May 2008

Social Work With Affluent and Low-income Families: Attribution Theory

Katharine Terbush
Providence College, kterbu08@providence.edu

SOCIAL WORK WITH AFFLUENT AND LOW-INCOME FAMILIES:

ATTRIBUTION THEORY

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in Social Work.

Kayte Terbush

Providence College
Providence, Rhode Island

2008

Kayte Terbush
Social Work with Affluent and Low-Income Families: Attribution Theory

ABSTRACT

A study to assess attribution theory and the work done by social workers with wealthy and poor families was performed using two vignettes identical in information suggesting abuse, with one described as a wealthy family and the other a family living in poverty. Attribution theory suggests that humans label and assume certain traits to be true of different persons based on their status in our society. A person with a wealthy status may be viewed by their social worker as less likely to be abusive to their children because of their status, while a person living in poverty would be assumed to be more likely because of their status. So, it was hypothesized that social workers reading the wealthy vignette would note less of a concern about the observed potentially abusive situation in comparison with the responses given to the social workers reading about the same situation occurring in a family living in poverty. The vignettes were randomly distributed to 29 students and 14 professional social workers. Who were then asked to respond to the statements about the children in the family and the types of action the social worker should take, based on the suggested physical abuse in the vignettes. Findings do not show a statistically significant difference between responses given by social workers with the wealthy vignettes and social workers with the poor vignettes. However, differences in the mean responses of the wealthy and poor vignettes showed that the social workers who responded to the poor vignettes may have felt more urgency to follow up on the observed behavior because of potential abuse. This may be because of daily stressors that are typical of a family living in poverty. Parents living lives in poverty experience daily stressors and the emotions that accompany them may result in abusive or neglectful behavior. Although this may be true of poverty it does not always predict abuse and so social workers need to be aware of the influence of attribution theory on their work.

Outline

I. Poverty has negative biological, psychosocial, and social effects on children.
   a. Definition of child poverty
II. Problem Formulation
   a. Biological
      i. Poor nutrition
      ii. Lead poisoning
   b. Psychosocial
      i. Peer-relationships/ Trouble fitting in
      ii. Parent-child relationships
   c. Social
      i. Interactions at school
      ii. Involvement in extra curricular activities
      iii. Education and intelligence are challenged
III. Problem Justification
   a. Health coverage
   b. Social work advocacy
   c. Poverty level is too low
   d. Ethnicities of children in poverty
   e. Single, female-headed households
   f. Parents education and employment
   g. Age of the parents
IV. Main Points
   a. Number of children in the United States
   b. Ethnicities
      i. National and RI
      ii. Comparison between ethnicities
      iii. Immigrants
   c. Demographics of the parents
      i. Single headed-households: single mothers
      ii. Parental education
      iii. Age of parents: younger more likely to be poor
   d. Health
      i. Nutrition
         1. Definition of food insecurity and the health issues
         2. Food stamps/ other government programs available
         3. Stunted growth
            a. Higher in poverty than among those not in poverty
            b. Negative effects-Physical and cognitive, need to be addressed with policy
      ii. Lead poisoning
         1. What it is
         2. Living conditions that present this problem
            a. Removed (locations in RI and US)
         3. The health risks it causes

e. Psychosocial
    i. Peer-relationships
        1. Trouble fitting in at school
            a. Not dressing like the other kids at school
            b. Feeling left out and unimportant
        2. Parent-child relationships
            a. Low interaction with one another
            b. Increased punishment
                A. Effects on children
        3. Parental depression
            a. Causes/ reasons for the depression
                A. Stress about money, where to get next meal
                B. Negative self image of self
        4. Childrens' response to parent-child relationship
            a. Externalizing behaviors
                A. Examples of these behaviors
            b. Internalizing behaviors
                A. Examples of these behaviors
f. Social
    i. Schools lacking resources
        1. IT and computers
        2. Not enough supplies for students
    ii. Lack of extra-curricular activities
        1. Decreased learning experiences
        2. Decreased social skill building
    iii. Lower levels of intellectual attainment
        1. Trouble learning
        2. Not meeting standards

V. Opposing Points
a. Child abuse and neglect
    i. Definition of child abuse and neglect
    ii. Numbers of different children in RI and US
    iii. Rates of child abuse and neglect for different races
    iv. Rates of abuse and neglect in single-headed households
    v. Effects of abuse and neglect vary by different ages of children
b. Health
    i. Children who are neglected are not going to have proper nutrition
        1. Definition of nutrition neglect and health issues
        2. Teachers and other authority figures knowledge of the neglect- Mandated reporters
        3. Stunted growth
            a. Children denied everything, but children in poverty will find ways to get some nutrients
            b. Negative effects need to be addressed with policy
    ii. Neglect of home repairs and proper maintenance
        1. Explain the living conditions

2. Health risks of unsanitary conditions for the children

c. Psychosocial effects of children in abusive and neglectful families
    i. Poor peer-relationships as a result of appearance and lack of experiences with other kids
        1. Children will not fit in at school
            a. Childrens clothes may be dirty, torn, their appearance will be unkempt
            b. Children have low self-esteem, and negative views of themselves
        2. Parent-Child relations obviously are negative
        3. Abuse takes punishment too far
            a. Effects on children
        4. Parents may suffer from mental illness and other reasons for abusive behavior
            a. Give a few examples of issues
                A. Substance abuse
                B. Mental health
        5. Children's responses to the abuse and neglect
            b. Externalizing and internalizing behaviors

d. Social
    i. Parents not supplying their children with knowledge of social skills
        1. Parents who do not teach children social behaviors
        2. Parents not putting children in social settings
    ii. Childrens' learning opportunities are limited to what they get in school, because parents do not participate
        1. Not given books, social activities, learning activities
    iii. Children are going to be unable to interact positively with the peers
        1. Will not get along, do not know how to share and be polite
        2. Not going to do well in school/ social settings

VI. Hypothesis
a. Child poverty negatively impacts the relationship of the parent and child
b. Abuse is can be seen in both poor and wealthy families
c. Economic status plays a role in the way we relate with one another
d. We see wealthy successful families as happy and pulled together, often overlooking their flaws-Attribution theory
e. Social workers may overlook child abuse in a wealthy family and not in a poor family because of this generalization/assumption

VII. Methodology
a. Sample: Student social workers at PC, RIC; the students supervisors
b. Data Gathering: Vignettes-one of a poor family, one of a rich family, both with suspected child abuse
c. Data Analysis: application of statistical procedures to derive meaning from the data gathering tools
d. Findings: results of statistical procedures

VIII. Conclusion

a. A restatement of what the problem is, what you hypothesized, what you found, and a concluding statement
b. Implications for social work practice, research, and policy

Preface

This was a quantitative research study in which two vignettes were presented to social work students and professionals. Each participant received one of the versions of the vignette. The vignettes were identical expect for the details about the families economic status, one was about an affluent family and the other about a family in poverty. A convenience sample of social workers from Providence College, Rhode Island College, and supervisors of field settings of the students from Providence College who participated. The research was done in order to assess whether Attribution Theory could be applied to the prediction that social workers would overlook factors of suspected abuse in a wealthy family in comparison to a poor family based on the details of their economic status.

Introduction

Children living in poverty are a vulnerable population, "according to the Annie E. Casey Foundation (AECF) (2005), poverty status is one of the strongest predictors of child well-being" (Prince, Pepper, & Brocato, 2006, p. 22). Poverty has negative effects on the biological, psychosocial, and social functioning of children, and child poverty is a state as well as a national issue (Brooks-Gunn & Duncan, 1997, p.60-65). Child poverty refers to the children living in families with parents who are not earning enough money to support the family. "Children in poverty is the percentage of 'related' children and 'unrelated' children living in the household under age 18 that live below the poverty threshold, as defined by the U.S. Office of Management and Budget" (Rhode Island KIDS COUNT, 2007, p.34). "Children who live in deep, long term poverty experience the worst health outcomes, such as child asthma and malnutrition, as a result of their family's income status" (Rhode Island KIDS COUNT, 2007, p.35). Poverty effects all races and ethnicities in the

United States, some populations are influenced more by it (Lu, 2003, p.6-7). Single-headed families as well as families with two incomes are affected by poverty.

"In 2004, 12% of all households in the nation were considered food-insecure which means they had difficulty meeting the most basic of all human needs and over 17% of these households included children" (Prince et al., 2006, p. 23). Although, stunted growth in poor children, may be due to lack of proper nutrition. Other health issues include "increased rates of low birth weight and elevated blood lead levels when compared with non-poor children" (Brooks-Gunn & Duncan, 1997, p. 64). Children's health is not only affected by what they lack but also by their surroundings; lead poisoning is a risk for poor children because of the deteriorating conditions in which many of them live. Sixteen and three tenths percent of poor children are affected by lead poisoning (Brooks-Gunn & Duncan, 1997, p.58). Lead poisoning is linked to stunted growth, hearing loss, impaired blood production, and has toxic effects on the kidneys (Brooks-Gunn & Duncan, 1997, p.60).

Poor children are at risk for developing socioemotional problems such as depression, internalizing and externalizing symptoms, lower levels of sociability and initiative, problematic peer relations, and disruptive classroom behaviors. An example of internalizing is a behavior such as dependency and an externalizing behavior is peer conflict (Brooks-Gunn & Duncan, 1997, p.63). Poor children may also struggle to form healthy peer relationships because of their inability to fit in at school with clothing and activities the other children participate in. The difficulties poor children face in peer groups and at school "are linked to lower-quality parent-child interaction and to increased use of harsh punishment" (Brooks-Gunn & Duncan, 1997, p. 65). Parent-child relationships can be strained as a result of the poverty they face. Daily pressures and strains can cause parental depression that can result in a lack of involvement physically and emotionally with

the children (Eamon, 2001, p.258). Children's emotional outcomes can be seen in externalizing (fighting) and internalizing (anxiety) behaviors (Brooks-Gunn & Duncan, 1997, p.63).

The Rhode Island KIDS COUNT (2007) states that,

> "children in low-income communities are more likely to attend schools that lack resources and rigor; are less likely to be enrolled in organized child care, and have fewer opportunities to participate in extracurricular activities after school and on the weekends" (p.34).

As suggested by Wherthamer-Larson, Kellam & Wheeler (1991) low-achieving and poor-behavior classroom environments can increase children's behavior problems (as cited in Eamon, 2001). Not only are behavior and social problems going to be negatively influenced by schools in poor areas but also the intelligence and learning of students will be.

"The 2006 federal poverty level threshold for a family of three with two children is $16,242…a family of three would need an income of $30,710 (185% of the poverty threshold) a year and the use of child care subsidies and RIte Care to make ends meet" (Rhode Island KIDS COUNT Factbook, 2007). RIte Care provides health coverage for families in the Family Independence Program, which offers cash assistance to needy families in Rhode Island. Sick children living in poverty are faced with the reality that "in 2004 there were still over 8 million uninsured children" (Prince et al., 2006, p.24). Making ends meet is difficult for parents living in poverty and as a result children's health, social, education, and emotional well-being are adversely affected. These struggles adversely affect child and parent relationships. Outside of their families, children are faced with social struggles including problems in school, "nationwide, 65-71% of the nation's school children have a basic or below basic understanding in the subjects of reading and mathematics" (NCES, 2005, as cited in Prince et al., 2006, p. 25).

It is obvious to social workers that this is a vulnerable population faced with health issues, psychosocial struggles, and social problems as a result of their living in poverty. Social workers can

become advocates or sources of information for families who face this struggle, connecting them to programs such as RIte Care or SChip (State Children's Health Insurance Plan).

According to the National Center for Children in Poverty (2003, p.3) low-income families are defined as those families with an income below 200 percent of the Federal Poverty Level and "there are 27 million children living in low-income families in the United States" (Lu, 2003, p.2). "For a family of three with two children [in Rhode Island] the [Federal Poverty Level] is $16,242" (Rhode Island KIDS COUNT, 2007, p.34). The current Federal Poverty Level is flawed because the level is too low for the living expenses and needs to be met by families living at or below the threshold. "Research consistently shows that, on average, families need an income of about twice the Federal Poverty Level to make ends meet" (Fass & Cauthen, 2006, paragraph 2).

"Rhode Island ranks 35th in the country (1st is best and 50th is worst) for the percentage of children under age 18 living in poverty" (Rhode Island KIDS COUNT, 2007, p.34). Poverty affects all ethnicities; 53% of Black children, 47% of Hispanic children, 15% of Asian children, and 12% of White children in Rhode Island. Poverty is more prevalent in female headed households, 74% of those in poverty in Rhode Island have only a female head of house (Rhode Island KIDS COUNT, 2007, p.34 and 35). "Poor families are more likely to be headed by a parent who is single, has low educational attainment, is unemployed, has low earning potential, and is young" (Brooks-Gunn & Duncan, 1997, p. 56). In order to alleviate poverty, social workers must understand who poverty effects, not only to know it affects many people, but the demographics of the people as well.

Poor Blacks and Hispanics are more likely than poor Whites to live in isolated, urban ghettos (U.S. Bureau of the Census 1982, p.15; Farley 1987; Wilson 1987 as cited in McLeod & Shanahan, 1998, p.352). Blacks are also faced with the issue that they "enter poverty with fewer economic resources than Whites, and they are less likely to have family members with resources to loan"

(McLoyd 1990, as cited in McLeod & Shanahan, 1998, p.352). Resources can include financial means or shelter and food. Poor Black women are less likely than poor White women to be married (Duncan & Rodgers, 1987, as cited in McLeod & Shanahan, 1998, p.352). Greater poverty in Blacks is suggested to result in lower levels of self-efficacy when compared to Whites (Wilson, 1991, as cited in McLeod & Shanahan, 1998, p.351). A second group facing struggles related to poverty is the Latino population, as "Latino children are more likely to live in low-income families, in part, because their parents are more likely to be recent immigrants to the United States" (Lu, 2003, p.7). "Fifty seven percent of children of immigrant parents (7.2 million) live in low-income families" (Douglas-Hall & Chau, 2007, Does the percent of children in low-income families vary by race/ethnicity, para. 1).

Single family households are at risk for poverty and many single families are female headed. "Children of single mothers experience psychological and socioeconomic disadvantages relative to other children" (Baldwin and Cain 1981, as cited in McLeod & Shanahan, 1993, p. 355). Lu (2003, p.5) writes that 71 percent of children with single mothers live in low-income families and that 46 percent of children with single fathers live in poverty. He compares this to the 27 percent of children living with both parents in low-income families. "Previously married or never married mothers are much more likely than married mothers to live in poverty" (Duncan and Rodgers, 1987, as cited in McLeod and Shanahan 1993, p.355). In Rhode Island, of those living in poverty, 74% of family structures have a female householder only (CHART Rhode Island's poor children, 2005, as cited in Rhode Island KIDS COUNT, 2007, p.35).

The educational achievement of parents can also be a predictor of poverty in the family. Lu (2003, p.4) reports that 83% of children who live in families where their parents' lack a high school degree lived in low-income families and 53% of children whose parents had a high school education

live in low-income families. These numbers show that the risk for poverty increases as education levels decrease. “Thirty nine percent of children in low-income families, 11.0 million [nation wide], live with parents who have some college [education]” (Douglas-Hall & Chau, 2007, Parents’ education, para. 1). Employment rates also influence chances for poverty. The fact that “children whose parents work full-time are more likely to live in low-income families today than they were a decade ago” (Lu, 2004, p.4) is startling because it shows the widening gap of the economy between the wealthy and the poor. Even more surprising is the fact that “56% of children in low-income families have at least one parent who works full-time-year-round” (Douglas-Hall & Chau, 2007, Parents’ employment, para. 1). These parents are working full-time and are still unable to make ends meet for their children and this injustice raises the issue of the changing economy.

A final issue for parents who are living in poverty can be their age. “Families with young parents are almost two and a half times more likely to be low-income than those with older parents” (Lu, 2003, p.5). These young parents may also face some of the other hardships listed above, including low education and jobs that do not pay very well even if they are working full-time.

Health

Nutrition

Nutrition is an issue for families living in poverty because of the lack of resources to obtain food, called food insecurity. “Food insecurity is defined as not having sufficient food at all times to accommodate a healthy, active lifestyle” (Children and Poverty, 2004, para. 4). Poor children who do not get proper nutrition are affected by negative health issues such as “increased rates of low birth weight and elevated blood lead levels when compared with non-poor children” (Brooks-Gunn & Duncan, 1997, p.64). There are different Federal programs that have been instated to help these poor children. “The House and the Senate have approved the Child Nutrition Reauthorization Act (S.2507

and H.R. 3873) which would renew the child and family nutrition programs of the Child Nutrition Act of 1966 and the Richard B. Russell National School Lunch Act" (Child and Poverty, 2004, para. 5). There are programs to ensure proper nutrition, such as the Food Stamp Program, breakfast and lunch programs at schools, and summer food programs.

Growth Stunting

A major result of malnutrition in poor children is growth stunting, because of the lack of proper nutrients. "Growth stunting, defined as height for age below the fifth percentile on a reference growth curve, is traditionally used as an indicator of nutritional status in children" (Lewit & Kerrebrock, 1997, p.149). Even children enrolled in Federal programs may have experienced malnutrition and growth stunting, resulting in their enrollment in the programs (Lewit & Kerrebrock, 1997, p.155).

> Data on the prevalence of stunting from NHANES II (1976-1980) [one of three primary sources of measurement of height and weight] have been analyzed by poverty status and show stunting prevalence among children in poverty that are consistently higher than those in the overall child population (National Health and Nutrition Examination, as cited in Lewit & Kerrebrock, 1997, p.152).

Child poverty can be a predictor of growth stunting in children because of the likelihood of the lack of food resources. Without proper nutrition a child's body is unlikely to develop properly at the correct height and weight.

Malnutrition and growth stunting have many physical and cognitive effects on children. "Physical, intellectual, and social development all depend on proper nutrition" (Lewit & Kerrebrock, 1997, p.149). Children's brains develop to about 80% of their adult size between the first two years of life, but if proper nutrition is introduced after the age of two the child can recover to near-normal development. The chance for poor development is also likely in children after the age of two, if not given proper nutrition. The negative effects of malnutrition and growth stunting need to be watched

and attended to. “The serious consequences of growth stunting and malnutrition- particularly impaired cognitive development- suggest that careful consideration of the growth stunting indicator should remain an important part of policy discussion on public nutrition programs” (Lewit & Kerrebrock, 1997, p.149).

Lead Poisoning

Lead poisoning affects children living in poverty because of the conditions of the homes in which they live. “Deteriorating lead-based house paint remains the primary source of lead for young children” (Brooks-Gunn & Duncan,1997, p.60). Unfortunately, the number of deteriorating homes affects the “four to five million children [who] reside in homes with lead levels exceeding the accepted threshold for safety” (Brooks-Gunn & Duncan, 1997, p.60). According to the Centers for Disease Control and Prevention the intervention threshold is blood lead levels 10µ/dL or greater. If this amount or more of lead is found to be present in the child’s blood intervention is needed. Children are exposed to lead in their homes through peeling paint and other materials with lead. “Lead-poisoned children typically ingest the toxic material at the time they first acquire mobility, which occurs at approximately 1 year of age” (Dyer, 1993, p.100).

As stated previously, lead poisoning is a result of the materials used in older buildings that are in need of repair and, unfortunately, many cities have neighborhoods with older buildings in this condition. “Lead toxicity has been estimated to be as high as 50% in inner-city populations” (Waldman, 1991 as cited in Dyer, 1993, p.99). Eamon (2001, p.259), reported it is more likely for poor families to be living in these areas than it is for more economically stable families, and therefore the economic level of a child increase the chances of living in an area with lead-based paint or lead-contaminated soil or dust.

Lead poisoning has many negative effects on the bodies of the children who ingest the material. “At very young ages, lead exposure is linked to stunted growth, hearing loss, vitamin D metabolism damage, impaired blood production, and toxic effects on the kidneys” (Brooks-Gunn & Duncan, 1997, p. 60). Specifically brain damage has been noted in many different studies. Dyer (1993, p.100) hypothesized that “lead causes specific impairment of brain processes that are related to language development.” Also noted is the fact that the “perceptual abilities… and verbal abilit[ies]” may be affected by lead poisoning (Lowenstein, 1982, as cited in Dyer, 1993, p.96). This data suggests that children’s brain impairments will result in social and behavioral issues later in their lives. “Lead toxicity is directly causally related to organic brain damage that produces cognitive impairments, attentional problems, and behavior problems” (Dyer, 1993, p. 94).

Psychosocial Issues Of Impoverished Children

Peer Relationships

“Peer relationships among children living in poverty are important for their well-being, resiliency and mental and physical health” (Robinson, Mcintyre, & Officer, 2005, Summary section, para. 1). Unfortunately, studies report that low-income children feel alienated from their peers for a series of reasons including the extra services they receive, the way they dress, and the lack of involvement they have because they cannot afford special activities. In a study conducted by Robinson et al., (2005, Results section, para. 1), the interviewed children reported feelings of deprivation, embarrassment, inadequacy, and consequently they felt that they were being picked on and that they were part of the ‘poor group.’ Children reported that “when they began attending the breakfast program and were made fun of” they felt badly about themselves (Robinson et al., 2005, Results section, para. 10).

Children living in poverty are unable to dress the way other children dress because of the financial resources their parents' lack. "Children…[feel] inadequate because of pressure to conform to peers' dress code" (Robinson et al., 2005, Results section, para. 6). The Robinson et al., (2005) study interviewed mothers about the reports their children made describing peer interactions. The mothers said their children complained of struggles they faced with their peers because of their economic situations. Being unable to dress like the others in one's class leads to feelings of loneliness and alienation.

In the study done by Robinson et al., (2005, Results section, para. 3) the mothers reported the "constant comparisons their children made between their circumstances and those of their better off classmates." Feeling left out negatively affects the social development of children. Eamon (2001, p. 258) reported that children who are stigmatized as being different may be left out of peer activities, resulting in less social interacts and relationship building opportunities. As a result of the stigmatism, these children lack positive and much needed social activities. Children will find ways to protect themselves from the pain of being excluded, including "protecting [their] self-esteem by disidentifying with the group" (Brown, 2000, as cited in Robinson et al., 2005, Results section, para. 4).

Parent-Child Relationships

The relationship between children and their parents is extremely important to their development and it can be negatively influenced by the effects of poverty. "Evidence consistently indicates that parents who undergo economic loss transmit their distress to their children by becoming more rejecting and by using harsh inconsistent discipline" (Cogner, Cogner, Elder, Lorenzo, Simons, and Whitbeck 1992; Elder, Nguyen, and Caspi 1985; Lempers, Clark-Lempers and Simons 1989; Horowitz and Wolock 1985; Lempers et al 1989, as cited in McLeod & Shanahan,

1993, p.353). As a result of the day-to-day stresses parents are faced with, their children are also faced with hardships.

Punishment

There is "some evidence that poverty is linked to increased use of harsh punishment" (Brooks-Gunn & Duncan, 1997, p.65). Use of harsh punishment increases due to the stress economically deprived parents are under. "The mothers' use of physical punishment contributes significantly to the effect of current poverty on children's mental health" (McLeod & Shanahan, 1993, p. 361). Children who deal with the physical punishment are not only negatively affected by the outside factors of poverty (lack of food, poor peer relationships, and lack of quality education), but also by the hurt and rejection they feel from their parents.

"Economic stress diminishes parents' psychosocial resources for parenting, thus impairing children's development of adequate personal relationships" (Conger et al., 1994, as cited in Robinson et al., 2005, Introduction section, para. 5). The negative impact poverty has on parents is reflected in the children as a result of the stress and negative feelings parents have about the situation.

> Adverse economic conditions affect family interactions by creating economic pressure and daily strains, resulting in parental depression. Parental depression impairs children's socioemotional functioning directly by resulting in low levels of nurturance, uninvolved and inconsistent parenting, and harsh discipline, and indirectly by causing conflict in the marital relationship (Eamon, 2001, p. 258).

Eamon (2001) states that families in poverty are not only affected by the lack of money but also by the pressure felt by the need for resources on a daily basis . "The stress of meeting the accommodations results in eroding parental coping behaviors…psychological distress, marital discord, and result[s] in parental practices that are uninvolved, inconsistent, emotionally

unresponsive, and harsh" (Eamon, 2001, p.262). Depression keeps parents from being emotionally responsive and supportive of the children.

Children's Behavior

Children who live in low-income families are likely to have negative emotional behaviors. "Emotional outcomes are often grouped along two dimensions: externalizing behaviors including aggression, fighting, and acting out, and internalizing behaviors such as anxiety, social withdrawal, and depression" (Brooks-Gunn & Duncan, 1997, p. 62). In a study done by McLeod and Shanahan (1993, p. 354), the internalizing index included anxiety/depression and dependency; the externalizing index included antisocial behavior, hyperactivity, peer conflict and withdrawal, and headstrong behavior. These behaviors and the reasons for them are results of the stress of the relationship with the parents and with other children. "As the length of time spent in poverty increases, so too do children's feelings of unhappiness, anxiety, and dependence" (McLeod & Shanahan, 1993, p.360).

Educational Issues Of Impoverished Children

School's Lack of Resources Including Computers

"According to a recent U.S. General Accounting Office (GAO) report, the most physically decrepit school buildings are located in central cities and have student populations that are predominantly poor children or children of color" (Richards, 1996 as cited in Dupper & Poertner, 1997, p.416). According to the National Research Council cited in Eamon (2001, p.258) the schools that poor children attend have fewer resources. Children living in poverty are likely to have fewer resources than non-poor children's schools, will lack extracurricular activities and will struggle with school work. The resources include up-to-date materials and equipment such as computers. Children in schools with fewer or worse resources than children in better schools are not likely to achieve as

highly as other children. “Low-achieving and poor-behavior classroom environments can increase children’s behavior problems” (Werthamer-Larsson, Kellam & Wheller, 1991, as cited in Eamon, 2001, p. 258). Poor schools lack resources, including creating high-achieving classroom environments undermining the children’s abilities to perform at high levels.

Today’s world is full of technology that requires skills and knowledge that are necessary in order for individuals to be successful in society. “Well-documented inequalities in access to and use of IT such as computer and Internet reflect existing patterns of social stratification in the United States” (Steyaert, 2002, as cited in Eamon, 2004, p.91). Children who are cut off from these resources are going to be affected as youth and also as adults. Concerns about children not having access to technology fall into four categories, “educational advantages, future employment and earnings, opportunities for social and civic involvement, and equity and civil rights issues” (Eamon, 2004, p.92). Children living in poverty are cut off from social interactions in many ways “such as electronic-mail, instant messages, listservices, and chatrooms, placing youth who lack access to or skills in using IT at a social disadvantage” (NTIA, 2000, as cited in Eamon, 2004, p.94).

Poor Schools

> Children living in
>
> > “low-income communities are more likely to attend schools that lack resources and rigor; are less likely to be enrolled in organized child care; and have fewer opportunities to participate in extracurricular activities after school and on the weekends, such as sports and recreation programs, clubs, and lessons such as music and computers” (Rhode Island KIDS COUNT, 2007, p.34).

An important aspect of personal and social development comes for children when they participate in social activities. Children who do not get to take part in such activities report “‘feeling deprived’, most often in terms of tangible items that they lacked: food, clothing, recreational opportunities, and participation in school activities” (Robinson et al., 2005, Results section, paragraph 2). These

emotions are similar to those that children feel when they are compared to their peers. Children and mothers interviewed in the Robinson et al. study (2005, Results section, para. 5 and 6) report having no money for school trips, and not being able to take part in the school bake sales and book sales.

Poor Educational Achievement

"Children living below the poverty threshold are 1.3 times as likely as non-poor children to experience learning disabilities and developmental delays" (Brooks-Gunn & Duncan, 1997, p.61). Children in poverty struggle in school, for reasons including poor nutrition, lack of access to activities, and lack of parental involvement. "Chronic malnutrition in childhood is associated with lower scores on tests of cognitive development," (Lewit & Kerrebrock, 1997, p.154) because the brain does not function when a child is hungry.

"Living in impoverished neighborhoods is likely to compound the risk of school failure. Living in poverty increases strain on adult members of the community, which in turn, reduces the resources available for children" (Chapman, 2003, p.6). Some of the school problems include "poor cognitive development, decreased language ability, inadequate social skills, reduced abstract-reasoning ability, deficient problem-solving skills, reduced self-esteem, shortened attention spans, and little impulse control" (Dupper & Poertner, 1997, p.416). Parental involvement in the children's school can have a positive effect on these negative outcomes. It is important for parents to be involved in their children's education because "it results in better attendance, more positive attitudes about school (Henderson, 1989), and higher student achievement (Epstein, 1983)" (Dupper & Poertner, 1997, p.419). Unfortunately as Dunst, Trivette, and Cross state, as cited in Dupper and Poertner (1997, p.420), the lack of resource and stress parents experience results in a lack of time or energy to participate with their children's schooling.

Child Maltreatment

Child neglect and abuse are both strong indicators of health, social, and behavioral difficulties for children. These difficulties will include problems from stunted growth to poor social skills. "Neglect is the most prevalent form of child maltreatment, and there are several kinds; educational, emotional, physical, and medical" (Dubowitz, Black, Starr, and Zuravin, 1993; as cited in Dombrowski, Emmanuel, & McQuillan, 2003, Indicators of neglect and emotional abuse, para. 1). On the other hand, "someone is abusive if he or she fails to nurture the child, physically injures the child, or relates sexually to the child" (Child abuse: Types, signs, symptoms, causes and help, 2007). Children require the involvement and support of their parents in order to ensure their productive development, with out this connection children can not develop properly. Neglect and abuse can be detected by teachers, school social workers, child care workers, or other adults who interact with children.

Numbers of Maltreated Children in the United States and Rhode Island

Child abuse and neglect affects all ethnicities and people in all social classes. "Nationally, in 2003, local and state child protective agencies received 2.9 million allegations of child maltreatment…abuse and neglect [were] substantiated in about 906,000 cases" (Herman, 2007, p.19). The children represented by these statistics were maltreated by either parents or caregivers. On a state level, "in 2006 there were 2,862 indicated investigations of child abuse and neglect involving 3,959 children" in Rhode Island (Rhode Island KIDS COUNT, 2007, p.98).

Ethnicities of Children Who are Maltreated

Unlike child poverty, there is not a lot of available research about the correlation between a child's race and the likelihood of them experiencing maltreatment. However, according to statistics gathered by Casey Family Services, an organization concerned with child welfare,

"African American children suffering abuse are more likely to be investigated by Child Protective Services" (Adoption and foster care analysis and reporting system, 2004, as cited in Statistics illustrating major trends and issues in the child welfare system, 2006). There is, however, data about different races in relation to the likelihood children will be put in care and the likelihood they will be reunified with their parents.

Single Family Households in Poverty

Children living in families with only one parent are at a greater risk for experiencing neglect and abuse. "The rate of child abuse in single parent households is 27.3 children per 1,000, which is nearly twice the rate of child abuse in two parent households (15.5 children per 1,000)" (Goldman, Salus, Wolcott, & Kennedy, 2003, The child abuse and father absence connection section, para. 1). The reason for the heightened risk in single family households is due to the fact that single parent households commonly have "lower income[s]…increased stress associated with the sole burden of family responsibilities, and [have] fewer supports" (Goldman et al., 2003, Family Structure, para. 1). These supports include family members and friends. These factors cause stress on the family, leading to issues of maltreatment.

Effects of Maltreatment Varying by the Child's Age

Research has been done to determine the effects of abuse and neglect on different ages. Across all age groups, issues can be seen in the children's physical, cognitive, and behavioral development. A study by City and Hackney (n.d.) reports differences in the various forms of development in children in three different age groups of 0-2 years old, 2-5 years old, and 5-16 years old (p.16). For all ages physical development is delayed relating to issues such as being too short or underweight and a lack of hygiene. In each age range there are also issues noted relating to poor social skills such as language delays, self-esteem, and poor coping skills. Behavior in all

categories develops inappropriately with attachment disorders in younger children and behaviors exhibited, such as conduct disorder, aggression, and older children may become withdrawn. There is a lot of research available about infants and toddlers because this age group has been highly reported. “In 2000…the rate of documented maltreatment was highest for children between birth and 3 years of age (15.7 victims per 1,000 of this age in the population)” (Goldman et al., Age section, para. 1). It is important to be aware of the issues neglected and abused children face at these young ages because “generally, the younger the child, the greater the vulnerability and the more serious the potential risk will be in terms of either their immediate health or the longer-term emotional or physical consequences” (City & Hackney, n.d., p.13).

Health Issues of Maltreated Children

Nutrition

Young children especially infants, who are deprived of adequate food and appropriate nutrition develop poorly. This development can been seen in the size and physical development of children, known as failure to thrive. “The term failure to thrive describes children who fail to gain weight adequately and who do not achieve a normal or expected rate of growth for their age” (City & Hackney, n.d., p.15). Failure to thrive will be addressed in more detail in a later section. According to City & Hackney (n.d.) a child who is not given enough food, given an inappropriate diet, or not enough rest will show symptoms that include; a large appetite at school, lethargic behavior, a lack of response to stimuli, poor skin conditions, rickets, and stunted growth (p.14).

Programs and studies have been done in order to help mothers, especially young mothers, learn how to properly care for their children. McDaniel and Dillenberg (2007) wrote about a program created to help vulnerable mothers learn correct parenting skills to work toward

prevention of child neglect (p.127). Unfortunately, it is not always a lack of interest in parenting that influences the behaviors of the mothers, at times it is because of their age or inability to parent properly. In a report by McDaniel and Dillenburger (2007) mothers were seen rushing feedings of their children in order to get to other things they would prefer to be doing, such as spending time with their friends. The needs of a child would seem to be obvious to the mothers when the child reached a certain point of deprivation, "such as irritability, inconsolability and, as hunger persists, withdrawal, listlessness, stiffness when being picked up and visual 'scanning' of the environment" (Failure to thrive: Parental neglect or well-meaning ignorance?, 2001). These symptoms would appear to the mother as developmentally inappropriate and should raise concern.

There are many explanations for why parents do not provide proper nutrition for their children. Block and Krebs (2005) suggest that parental depression, stress, marital strife, divorce, young single motherhood, and social isolation are reasons for parents denying their children of the nutrients they need (Recognition of FTT secondary to neglect or abuse section, para. 1). These issues can exist alone or can be combined indicators of a parent's inability to care for a child's nutritional needs.

Signs of a lack of proper nutrition or withholding of food from a child, along with the physical marks of abuse, need to be noted and reported. Concerns of abuse or neglect should be raised during the course of intervention and monitored if the following become evident: intentional withholding of food from a child, strong beliefs in health and/or nutrition regimens that jeopardize a child's well-being" (Block & Krebs, 2005, Recognition of FTT secondary to neglect or abuse section, para.2). Professionals who work with children need to be aware of evidence such as this in order to report suspected neglect.

Growth Stunting and Failure to Thrive

According to Block and Krebs (2005) failure to thrive in infants and children is a result of inadequate nutrition. "FTT in the young infant and toddler must be considered a medical emergency if the growth curve documents weight <70% of the predicted weight-for-length" (Block & Krebs, 2005, Treatment and management section, para. 1). Lack of nutrition can occur because the parent or caregiver has neglected the child (Introduction section, para. 1). "Infants who have been neglected and malnourished may experience a condition known as 'nonorganic failure to thrive.' With this condition, the child's weight, height, and motor development fall significantly below age-appropriate ranges with no medical or organic cause" (Goldman et al., 2003, Physical effects on infants section, para. 2). If a young child is below the normal growth, attention needs to be called to determine why the child's growth is so abnormal. It is considered an emergency because of the results that occur. "The malnutrition in children with FTT can lead not only to impaired growth but also to long-term deficits in intellectual, social, and psychological functioning" (Block & Krebs, 2005, Incidence and causal factors section, para. 1). These deficits impair the children's everyday functioning and their future relationships.

Neglect of Home Repairs

There is little research about the issues of neglect relating to the condition of the homes neglected children live in. Lewin and Herron (2007) listed some signs of risk factors that suggest child neglect; the list includes; human and animal excrement, unsafe environment, little or no food in cupboards, little or no bedding/ furniture, untreated head lice or other infestations, and poor state of clothing (p.101). Neglect related to cleanliness has been more noted in the appearance of the child than the appearance of the home.

> There are general agreements in the literature about the physical and behavioral features of child neglect…dirty body, nails, clothes, matted or thin hair, body odour, dental caries

> and chronic infestation (head lice), evidence of nappy rash, infected sores, untreated squint, thin limbs and cold injury (red, swollen limbs) and stunted growth (Lewin & Herron, 2007, p.97).

Psychosocial Issues of Maltreated Children

Peer Relationship: Children Do Not Fit in at School

Children who are subject to emotional and physical neglect will face social issues with peer relationships and have poor interactions with their parental figures. Emotional neglect is reported to be the "failure to provide emotional support, love, and affection. This includes neglect of the child's emotional needs and failure to provide psychological care, as needed" (Child abuse: Types, signs, symptoms, causes and help, n.d., Types of neglect section, para. 2). Some examples of the failure to provide for the child include "extreme detachment from [the] child, leaving the child unsupervised or devoid of developmentally appropriate nurturing" (Dombrowski et al., 2003, Indicators of neglect and emotional abuse section, para. 1). Neglect such as this prevents children from being able to develop age appropriate responses to peers. The effects of the neglect can be observed through behaviors such as those reported by City and Hackney (n.d.), including, low self esteem and poor confidence, being ostracized at school, withdrawn behavior, avoiding contact with the parent or caregiver, emotional responses that are inappropriate to the situation, language delays, cognitive and socio-emotional delays, and school related difficulties (p.14). Behaviors that appear different or inappropriate will negatively affect the children's ability to form friendships.

Children who experience emotional and physical neglect will not only be unable to associate with peers productively but will also have self esteem issues. A child who feels they do not fit in will experience feelings such as poor confidence, becoming withdrawn, or having difficulties at school (City & Hackney, n.d., p.14). As the amount of time increases so do the

results of the neglect. “Sustained neglect can have a deep impact upon the child’s self image and self-esteem and may compromise their future ability to function effectively as an adult” (City & Hackney, n.d. p.17).

Punishment/Abuse

Parents who are termed as neglectful or abusive may be tagged as such because of abusive behavior they had considered to be a form of punishment. “Hostile physical contact, hostile eye contact, hostile verbal contact, ignoring, avoiding and rejection of the child are all indicators suggesting a dysfunctional parent/carer-child relationship” (City & Hackney, n.d., p.9). These behaviors can be part of the behavior of a frustrated parent, but when they are the common way of handling frustration it becomes important to also pay attention to what occurs during times when the parent is not frustrated with the child. It is valuable to note that “families involved in child maltreatment seldom recognize or reward their child’s positive behaviors, while having strong responses to their child’s negative behaviors” (Goldman et al., 2003, Parent-child interaction section, para. 1). When only aggression and anger are presented to the child and there are no positive comments made, it is possible that the child is being maltreated. Physically abusive mothers may use punishment such as hitting, prolonged isolation and verbal aggression. These negative behaviors are used instead of ones such as reasoning or time outs. Evidence of physical abuse was noted by Goldman et al., (2003) as “bruises, burns, lacerations, and broken bones and also longer-term effects of brain damage, hemorrhages, and permanent disabilities” (Health and physical effects section, para. 1). Both verbal and physical abuse exist as forms of maltreatment.

Parental Issues Causing Them to Mistreat Their Children

Parents maltreat their children for many different reasons. For starters, maltreating parents may have issues relating to "low self-esteem, an external locus of control (i.e., belief that events are determined by chance or outside forces beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behavior" (Goldman et al., 2003, Personality characteristics and psychological well-being section, para. 1) that can explain their mistreatment of the children. Studies have also determined that parents who were subject to abuse themselves can become abusers, "one third of all individuals who were maltreated will subject their children to maltreatment" (Goldman et al., 2003, Parental histories and the cycle of abuse section, para. 2). The above listed conditions of the parents thinking can be factors in the reason for the parents abusive or neglectful behavior, along with issues such as substance abuse and mental illness in the parent.

Substance Abuse

Substance use in parents can have a negative impact on the children of the family because of the lack of attention and involvement the parents have with their children while using. "Substance abuse can interfere with a parent's mental functioning, judgment, inhibitions, and protective capacity" (Goldman et al., 2003, Substance Abuse section, para. 3), making them unfit to care for their child. If the substance abuse is the result of an addiction, the use of the substance can have even more detrimental results for the children because "with the needs of the parents' addiction overriding their ability or willingness to meet the basic needs of their children" (City & Hackney, n.d., p.9) the children will not receive proper care.

Mental Illness

Parental mental illness can influence a parent's ability to provide for their children. Some mentally ill parents are going to be unable to care for their children, and their behavior will be seen as neglectful. City and Hackney (n.d.) suggest severe depression or psychotic illness impacting the parent's ability to stimulate their child or even to give them proper care (p.10). Unfortunately, sometimes parents who suffer from learning disabilities are thought to be unfit to care for their children. "It is also likely that learning problems inherent in these parents are often mistaken for lack of cooperation, when in fact a function of lack of understanding" (Blanco & Bogacki, 1992, as cited in; Bogacki & Weiss, 2007, p.38). Parents may want to provide for their children but are unable due to their cognitive level. There is research in support of parents with mental illness that suggests the parents are able to learn to care properly for their children (McDaniel & Dillenburger, 2007, p.120).

Children's Responses

Similarly to the lack of parental involvement, parental involvement in a violent way will impact the children's self-esteem negatively. "The absence of a loving and nurturing environment or the making of regular threats, taunts and verbal attacks can all significantly undermine a child's confidence and self-esteem" (City & Hackney, n.d., p.10). Children who have been abused suffer similar behavior and emotional problems that children in poverty do. "Clinicians and researchers report behaviors that range from passive and withdrawn to active and aggressive. Physical and sexually abused children often exhibit both internalizing and externalizing problems" (Goldman, Salus, Wolcott, & Kennedy, 2003, Emotional and psychological consequences, para. 1). It is likely that children are going to be unable to respond appropriately to social cues and that they will struggle in social settings. Bolger, Patterson, &

Kupersmidt (1998, p.1172) suggest that maltreatment will cause a lack of social competency and negative feelings about oneself for the maltreated child.

Educational Issues of Maltreated Children

Parents Not Providing Resources

Children learn appropriate social behavior from the behaviors they observe in their parents and from the interactions their parents provide them with.

> Effective parents guide their child's entry into the peer world by providing an example of proper behavior with friends and associates, and also by providing opportunities for their children to spend time with age-mates and practice their social skills (Bolger et al., 1998, p.1172).

If children are not given the appropriate connection between themselves and their parents, they will have trouble learning social skills. "Maltreated children… are often denied the benefits of a secure attachment relationship because maltreating parents are unresponsive or inappropriately responsive to their children's needs" (Crittenden & Ainsworth, 1989, as cited in; Bolger et al., 1998, p.1171). Children lacking appropriate role models and social interactions will be affected negatively. "These difficulties in attachment relationships may lead to the creation of negative models of both self and others in relationships, based on unsatisfactory experiences with early attachment figures" (Crittenden & Ainsworth, 1989, as cited in; Bolger et al., 1998, p.1171).

Social Skills

It is important for children to learn appropriate ways to interact with others, these skills are called social skills. "Social skills are the specific abilities (such as smiling, initiating interactions, and using problem-solving skills) that enable a person to perform competently in social situations" (Howing, Wodarski, Kurtz, & Gaudin, 1990, p.460). Children who have been maltreated are going to be at a disadvantaged for developing these skills. Howing et al. (1990,

p.460) wrote that research has determined maltreated children exhibit aggressive or withdrawn behaviors along with other dysfunctional social behaviors.

Lack of Social Settings

The reason for parents not including their children in social settings where they can learn to interact with others, may be due to the lack of the social interactions that the parent has. "Parents who are socially isolated and have poor peer relationships may be unable to facilitate their children's relationships with peers. Thus neglected children may have fewer playmates and friends than nonneglected children" (Bolger, Patterson, & Kupersmith, 1998, p.1173). As a result of information such as this, it has come to attention "that the much-discussed intergenerational cycle of child maltreatment can [not] be broken without focusing on the social deficits that maltreated children and their parents have in common" (Barahal, Waterman, & Martin, 1981, as cited in; Howing et al., 1990, p.460-461).

Learning Opportunities are Limited

Educational neglect occurs when there is a "failure to enroll a school-age child in school or to provide necessary special education. This includes allowing excessive absences from school" (Child abuse: Types, signs, symptoms, causes and help, n.d., Types of neglect, para. 2). As a result of educational neglect and other issues relating to neglect, Wodarski et al. (1990, p. 506) report that these children will experience academic delays. Unfortunately, these children are set up for this failure because of their parents' lack of involvement or support.

Starting in infancy, children's brains develop and require the help from their parents to grow. "A neglected infant or young child…may not be exposed to stimuli that would activate important regions of the brain and strengthen cognitive pathways" (Goldman et al., 2003 Effects on brain development section, para. 3). The lack of resources and learning opportunities will

follow the development of these children as they grow older. “Research has consistently found that maltreatment increases the risk of lower academic achievement and problematic school performance. Abused and neglected children in these studies received lower grades and test scores than did nonmaltreated children” (Goldman et al., 2003, Cognitive development and academic achievement section, para. 2).

Peer Interactions

As a result of the lack of positive interaction neglected children have with their parents, they will become less likely to socialize properly and will likely have negative and inappropriate behaviors with their peers. “Abused and neglected children have been found to display different patterns of dysfunctional social behaviors, abused children are more likely to display high rates of aggression with peers, and neglected children are more likely to display low rates of interaction with peers” (Hoffman-Plotkin & Twentyman, 1984, as cited in, Howing et al., 1990, p.460). Both of these behaviors are negative for the children and will result in a lack of positive relationship forming. “A number of recent studies have indicated that maltreated children are less popular with their peers than are nonmaltreated children” (Cicchetti et al., 1992; Dodge, Pettit, & Bates, 1994; Haskett & Kistner, 1991; Rogosch & Cicchetti, 1994; Salzinger, Feldman, Hammer, & Rosario, 1993, as cited in; Bolger et al., 1998, p. 1172). This unpopularity may be a result of the fact that maltreated children did not learn how to interact appropriately and therefore are seen as different and unlikeable. Also noted is the fact that “physical abuse my lead to unpopularity with peers and having fewer playmates in the peer group” (Bolger, Patterson, Kupersmith, 1998, p. 1173). Issues with forming peer relationships and also the possibility of being unpopular among peers results in feelings of inadequacy among maltreated children. “Sustained neglect can

have a deep impact upon the child's self image and self-esteem and may compromise their future ability to function effectively as an adult" (City & Hackney, n.d., p.17).

School Learning Problems

"Neglected children can often have significant problems at school, with the signs of cognitive and socio-emotional delays being evident at a very young age" (City & Hackney, n.d. p.17). As noted earlier, maltreated children may not be provided with proper educational and learning materials at a young age and this deficiency will have a lasting effect on their cognitive development. "Research has consistently found that maltreatment increases the risk of lower academic achievement and problematic school performance" (Goldman et al., 2003, Cognitive development and academic achievement section, para. 2). Maltreated children in studies noted by Goldman et al. (2003) have been seen to receive lower grades and test scores than nonmaltreated children (Cognitive development and academic achievement section, para. 2).

Hypothesis

Child poverty spans across the United States and its impacts include health problems, social issues, and emotional struggles. Children living in poverty struggle in their relationships with their parents due to the stress of daily pressures the parents experience. This stress results in harsh punishment, lack of involvement, and poor interactions between the parent and child. Another child tragedy that some children face is that of maltreatment. Parents and caregivers may mistreat their children physically and emotionally. This treatment may result for many different reasons including mental health or different stress the parents are under. This factor is why some families living in poverty have a risk for child abuse. The financial struggles may push the parents over the edge and result in violent or neglectful behaviors towards their children.

Attribution theory states that humans attribute positive, good qualities to people who are seen as successful, wealthy, good looking, and having other culturally determined "good" qualities (Cooper & Pervin, 1998). These standards are commonly held generalizations that may lead to an under reported incidence of child abuse in wealthy families. Wealthy families may be seen by social service providers as higher functioning and successful, not the type of family that would be abusive towards their children. This theory suggests, social workers may be less likely to attribute behaviors noticed in a wealthy family as abusive and more likely to formally report child abuse in poor families. When social workers are presented with a vignette representing a wealthy family and a suspected incident of abuse the vignette may elicit support to the idea that social workers will not attribute abusive behaviors to a wealthy family. Conversely if presented with a vignette about a poor family and the same suspected abuse social workers will detect the behavior as abusive and be more likely to report the incident.

Methodology

Sample

For this research social workers at different educational and professional levels were given one of two vignettes. Junior and senior social work majors at both Providence College and Rhode Island College were randomly given one of the two vignettes. Ninety vignettes were given to the Social Work students at Rhode Island College and 40 were given out to the Social Work students at Providence College. At Providence College five juniors participated and 11 seniors participated. The senior students were given their vignettes during a class and they were administered by the professor, the juniors were asked to take home their vignettes and return them to class at a later date. These were collected as soon as they were completed. At Rhode Island College four juniors and eight seniors participated. These vignettes were passed out to

professors of junior and senior classes by the department secretary. From there they were passed out to the students during class and the students were asked to complete the forms and return them to a designated box in the social work office on campus, they were self administered. The students at Providence College were given a second vignette that they were asked to give to their supervisor at their agency setting, if their supervisor was interested in participating. Sixty were given out to students to ask for the help of their supervisors, these were also self administered. These were returned by the students. Fourteen professional social workers participated. A student intern from an agency setting with a Providence College student also completed a vignette survey, this student was a junior and did not attend Providence College or Rhode Island College. On the top of the questionnaire that the individuals returned was a space for them to mark their level in school or how many years of work experience they have had.

Data Gathering

In order to determine the thinking process of the students and professionals in determining what to do with a suspected maltreatment case two vignettes were created. Copies of these vignettes can be found in Appendix A and Appendix B. One vignette described a wealthy family and the other a family living in poverty. The description of the families' economic backgrounds was the only difference between the two. The story about the suspected maltreatment was identical. After reading the vignettes the participants were asked to respond to a few Likert scale statements determining the safety of the child and what different types of action should be taken based on the observed behavior described. In all cases the study and the desired help of the participant was explained in the consent form that was in the envelope with the questionnaire.

Data Analysis

From the Providence College students 11 seniors returned the forms, five juniors returned the forms and at Rhode Island College eight seniors and four juniors returned them. One junior participated in the study, who did not attend Providence College or Rhode Island College. The total number of participants at the undergraduate level was 10 juniors and 19 seniors. Fifteen professional social workers returned the forms as well, including two in the field for 0-5 years, five for 5-10 year, three for 10-15 years, one for 15-20 year, three for 20 plus years. One of the social workers did not select their experience level and so is not included in this chart, this worker was a professional social worker and not a student.

Chart 1:

		Experience							
		Junior	Senior	0-5 Yr Practice	5-10 Yr Practice	10-15 Yr. Practice	15-20 Yr. Practice	20+ Yr. Practice	Total
Case	Poverty Details	5	10	1	2	2	0	1	21
	Affluence Details	5	9	1	3	1	1	2	22
Total		10	19	2	5	3	1	3	43

Information about the two cases was looked at with the same instrumentation. For both the possible cases given there were six identical Likert scale questions. The responses to each of the six questions were looked at to compare the responses of the two cases. Chart two displays this information. A summary of each of the six statements from the vignettes can be found in the left column of the chart and the mean scores for both the poverty and affluent vignettes are provided.

Chart 2:

	Case	N	Mean	Std. Deviation	Std. Error Mean
Risk Assessment) Seriousness of the situation in terms of safety	Poverty Details	22	7.4773	1.12839	.24057
	Affluence Details	22	6.6591	1.59154	.33932
A) Remembering the behavior, looking for more in the future	Poverty Details	22	8.7727	1.41192	.30102
	Affluence Details	22	8.4773	1.20985	.25794
B) Exploring where the behavior was learned	Poverty Details	22	8.2500	2.37422	.50618
	Affluence Details	22	8.6136	1.58063	.33699
C) Asking the parents if they have observed behavior like this	Poverty Details	22	8.5000	1.32737	.28300
	Affluence Details	22	8.5227	1.40981	.30057
D) Speaking to the parents about abusive behavior	Poverty Details	22	8.4091	1.68775	.35983
	Affluence Details	22	7.4773	2.24392	.47841
E) Exploring this situation with protective services	Poverty Details	22	6.6818	2.07333	.44204
	Affluence Details	22	5.1591	2.07242	.44184

The responses to each of the Likert scales can be compared between the two types of cases; the affluent details and the poverty details. This information is important because it tells if the results were statistically significant and if the difference between the affluent detail responses and poverty detail responses supports the hypothesis. If it supports the hypothesis the data would show that the means were higher for the poverty detail vignettes than for the affluent family vignettes. This is true because if the participants selected higher marks on the scale for the poverty responses than did the participants for the affluent responses then the responses would suggest that there was more need for the poverty family to address the situation as potential abuse than for the affluent story.

Chart 3: t-test for Equality of Means

		Sig. (2-tailed)	Mean Difference	Std. Error Difference
Risk Assessment) Seriousness of the situation in terms of safety	Equal variances assumed	.056	.81818	.41595
	Equal variances not assumed	.057	.81818	.41595
A) Remembering the behavior, looking for more in the future	Equal variances assumed	.460	.29545	.39642
	Equal variances not assumed	.460	.29545	.39642
B) Exploring where the behavior was learned	Equal variances assumed	.553	-.36364	.60810
	Equal variances not assumed	.554	-.36364	.60810
C) Asking the parents if they have observed behavior like this	Equal variances assumed	.956	-.02273	.41283
	Equal variances not assumed	.956	-.02273	.41283
D) Speaking to the parents about abusive behavior	Equal variances assumed	.127	.93182	.59862
	Equal variances not assumed	.128	.93182	.59862
E) Exploring this situation with protective services	Equal variances assumed	.019	1.52273	.62500
	Equal variances not assumed	.019	1.52273	.62500

The final section of the responses included an area where the participants could write an explanation for their responses. There were seven main themes that appeared through out the responses. These responses included that the behavior might just be typical of brothers, the parents should be talked to, there is a greater concern for safety because of the children's

disabilities and the behavior was caused by the children's diagnoses, waiting to talk to the parents to not offend them, exploring the situation further, learning where the behavior came from, and waiting to contact protective services. These themes are listed on the left side of both Chart 4 and Chart 5.

Chart 4:

	Responses	
	N	Percent
Normal behavior between brothers	4	5.1%
Parents should be talked to, bring their attention to the situation	15	19.2%
Concern increased because of the childrens' diagnoses	5	6.4%
Do not talk to the parents, it might make them feel like they are being blamed, and push them away	3	3.8%
Explore the situation and monitor the behavior more	24	30.8%
Determine where the behavior was learned	13	16.7%
Do not involve protective services right away	14	17.9%
Total	78	100.0%

This chart shows the frequencies that responses were given to each of the found themes. These themes were determined when the researcher read through the responses. Other ideas were also found among these that were not included in this chart.

The percent of responses that included one or more of these themes was also recorded. The responses were looked at for the two different cases and percents were generated for both.

Chart 5:

		Case	Total	
		Poverty Details	Affluence Details	
Normal	Count	1	3	4
	% within $Explanation	25.0%	75.0%	
	% within Case	6.3%	16.7%	
Parents	Count	7	8	15
	% within $Explanation	46.7%	53.3%	
	% within Case	43.8%	44.4%	
Diagnosis	Count	2	3	5
	% within $Explanation	40.0%	60.0%	
	% within Case	12.5%	16.7%	
Assumptions	Count	1	2	3
	% within $Explanation	33.3%	66.7%	
	% within Case	6.3%	11.1%	
Explore	Count	12	12	24
	% within $Explanation	50.0%	50.0%	
	% within Case	75.0%	66.7%	
Learn	Count	5	8	13
	% within $Explanation	38.5%	61.5%	
	% within Case	31.3%	44.4%	
Protective	Count	7	7	14
	% within $Explanation	50.0%	50.0%	
	% within Case	43.8%	38.9%	
Count		16	18	34

See Chart 4 for the full definitions of the seven categories.

Findings

There may be a difference in return rates due to the fact that the Rhode Island College students and professionals had to return their forms after individually completing them. Perhaps there was less of a desire or interest to fill these out because of the need to then have to return them.

The data from question one, Risk Assesment, responding to the safety of the children, has been compared between the poor and rich vignettes. The mean score for the poverty details was 7.4773 and for the affluent family it was 6.6591. This data showed that more responses to the poor vignettes showed a feeling of higher concern and risk for the childrens' safety in the home. For this first question the significance level between the poverty and affluent details was .056, which is not statistically significant but it is almost significant.

The data for statement A, remembering the observed behavior, showed that the difference between the means of the affluent family vignette and poverty family vignette was not statistically significant. The means were 8.7727 for the family in poverty and 8.4773 for the affluent family. While it is not statistically significant the responses to the family in poverty were higher, this means that the participants who read the poverty vignette marked the need to remember this behavior for the future as more important than the participants who read the affluent vignette.

The data for statement B, exploring where the behavior was learned, was also not statistically significant and the mean responses to the affluent family vignette was higher than that of the poverty responses. The affluent mean was 8.6136 and the poverty mean was 8.25.

The data for statement C, asking the parents if they had noticed this behavior, was not statistically significant and the means were extremely close. For the affluent family the mean response was 8.5227, a little higher than the response to the poverty details, which was 8.5.

The data for statement D, speaking to the parents about abusive behavior was not statistically significant because the t-test shows a significance of .127. But, the mean response for the poverty vignette was 8.4091 and the mean for the affluent family was 7.4773. Showing,

that there were more responses that the importance was greater to do this for the poverty vignette than for the affluent vignette.

The final responses were given to statement E, exploring this case with protective services, and the difference of the means was not statistically significant but was close. The t-test determined a significance level of .019. The mean response for the poverty family was 6.6818 and the affluent family was 5.1591. This shows that the responses from the poverty family participants ranked it as it being more important to bring the situation up with protective services.

Chart 4 shows the number of responses given that included the seven themes found to exist among the responses. Talking to the parents about the behavior and exploring the situation further were the two most frequently found responses. There were 24 responses that said the situation needed to be explored, this represents 30.8% of the total 78 responses that fit one of the categories. This excerpt from a poverty vignette response touches on the theme of exploring where the behavior was learned, "Peter could have learned this behavior from school rather than from the home." The importance of exploring the behavior in both cases, affluent and poverty were the same, 12 responses for each said that it needed to be explored more. There was also an even distribution for the responses given that included a statement about waiting to contact protective services, there were seven for affluent and seven for poverty. This shows that in both cases the workers felt it was equally important to gather more information first. Eight affluent responses were given to the need to learn where the behavior had been learned and five were given for the poverty vignette. This could support the hypothesis because perhaps the responses to the affluent vignettes shows a belief among the respondents that the behavior was learned somewhere besides from the parents. There was one response to the poverty case saying that this

was normal behavior between brothers and three responses to the affluent case saying it was typical behavior. Here is an example from one of the affluent responses, "it is pretty normal for that behavior between brothers as long as it doesn't happen often." Another response that suggested it was typical of brothers also touched on the theme of concern for the children due to the fact that they were diagnosed with a behavioral and mental disorder, "I feel that it might be typical brother behavior but considering Ben does has Down Syndrome I feel it is not appropriate at all." One example of a response suggesting a need for more information before contacting social services states, "When you start gathering info then see if protective services should get involved."

A theme that is not included in Chart 5 but shows a concern with the instrumentation was found in a poverty vignette responses. The response was, "There doesn't appear to be signs of abuse or neglect from the parents, however, the paint chippings and high crime rates put the children's safety at risk." This response is a concern because it shows that the inclusion of details about the paint peeling could be signs of a lack of safety for the children in their home. The concern of lead paint in the poverty vignette was not something the researcher had anticipated to be a potential factor for the respondents to pay attention to.

Conclusion

According to attribution theory people attribute well functioning, healthy families with wealth. On the other hand, a poor family would be seen as more dysfunctional and disconnected than the wealthy family. This suggests that social workers working with wealthy families will be less likely to label a certain behavior as abuse when compared to workers working with a poor family when the same type of suspected abuse is presented. The expected response to the vignettes was that the social workers who read the vignettes about the wealthy families would

not attribute the behaviors of the children towards one another as a sign that they had been abused, and the social workers who responded to the poor family vignettes would attribute the behavior as abusive because of the families lower economic status. The results from the study do not support the hypothesis because they are not statistically significant. However, many of the responses given to the poverty vignette were marked as more important then were the responses to the affluent vignette. Perhaps with more research and a different type of study this could have been seen to be statistically significant. The fact that a few of the responses did lean in the direction of greater importance for the poverty vignette shows that perhaps attribution theory did play a part in the responses given by the participants.

This study is important to social work practice because it raises the issue of attribution theory to the attention of social workers. It is important for workers to have an understanding of this in order for it to be avoided in their work, and acknowledge or correct their behaviors when it is detected. As for the way the research was conducted perhaps it could have been more strongly supportive of the hypothesis had a different instrumentation and measure been used. If further research were to be done, a video could have been presented where the vignettes were acted out. Seeing the physical differences in the homes appearance and children's appearance could have influenced the workers in their responses. A video would have helped the situation to come to life more for the participants. Interviews would have been useful and have extended the responses beyond the space available to write. This conversation might have produced more valuable reasons for determining the importance of the different actions of the social worker. Agencies should address the issue of attribution theory in their policy. Workers should participate in trainings and become educated about this issue in order to raise awareness of themselves in their practice. This would be beneficial to interns at these agencies as they come

across work with both wealthy and impoverished clients and begin to look at their own stereotypes and preconceived notions about the types of people who need or deserve help. The potential risk of attribution theory interfering with a social workers practice should be researched further and addressed in relationship to economic status and other areas where stereotypes or preconceived notions could exist.

Appendix A

This is the vignette representing the family living in poverty.

Junior Undergraduate:_____ Senior Undergraduate:_____
Professional for 0-5 years_____ 5-10 years_____ 10-15 years_____
15-20 years_____ 20 + _____

You are an Early Intervention Social Worker in a home based program working with families whose children are born with physical disabilities. In conjunction with the services of the physical therapist you visit families weekly to provide therapy to children and to the family. For the past six months you have been working with an at-risk family, the family lives in an area noted for high crime rates. Knowing this you schedule your weekly meetings with them during daylight hours. The apartment is dilapidated, paint is peeling off of the walls, and the landlord has been unresponsive to addressing the problem.

The Diaz family is a two parent household; Mom's name is Christina (age 33). Christina works at the local hospital as a janitor on the night shift. Her husband Allen is 34. Allen was employed at the State House as a security guard, he was laid off last month due to an upgrade in the computerized security system. Peter (age 5), is the older child, he is Christina's son from a previous relationship. Peter is diagnosed with ADHD and is on prescription medication to manage his aggressive behavior. Christina reports that Peter is bullied at school, he has no friends. Ben (age 2) is the identified client, Ben was born with Down Syndrome. The treatment focus is helping the family adjust to Ben's special needs and managing the burdens/stresses of parenting Ben and Peter. The educational environment in the home is impoverished; you bring children's books and educational games to stimulate the parents' interaction with the boys. During an hour long visit you interact with both Peter and Ben; you note that Peter has a restricted range of motion in his right arm. He is playing with Ben's plastic blocks but is only using his left hand to build. He occasionally cradles his right arm with his left. When Ben knocks Peter's tower over with his foot, Peter grabs Ben's arm with both of his hands twisting his hands in opposite directions. This forceful behavior surprises and confuses you.

How serious is the situation in terms of the children's safety? Place a mark anywhere on the line that best represents your opinion.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

High Risk Concern of risk Low concern of risk No Risk

As a social worker it is part of your job to determine the safety of the children you work with. For the following statements about your behavior, please rank each in terms of priority, by making a mark anywhere on the line.

A) Remembering the observed behavior and being aware of more instances like this in the future.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

B) Exploring with Peter where he learned the behavior he exhibited towards his brother.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

C) Asking Christina and Allen if they had noticed behavior like this in Peter.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

D) Speaking to Christian and Allen about abusive behavior.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

E) Exploring the possibilities/meanings of this situation with protective services.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

Please explain your responses below:

Appendix B

This is the vignette for the wealthy family.

Junior Undergraduate:_____ Senior Undergraduate:_____
Professional for 0-5 years_____ 5-10 years_____ 10-15 years_____
15-20 years_____ 20 + _____

You are an Early Intervention Social Worker in a home based program working with families whose children are born with physical disabilities. In conjunction with the services of the physical therapist you visit families weekly to provide therapy to children and to the family. For the past six months you have been working with a family living in an affluent area in a beautiful home. The homes in the neighborhood are all large with well groomed yards. The home you are working in is currently being remodeled to create a larger kitchen.

The Diaz family is a two parent household; Mom's name is Christina (age 33). Christina works at the local hospital as the head nurse on the night shift. Her husband Allen is 34. Allen was employed at the State House as a local politician but recently lost his reelection campaign. Peter (age 5), is the older child, he is Christina's son from a previous relationship. Peter is diagnosed with ADHD and is on prescription medication to manage his aggressive behavior. Christina reports that Peter is bullied at school, he has no friends. Ben (age 2) is the identified client, Ben was born with Down Syndrome. The treatment focus is helping the family adjust to Ben's special needs and managing the burdens/stresses of parenting Ben and Peter. The home is filled with books and interactive educational games for the boys to use. During an hour long visit you interact with both Peter and Ben; you note that Peter has a restricted range of motion in his right arm. He is playing with Ben's plastic blocks but is only using his left hand to build. He occasionally cradles his right arm with his left. When Ben knocks Peter's tower over with his foot, Peter grabs Ben's arm with both of his hands twisting his hands in opposite directions. This forceful behavior surprises and confuses you.

How serious is the situation in terms of the children's safety? Place a mark anywhere on the line that best represents your opinion.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

High Risk Concern of risk Low concern of risk No Risk

As a social worker it is part of your job to determine the safety of the children you work with. For the following statements about your behavior, please rank each in terms of priority, by making a mark anywhere on the line.

A) Remembering the observed behavior and being aware of more instances like this in the future.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

B) Exploring with Peter where he learned the behavior he exhibited towards his brother.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

C) Asking Christina and Allen if they had noticed behavior like this in Peter.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

D) Speaking to Christian and Allen about abusive behavior.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

E) Exploring the possibilities/meanings of this situation with protective services.

|--------|--------|--------|--------|--------|--------|--------|--------|--------|

Not Important | Somewhat Important | Important | Extremely Important

Please explain your responses below:

Appendix C

This is the consent form for the students at Rhode Island College.

Informed Consent

Dear Potential Participant:

I am a student at Providence College and I am currently working on my senior thesis. I am interested in collecting information regarding the decision making process of social workers when providing services to children.

I am asking for your help with this study. I have prepared a vignette and I am requesting that after reading through the story you will respond to a few questions that are provided.

There is no anticipated risk with involvement in this study, but at any time it is possible to discontinue participation. Participation in this study is voluntary.

Confidentiality of participants is kept because the responses will not have any identifying information on them. Please place the questionnaire in the provided envelope and seal before returning it to the designated box in the social work office. There is the possibility that some of the responses will be included in the final write up, but with no identifying information.

Please return this envelope by FEBRUARY 15th.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for participating in the study.

_____ _____

Signature Date

Katharine Terbush, Providence College Undergraduate
(860) 550-3834 Kterbu08@providence.edu

Appendix D

This is the consent form given to the Providence College students and to the professional social workers.

Informed Consent

Dear Potential Participant:

I am a student at Providence College and I am currently working on my senior thesis. I am interested in collecting information regarding the decision making process of social workers when providing services to children.

I am asking for your help with this study. I have prepared a vignette and I am requesting that after reading through the story you will respond to a few questions that are provided.

There is no anticipated risk with involvement in this study, but at any time it is possible to discontinue participation. Participation in this study is voluntary.

Confidentiality of participants is kept because the responses will not have any identifying information on them. Please place the questionnaire in the provided envelope and seal before returning it to the designated box in the social work office. There is the possibility that some of the responses will be included in the final write up, but with no identifying information.

Please return this envelope by FEBRUARY 15th.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for participating in the study.

_____ _____

Signature Date

Katharine Terbush, Providence College Undergraduate
(860) 550-3834 Kterbu08@providence.edu

References

Block, R.W., Krebs, N.F., & Committee on Child Abuse and Neglect and the Committee on Nutrition. (2005). Failure to thrive as a manifestation of child neglect. *Pediatrics, 116,* 1234-1237. Retrived October 7, 2007, from http://aapolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1234

Bogacki, D.F. & Weiss, K.J. (2007). Termination of parental rights: focus on defendants. *The journal of psychiatry and law, 35,* 25-45.

Bolger, K.E., Patterson, C.J., & Kupersmidt, J.B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child development, 69,* 1171-1197.

Brooks-Gunn, J. & Duncan, G.J. (1997). The effects of poverty on children. *The future of children, 7,* 55-71.

Chapman, M.V. (2003). Poverty level and school performance: Using contextual and self-report measures to inform intervention. *Children and schools, 25,* 5-17.

Child abuse: Types, signs, symptoms, causes, and help. (2007). Retrieved October 7, 2007, from http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm

Children and poverty. (2004). Retrieved October 7, 2007, from http://www.aspira.gov/PublicPolicyWeb/publicpolicy/chdrnpov.htm

City & Hackney: Safeguarding children board. (n.d.). Child neglect: practice guidance. Retrieved October 7, 2007, from http://www.hackney.gov.uk/s-cfs-chscb.htm

Cooper, C.L. & Pervin, L.A. (1998). Personality: Critical concepts. Routledge.

Dombrowski, S.C., Emmanuel, A.C., McQuillan, K. (2003). Protecting children through mandated child-abuse reporting. *The educational forum.* Retrieved October 7, 2007, from http://findarticles.com/p/articles/mi_qa4013/is_200301/ai_n9216048/print

Douglas-Hall, A. & Chau, M. (2007). Basic facts about low-income children. *National center for children in poverty.* Retrieved September 2007, from http://www.nccp.org/publications/pub_762.html

Dupper, D.R. & Poertner J. (1997). Public schools and the revitalization of impoverished communities: school-linked, family resource centers. *Social work, 42,* 415-422.

Dyer, F.J. (1993). Clinical presentation of the lead-poisoned child on mental ability test. *Journal of clinical psychology, 49,* 94-101.

Eamon, M. K., (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social work, 46,* 256-266.

Eamon. M.K. (2004). Digital divide in computer access and use between poor and non-poor youth. *Journal of sociology and social welfare, 31,* 91-112.

Failure to thrive: Parental neglect or well-meaning ignorance?. (2001). American academy of family physicians, *American family physician, 63,* 1867-1869.

Fass, S. & Cauthen, N.K. (2006). Who are America's poor children? The official story. *National center for children in poverty.* Retrieved October 2, 2007, from htt://www.nccp.org/publications/pub_684.html

Goldman, J., Salus, M.K., Wolcott, D., & Kennedy, K.Y. (2003). A coordinated response to child abuse and neglect: The foundation for practice. *Office of child abuse and neglect.* Retrieved October 2007,

Herman, B. (2007). CAPTA and early childhood intervention: Policy and the role of parents. *National association of social workers.* 17-24.

Howing, P.T., Wodarski, J.S., Kurtz, P.D., & Gaudin, J.M. (1990). The empirical base for the implementation of social skills training with maltreated children. *Social work, 35,* 460-467.

Lewin, D., & Herron, H. (2007). Signs, symptoms and risk factors: Health visitors' perspectives of child neglect. *Child abuse review, 16,* 93-107.

Lewit, E.M., & Kerrebrock, N. (1997). Population-based growth stunting. *The future of children, 7,* 149-156.

Lu, H. (2003). The changing demographics of low-income families and their children. *National center for children in poverty,* 2-8.

McDaniel, B., & Dillenburger, K. (2007). Can childhood neglect be assessed and prevented through childcare skills training? *Child abuse review, 16,* 120-129.

McLeod, J.D., & Shanahan, M.J. (1993). Poverty, parenting, and children's mental health. *American sociological review, 58,* 351-366.

Prince, D. L., Pepper, K., & Brocato, K. (2006). The importance of making the well-being of children in poverty a priority. *Early education journal, 34,* 21-28.

Rhode Island KIDS COUNT. (2007). Rhode Island KIDS COUNT Factbook. Providence, Rhode Island.

Robinson, L.M., Mcintyre, L., & Officer, S. (2005). Welfare babies: Poor children's experiences informing healthy peer relationships in Canada. *Health promotion international, 20.* Retrieved October 7, 2007, from

http://heapro.oxfordjournals.org/cgi/content/full/20/4/342

Statistics illustrating major trends and issues in the child welfare system. (2006). Retrieved December 1, 2007, from http://www.casey.org/MediaCenter/MediaKit/FactSheet.htm

Wodarski, J.S., Kurtz, P.D., Gaudin J.M., & Howing, P.T. (1990). Maltreatment and the school-age child: Major academic, socioemotional, and adapative outcomes. *Social work, 35,* 506-513.