stable Families programs, which both target low-income couples, move in this direction by emphasizing the provision of supplemental services to couples seeking marriage education.⁶⁷

Unfortunately, links to such crucial supplemental services—including mental-health services, substance-abuse treatment services, employment services—remain limited among the federally supported marriage programs. Referral and access to such services need to be expanded. Marriage education programs will also have to pay attention to the unique dynamics and needs of couples in which one or both partners have experienced childhood maltreatment.

While the Marriage-Plus approach is a critical compo-

nent of any public policy that seeks to promote healthy marriage, there is much more that needs to be done to improve the marital prospects for those who are abused or neglected. Those who care about promoting marriage should join efforts to intervene much earlier in people's lives. Rather than waiting to address the barriers that maltreatment creates when couples seek marital education, we must try to prevent those barriers from ever being established. First, we must do more to prevent maltreatment from occurring. There must be a broad continuum of services that are readily available to help families that are struggling. The role of these services in preventing maltreatment is two-fold. First some services will directly address a potentially abusive or neglectful situation—for example, the availability of child care services may keep a woman from leaving her child unattended. Second, accessing services will bring families in contact with individuals that can spot warning signs, allowing for supportive, preventative interventions.

Third, we must ensure that those children who are abused or neglected quickly receive the services and supports they need to heal and succeed in life. Unfortunately, in spite of even the best prevention efforts, some children will suffer maltreatment. Some of them will need to be removed from their homes. When this occurs it is essential to place the child with a safe, stable, and nurturing foster family. At the same time, the child and the family—both birth and foster—must be provided with intensive, comprehensive services aimed at mitigating trauma from the abuse and neglect, the separation from family, and the foster care experience itself. Additionally, services should be provided and designed to facilitate and support the child after he or she is reunified with birth parents, adopted, or moved into legal guardianship with a relative. If we continue to allow children and young adults to leave the child welfare system with untreated trauma, their prospects in adulthood, including healthy marriages and relationships, are not good.

Endnotes

- 1 Rose Kreider, *Number, Timing, and Duration of Marriages and Divorces: 2001*, U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau, 2005, <http://www.census.gov/prod/2005pubs/p70-97.pdf>.
- 2 Christine Courtois, "When One Partner has Been Sexually Abused as a Child," *Family Stressors: Interventions for Stress and Trauma*, (2005): 95 – 113.
- 3 Paula Roberts, *Out of Order? Factors Influencing the Sequence of Marriage and Childbirth Among Disadvantaged Americans*, 2007, http://www.clasp.org/publications/out_of_order.pdf; Mark Whisman, "Childhood Trauma and Marital Outcomes in Adulthood," *Personal Relationships*, Vol. 13, (2006): 375 – 386.
- 4 P.E. Mullen, J.L. Martin, J.C. Anderson, S.E. Romans, & G.P. Herbison, "The Long-Term Impact of the Physical, Emotional, and Sexual Abuse of Children: A Community Study," *Child Abuse & Neglect*, Vol. 20, No. 1, (1996): 7 - 21.
- 5 Whisman, "Childhood Trauma..."
- 6 Ibid.
- 7 Courtois, "When One Partner..."
- 8 Ibid.
- 9 Briana Nelson & Karen Wampler, "Systemic Effects of Trauma in Clinic Couples: An Exploratory Study of Secondary Trauma Resulting from Childhood Abuse," *Journal of Marital and Family Therapy*, Vol. 26, No. 2, (2000): 171 – 184.
- 10 Courtois, "When One Partner..."; Nelson & Wampler, "Systemic Effects of Trauma..."
- 11 Nelson & Wampler, "Systemic Effects of Trauma..."
- 12 Theodora Ooms, *Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the Issues?* Center for Law and Social Policy, 2007, http://www.clasp.org/publications/couplesmarriage_brief_10.pdf.
- 13 R. Kelly Raley & Larry Bumpass, "The Topography of the Divorce Plateau: Levels and Trends in Union Stability in the United States after 1980," *Demographic Research*, Vol. 8, Article 8, (2003): 245 – 260. Lower education is associated with an increased likelihood of marital dissolution. Matthew Bramlett & William Mosher, *Cohabitation, Marriage, Divorce, and Remarriage in the United States*. Centers for Disease Control and Prevention Vital and Health Statistics, Series 23, No. 22, (2002). Among fragile families, women's education is positively associated with both union formation and stability. For men in fragile families, though education has a positive effect on marriage, the effect is no longer statistically significant when earnings and employment status are controlled for. "Union Formation and Dissolution in Fragile Families," Fragile Families Research Brief 14, 2003, <http://crcw.princeton.edu/fragilefamilies>.
- 14 One study found that non-poor young women were 17 percent more likely than poor young women with a job and 34 percent more likely than poor unemployed young women to marry. Diane McLaughlin & Daniel Lichter, "Poverty and the Marital Behavior of Young Women," *Journal of Marriage and the Family*, Vol. 59, No. 3, (1997): 582 – 594. Women are more likely to experience a successful first marriage if they have more income. Bramlett & Mosher, *Cohabitation, Marriage, Divorce...*
- 15 Roberts, *Out of Order?*; David Fein, Nancy Burstein, Greta Fein & Laura Lindberg, *The Determinants of Marriage and Cohabitation Among Disadvantaged Americans: Research Findings and Needs*, Abt Associates Inc., 2003, http://www.acf.hhs.gov/programs/opre/strengthen/marr_family/reports/determinants_findings/determinants_findings.pdf; Carlson, et al., "What We Know..."
- 16 Kathryn Edin & Joanna Reed, "Why Don't They Just Get Married? Barriers to Marriage Among the Disadvantaged," *Future of Children*, Vol. 15, No. 2, (2005): 117 – 137.
- 17 Data about low-income urban households has been produced as part of the Fragile Families and Child Wellbeing Study. This longitudinal study is following a birth cohort of nearly 5,000 children and their parents randomly selected from 75 hospitals in 20 US cities with a population of more than 200,000. Within the sample, there are 3,712 non-marital children. (See: P. Roberts, *The Implications of Multiple Partner Fertility for Efforts to Promote Marriage in Fragile Families*, Center for Law and Social Policy, 2008). The Center for Research on Child Wellbeing (CRCW), a center of the Woodrow Wilson School at Princeton University which, in partnership with Columbia University, oversees the data collection for this study, refers to unmarried parents and their children as "fragile families" to underscore that they are families and that they are at greater risk of breaking up and living in poverty than families where children live with their married, biological parents. See: <http://crcw.princeton.edu/ff.asp>.
- 18 Marcia Carlson, Sara McLanahan, Paula England, and Barbara Devaney, "What We Know About Unmarried Parents: Implications for Building Strong Families Programs," *In Brief*, No. 3.

- Mathematica, Policy Research, Inc., 2005, <http://www.mathematica-mpr.com/publications/PDFs/bsfisbr3.pdf>; Roberts, *Out of Order?*; Kathryn Edin, Paula England & Kathryn Linnenberg, *Love and Distrust Among Unmarried Parents*. Revised version of paper presented at National Poverty Center conference on Marriage and Family Formation Among Low-Income Couples. Washington, D.C., September 4-5, 2003, <http://www.olin.wustl.edu/macarthur/papers/england-LoveDistrust.pdf>; also see footnote 15.
- 19 Roberts, *Out of Order?*; Theodora Ooms, *Marriage-Plus*, Center for Law and Social Policy, 2002, http://www.clasp.org/publications/marriage_plus.pdf.
- 20 Roberts, *Out of Order?*; Fein, et al., *The Determinants of Marriage...*; Carlson, et al. "What We Know About..."
- 21 Edin & Reed, "Why Don't They..."
- 22 For additional detail on this see: Fein, et al. *The Determinants of Marriage*; Fragile Families Research Brief 14; Roberts, *Out of Order?*; Carlson, et al. "What We Know About..."
- 23 Edin & Reed, "Why Don't They..."
- 24 Roberts, *Out of Order?*; Edin and Reed, "Why Don't They..."; David Fein & Theodora Ooms, *What Do We Know About Couples and Marriage in Disadvantaged Populations? Reflections from a Researcher and a Policy Analyst*, Center for Law and Social Policy, 2006, http://www.clasp.org/publications/couples_marriage_disadvantaged.pdf.
- 25 Edin & Reed, "Why Don't They..."; Edin, England, & Linnenberg, *Love and Distrust...*
- 26 Roberts, *Out of Order?*; Kathryn Edin & Maria Kefalas, *Promises I Can Keep: Why Poor Women Put*
- Motherhood Before Marriage*, 2005.
- 27 Fein, et al. *The Determinants of Marriage...*; D.T. Lichter, & D.R. Graefe, "Finding a Mate: The Marital and Cohabitation Histories of Unwed Mothers," in *Out of Wedlock: Causes and Consequences of Nonmarital Fertility*, ed. L. Wu and B. Wolf, 317-343.
- 28 Bramlett & Mosher, *Cohabitation, Marriage, Divorce...*; D. Upchurch, L. Lillard & C. Panis, "The Impact of Nonmarital Childbearing on Subsequent Marital Formation and Dissolution," 2001, in Wolf, *Out of Wedlock: Causes and Consequences of Nonmarital Fertility*, eds. L. Wu and B. Wolf, 344-380.
- 29 Marcia Carlson, Sara McLanahan & Paula England, "Union Formation in Fragile Families," *Demography*, Vol. 41, No. 2, May 2004: 237 - 261, <http://www.prb.org/cpipr/demography/carlson.pdf>; also see: Roberts, *The Implications of Multiple...*
- 30 Edin & Reed, "Why Don't They..."; Roberts, *Out of Order?*
- 31 One study found that incarceration reduced the chances of marriage 59 percent for white men, 30 percent for black men, and 41 percent for Hispanic men. B. Huebner, "Racial and Ethnic Differences in the Likelihood of Marriage: The Effect of Incarceration," *Justice Quarterly*, Vol. 24, No. 1, (2007): 156 - 183.
- 32 Carlson, et al. "What We Know About..."
- 33 Ibid.
- 34 Roberts, *Out of Order?*
- 35 *Criminal Offenders Statistics*, Bureau of Justice Statistics Web site Accessed 1/15/08 from: <http://www.ojp.usdoj.gov/bjs/crimoff.htm#lifetime>.
- 36 Bramlett & Mosher, *Cohabitation, Marriage, Divorce...*; L. Heckler, *Trauma and Couple Therapy*, Journal of Couple & Relationship Therapy, Vol. 6 Issue 1/2 (2007): 83-93.
- 37 Roberts, *Out of Order?*; Fragile Families Research Brief 16, "Barriers to Marriage Among Fragile Families," (May 2003), http://crrw.princeton.edu/fragile_families.
- 38 J. Teitler and N. Reichman, *Mental Illness as a Barrier to Marriage Among Mothers with Out-of-Wedlock Births*, Center for Research on Child Wellbeing, 2007, <http://crrw.princeton.edu/workingpapers/WP07-01-FF.pdf>.
- 39 The official number of children who are abused or neglected—that is those who were reported, investigated and for whom maltreatment was substantiated—was 905,000 in 2006. The number has hovered under 1 million for a number of years. *Child Maltreatment, 2006*, U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2008, <http://www.acf.hhs.gov/programs/cb/pubs/cm06/cm06.pdf>. However, the true incidence of abuse and neglect—including those not reported or investigated—is estimated to be two to three times that number. A. Sedlak, and D. Broadhurst, *Third National Incidence Study of Child Abuse and Neglect*, National Center of Child Abuse and Neglect, 1996, <http://www.childwelfare.gov/systemwide/statistics/nis.cfm#n4>.
- 40 Sedlak & Broadhurst, *Third National Incidence Study...*
- 41 In addition, adverse childhood experiences are associated with increased risk for the following health problems: chronic obstructive pulmonary disease, fetal death, health-related quality of life, ischemic heart disease, liver disease, sexually transmitted diseases, and smoking. Centers for Disease Control and

- Prevention. *Adverse Childhood Experiences Study, Major Findings*. <http://www.cdc.gov/nccdphp/ace/findings.htm>
- 42 P. Pecora, R. Kessler, J. Williams, K. O'Brien, A. Downs, et al. *Improving Family Foster Care, Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, <http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/923/CaseyAlumniStudyupdated082006.pdf>. This study compared self-reported outcomes of foster care alumni to comparable outcomes in the general population. It does not compare the outcomes of foster care alumni to those who were maltreated but not placed in foster care. The general population figures are likely include some who were maltreated and placed in foster care, some who were maltreated and not placed in foster care, and many who were not maltreated. In addition, since this study looks only at those who were in care for at least 12 continuous months between the ages of 14 and 18, the findings may not be representative of the experiences of all children who have experienced foster care. For example, the study may not capture the outcomes of children who exited foster care prior to age 14 or spent less than 12 months in care.
- 43 The Midwest Evaluation study provides data on youth who aged out of care in three Midwestern states: Illinois, Iowa, and Wisconsin. Youth were eligible for the study if they had entered care due to abuse and/or neglect prior to their 16th birthday and remained in care at age 17. The Midwest Evaluation sample is compared to age-matched youth who participated in the nationally representative National Longitudinal Study of Adolescent Health. Midwest Evaluation data indicate that youth who age out of foster care are more likely to be female and to identify themselves as a member of a racial or ethnic minority group. For additional information, see: M. Courtney, et al. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chapin Hall Center for Children at the University of Chicago, 2007, http://www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130.
- 44 *NW Foster Care Alumni Study*, see note 42. The rate of obtaining a bachelor's degree for alumni 25 years or older was somewhat higher, 2.7 percent, but still considerably lower than the rate for the general population.
- 45 Courtney, et al, *Midwest Evaluation*.
- 46 Ibid.
- 47 Ibid. Also see: *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties*, U.S Department of Health and Human Services, 2008, http://www.urban.org/UploadedPDF/1001174_employment_outcomes.pdf.
- 48 For example, while 41.9 percent of those in the general population with a history of PTSD had "recovered" (remained symptom free for the past 12 months), only 15.7 percent of foster care alumni with a history of PTSD had done so.
- 49 Young people who were formerly in foster care are also more likely to report having engaged in certain criminal behaviors than similar young people in the general population. Young men who were former foster youth were more likely to report ever belonging to a gang (23.8 percent versus 15 percent), stealing something worth more than \$50 (9 percent versus 3.7 percent), entering a building to steal (6.3 percent versus 2 percent) and pulling a gun or knife on someone (5.8 percent versus 2.3 percent). Young women who were formerly in foster care were more likely than their counterparts in the general population to report pulling a knife or gun on someone (4.2 percent versus 0.5 percent) but no more likely to report other types of criminal behavior. Courtney, et al., *Midwest Evaluation*; also see: "Another Look at the Effects of Child Abuse," *NIJ Journal*, Issue No. 251, July 2004, referencing: Diana English, Cathy Spatz Widom and Carol Brandford, *Childhood Victimization and Delinquency, Adult Criminality, and Violent Criminal Behavior: A Replication and Extension*, Final Report Submitted to NIJ.
- 50 Courtney, et al., *Midwest Evaluation*.
- 51 Barbara Blum, Susan Phillips, et al. "Mental Health Needs of and Access to Mental Health Service Use among Children Open to Child Welfare," *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 43, No. 8 (August 2004).
- 52 "Health Assessments for Children Entering the CWS," *Caring for Children in Child Welfare (CCCW) Newsletter*, Issue 2. Child & Adolescent Services Research Center, 2003, <http://www.casrc.org/projects/CCCW/Newsletter2.pdf>.
- 53 *National Survey of Child and Adolescent Well-Being (NSCAW): One Year in Foster Care: Wave 1 Data Analysis Report*, U.S. Department of Health and Human Services 2003, http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/nscaw_oyfc/oyfc_report.pdf.
- 54 According to 2003 HHS data reported by state child welfare agencies, approximately 16 percent of children who have been in foster care for less than 12 months have experienced three or more placements. For chil-

- dren in care 12 months or more, 40 percent have experienced three or more placements. *Children's Bureau; Child Welfare Outcomes 2003: Annual Report*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, 2006, <http://www.acf.hhs.gov/program/cb/pubs/cwo03/index.htm>.
- 55 *NW Foster Care Alumni Study*, see footnote 42.
- 56 *Ibid*.
- 57 B. Jones Harden, "Safety and Stability for Foster Children: A Developmental Perspective," *Children, Families, and Foster Care*, Vol. 14, No. 1, (2004); pp. 31 – 47; citing: M. Dozier, S. Levine, K. Stovall, and D. Eldreth, *Atypical Diurnal Rhythms of Cortisol Production: Understanding Foster Children's Neuroendocrine Regulation*. Unpublished Manuscript, 2001, http://www.futureofchildren.org/information2827/information_show.htm?doc_id=210279.
- 58 R. Newton, A. Litrownik, and J. Landsverk, "Children and Youth in Foster Care: Disentangling the Relationship between Problem Behaviors and Number of Placements," *Child Abuse and Neglect*, 24(10); 2000: 1363–74.
- 59 *Educational Outcomes for Children and Youth in Foster and Out-of-Home Care*, National Working Group on Foster Care and Education, 2006, <http://www.casey.org/NR/rdonlyres/A8991CAB-AFC1-4CF0-8121-7E4C31A2553F/1069/DataSheetForWeb12096.pdf>.
- 60 T. Anctil, L. McCubbin, K. O'Brien, and P. Pecora, "An Evaluation of Recovery Factors for Foster Care Alumni with Physical or Psychiatric Impairments: Predictors of Psychological Outcomes," *Children and Youth Services Review*, Vol. 29, (2007): 1021 – 1034.
- 61 C. Ashby, "Child Welfare: Additional Federal Action Could Help States Address Challenges in Providing Services to Children and Families," *Testimony Before the Subcommittee on Income Security and Family Support, Committee on Ways and Means, U.S. House of Representatives* (GAO-07-850T). U.S. Government Accountability Office, 2007, <http://www.gao.gov/new.items/d07850t.pdf>.
- 62 *NW Foster Care Alumni Study*, see footnote 42.
- 63 *Child Welfare Outcomes 2003: Annual Report*, <http://www.acf.hhs.gov/programs/cb/pubs/cwo03/index.htm>.
- 64 For example, in 2000, 20,172 youth aged-out of care (The AFCARS Report, Final Estimates for FY 1998 through FY 2002, http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report12.htm) and in 2006, 26,517 (AFCARS 2006).
- 65 Fifty-five percent of young men and 46 percent of young women ages 18 to 24 live at home with one or both parents. (J. Fields, *America's Families and Living Arrangements: 2003*. Current Population Reports, P20-553. U.S. Census Bureau, 2003, <http://www.census.gov/prod/2004pubs/p20-553.pdf>).
- 66 The "Marriage Plus" perspective has two main goals centered on the well-being of children: (1) to help more children grow up in healthy, married families and (2) when this is not possible, to help parents—whether unmarried, separated, divorced or remarried—cooperate better in raising their children.
- 67 The Healthy Marriage Initiative programs are aimed at stemming the decline in marriage by helping couples who choose to marry to "acquire the skills and knowledge necessary to form and sustain a healthy marriage" through marriage-education services. Administration for Children and Families, *The Healthy Marriage Initiative*. <http://www.acf.hhs.gov/healthy-marriage/about/mission.html#ms>. These activities appear to contribute to the formation and enhancement of marriages among the population for whom these programs were designed and whom they have primarily served, namely: white, middle-class, educated couples who are engaged or already married. (Ooms, T. *Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the Issues?* Center for Law and Social Policy, 2007: http://www.clasp.org/publications/couplesmarriage_brief_10.pdf.) But how well suited are these activities to addressing the needs of other populations, particularly those that are disadvantaged or marginalized? While marriage education and skills training may provide some benefit, the underlying challenges must also be addressed if individuals are to have the best opportunity for a healthy and lasting marriage. Increasingly, marriage-education programs recognize that in order to effectively serve these populations, they must acknowledge the day-to-day challenges different participants face. For example, The Supporting Healthy Marriage and Building Stable Families programs both emphasize supplemental services, yet both programs target low-income couples. Marriage-education programs may also need to pay particular attention to the needs of couples in which one or both partners have experienced childhood maltreatment.

Couples and Marriage Series

May 2008
Brief No. 12

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The Center for Law and Social Policy (CLASP) is a national non-profit that works to improve the lives of low-income people. CLASP's mission is to improve the economic security, educational and workforce prospects, and

family stability of low-income parents, children, and youths and to secure equal justice for all.

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