Children of Single Mothers: Well-Being

Description/Etiology

The number of single mothers has grown phenomenally in industrialized democracies in the last three decades, in large part as a result of the growing number of children born outside of marriage. Children born out of wedlock, particularly when there was not an enduring relationship between the parents, may have no knowledge of or relationship with their fathers, who may never have established legal paternity or custodial rights. Furthermore, a large proportion of divorces involve children, and following divorce the mother is often the primary carer. Families headed by single mothers are especially vulnerable to material hardship, which sets the conditions for psychosocial problems and child maltreatment.

Researchers have found that the more time children spend in poverty, the greater the adverse impact on their cognitive and academic achievement. Poverty in early and middle childhood may have a greater impact on academic achievement than poverty in adolescence. The longer a single mother remains on government financial support and in poverty, the more profoundly a child’s academic performance is affected. Many single mothers work, but their jobs tend to be unstable, pay minimum wage, and provide few benefits. Poorly paid jobs are correlated with increased grade repetition for the children in these families, and parental job instability is correlated with low self-esteem, depression, aggression, and school dropout among adolescents. Families often delay seeking healthcare until the need is critical and avoid preventive services because of an inability to pay. Families headed by single mothers tend to eat fewer fruits and vegetables, and daughters in those families are more likely to be overweight or obese than daughters in families with two parents. Single mothers face enormous barriers to achieving economic self-sufficiency. Many have low educational attainment, have limited job skills, lack transportation, and may have mental health and/or substance abuse issues, and a large number live with recurring intimate partner violence (IPV). When single mothers transition from welfare to work, older children spend more time unsupervised and frequently are burdened with additional household responsibilities; these situations can have negative outcomes for children.

Researchers in a study of how job displacement of single mothers affects children concluded that mothers’ job displacements have a negative impact on the educational attainment and social-psychological well-being of children in mid-childhood and adolescence. Displacement can entail a sequence of events that can cause stress and strife in the family: job loss notification, dismissal, unemployment, job search, and lack of job offers (Brand & Thomas, 2014).

A critical protective factor for children living in poverty and vulnerable to psychosocial problems is the quality of their relationship with their mother. Positive relationships can be difficult to sustain in these conditions of struggle. Many single mothers receiving government assistance have been exposed to trauma, such as child sexual and physical maltreatment, sexual assault as adults, and IPV. Such trauma history is known to adversely affect all kinds of relationships. Single mothers exposed to violence are more likely to use aggressive parenting styles. Researchers have found that a father’s absence from a child’s life is associated with negative social, emotional, and cognitive outcomes from infancy to adolescence. A positive relationship with just one parent, whether or not the parent resides with the child, has been shown to reduce conduct problems and improve educational outcomes. Adolescents with nonresident fathers who are warm and supportive have fewer
internalizing and externalizing problems, especially adolescent boys. Black adolescents appear to benefit most from nonresident father involvement.

Supporting single mothers toward economic self-efficiency and lifting the burden of poverty is one of the best ways to ensure the well-being of children and their successful transition to adulthood. Education and job training for these women is critical, as is parenting skills training. Comparisons of countries with comprehensive welfare policies (e.g., housing, financial assistance, and medical aid) to those without indicate that those policies are a protective factor, reducing poverty and increasing overall well-being for children. In addition, consistent child-support payments by the nonresident father contribute positively to children’s educational attainment and cognitive outcomes. Faced with economic hardship, increasing numbers of single mothers and their children are living in alternative familial arrangements. Living with grandparents, for example, has been shown to significantly enhance the financial security of children.

Facts and Figures
According to the United States Census Bureau, in 2015 80% of single-parent families were headed by single mothers (United States Census Bureau, 2015). Births to unmarried women in the United States grew from 18.4% of all live births in 1980 to 43.9% in 2014 (U.S. Census Bureau, 2012; Hamilton et al., 2015). According to the Organization for Economic Cooperation and Development (OECD), 15% of children worldwide live in single-parent households and 85% of single-parent families are headed by single mothers. The industrialized countries with the highest percentage of single parents are Ireland (24.3%), New Zealand (23.7%), and the United Kingdom (21.5%)(OECD, 2011). In 2014 approximately 24% of children in the United States lived in single-mother-headed households (Child Trends Data Bank, 2014). In 2013 the largest number of births to unmarried women were to Black women (72%), American Indian or Alaska Native women (66%), and Hispanic women (53%), compared to 29% of births to White women and 17% to Asian women (Child Trends Data Bank, 2015b). Parent et al. (2013) found that 69% of Black youths live in single-parent households. Mothers raising children with a nonresident father amount to 27.5% of all mothers in the United States, and nearly half of these families (45%) live below the poverty threshold (United States Census Bureau, 2014). Researchers exploring the role of child benefits in 15 European countries found that providing single mothers with additional child benefits (cash aid, tax credits, and tax allowances) was associated with higher levels of poverty reduction (Van Lancker et al., 2015).

Risk Factors
Poverty significantly increases the risk of psychosocial disadvantage and mental health problems among the children of single mothers. Dysfunctional and negative relationships also increase the risk of negative outcomes for children. Job instability and unemployment among single mothers increase children’s risk for low self-esteem, depression, and aggression. Children deprived of a father are at greater risk for drug and alcohol abuse, poor educational performance, adolescent pregnancy, criminal activity, poverty, and homelessness. They are more likely to commit suicide than are those who grow up in a home with both their mother and father.

Signs and Symptoms/Clinical Presentation
› Psychological: behavioral disorders, emotional distress, depression, suicide, identity confusion, loneliness
› Behavioral: delinquency, poor school performance, drug and alcohol abuse, poor impulse control, suicide attempts
› Sexual: greater and earlier sexual activity, teen pregnancy
› Physical: higher level of aggression, self-mutilation
› Social: relationship problems, attachment issues, poor social adjustment

Social Work Assessment
› Client History
  • Perform a biopsychosocial-spiritual assessment to include information on physical, mental, spiritual, environmental, social, financial, and medical factors as they relate to the child and his/her family
  • Ask about family history, level of functioning, history of substance abuse, history of physical/sexual/emotional abuse, exposure to violence, suicide ideation/attempts, and history of self-mutilation for the mother and child. If maltreatment is suspected, it can be helpful to interview the child without the mother present. Sensitivity is critical. Conduct the interview in a safe, private, and comfortable environment and use age-appropriate, open-ended questions and the child’s colloquial language. Make a note of the child’s affect, clothes, and cleanliness, and ask about his or her living conditions, what the child eats, when he or she eats, where he or she sleeps, who lives in the home, etc.
  • Assess for any illnesses as a result of minimal medical care/health problems
• Assess and understand the child’s developmental abilities, general personality, culture, religion, and support system
• If family members are present, obtain as much information from them as possible regarding the child’s behavior and affect

Relevant Diagnostic Assessments and Screening Tools
• Screening for a child’s well-being may be administered utilizing the following tools: Child Abuse Risk Assessment Scale (CARAS); ISPCAN Child Abuse Screening Tool, Children’s Version (ICAST-C); Child Abuse Potential Inventory (CAPI); Childhood Level of Living Scale (CLL); North Carolina Family Assessment Scale (NCFAS-G); Neglect Scale; Juhnke, Henderson, Juhnke Child Abuse and Neglect Risk Assessment Scale; Beck Depression Inventory (BDI); Center for Epidemiologic Studies Depression Scale (CES-D); Conflict Tactics Scale; Child Well-Being Scales; CLEAN Checklist; HOME Inventory; eco-map

Laboratory and Diagnostic Tests of Interest to the Social Worker
• No laboratory tests of interest are used to assess the well-being of children of single mothers
• A physical exam may be indicated to ensure the child is achieving developmental milestones, has adequate growth and weight, and has current immunizations

Social Work Treatment Summary
Families headed by single mothers often require a range of services and support from various agencies because of the prevalence of coexisting problems. A strengths-based approach is recommended in which practitioners draw upon the family’s strengths rather than emphasizing its deficits and engage the family in a partnership in which the interventions are designed jointly (Beckert et al., 2008). Motivational interviewing (MI) has proven successful in work with adolescents: It creates a positive, empathic atmosphere between the client and social worker, facilitates mutual trust, and encourages self-efficacy as the client engages in risk–benefit analysis (Hepworth et al., 2012). Studies conducted over the past four decades have shown that home visitations from birth help prevent child maltreatment in families at risk (Guterman & Taylor, 2005). Parenting classes, along with weekly visits, regular calls, and text messages twice a day to “prompt and reinforce” training, are recommended (Bigelow et al., 2008). E-mail can also be an effective way to stay in touch, share information, and provide support (Campbell-Grossman et al., 2009). Individual and group therapy enhances interpersonal learning and facilitates cognitive, affective, and behavioral changes (Alle-Corliss & Alle-Corliss, 2009). The trauma-informed care model of therapy is useful for individuals who have been exposed to multiple traumas (e.g., child maltreatment, unstable home environment, exposure to violence). This child-focused, family-centered collaborative approach utilizes individualized assessment and recognizes the profound impact trauma can have on the child and family. Treatment goals include establishing a therapeutic relationship, improving immediate safety (e.g., health, relationships, environment), identifying how the trauma affects the child’s current functioning, and developing adaptive ways of coping (e.g., relaxation, meditation, exercise).

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice.

Social workers should practice with awareness of and adherence to the NASW Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to providing culturally competent care to single mothers and their children and practice accordingly.

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<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<th>Child is not meeting developmental and academic milestones</th>
<th>Assess and identify causal factors, increase academic achievement</th>
<th>Conduct a biopsychosocial-spiritual assessment and talk to teachers, mother, and nonresident father. Assess for child maltreatment if suspected. Request a referral for the child to be assessed by his or her pediatrician, school psychologist, and supportive school services. Provide referrals for tutoring and parenting and follow up with home visitations, telephone calls, and/or e-mail</th>
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<td>Child has flat affect, is unclean, has poorly fitting or unsuitable clothing, has body odor</td>
<td>Improve living conditions, increase family support and well-being</td>
<td>Separately interview the child and mother to gather more details about the family’s situation. Assess to ensure the family is receiving all the support available; provide referrals as indicated. Assess for child maltreatment and report any suspected maltreatment to child protective services and/or call to consult. Refer mother to parenting classes if indicated</td>
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<td>Child is aggressive</td>
<td>Improve emotion regulation and reduce aggressive behavior</td>
<td>Conduct a biopsychosocial assessment and talk to teachers and mother. Assess for child maltreatment if suspected. Provide individualized behavioral strategies focused on reinforcing positive behaviors, strengthening adult–child relationships, and providing individual and group skills coaching for parents and children</td>
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<td>Child or adolescent has depressed mood, loss of interest or pleasure in activities, low self-esteem</td>
<td>Improve mood, increase interest or pleasure in activities</td>
<td>Assess for depression and explore the perceived causes. Provide therapy options. Interview the mother and nonresident father and assess whether the family is receiving all the support available. Refer to a physician for a physical checkup and to a psychiatrist for medication evaluation</td>
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Child has suffered multiple traumas (e.g., unstable living situation, exposure to IPV) and exhibits increased levels of emotional distress

Provide for physical, mental, and emotional well-being

Assess for child maltreatment if suspected and refer to child protective services. Provide trauma-focused cognitive behavioral therapy to reduce symptoms of distress; dynamic play therapy; game-based cognitive behavioral therapy; and victim group therapy

Applicable Laws and Regulations

› Social workers in the United States are mandated to report child maltreatment. Details on each state’s statutes are available at the U.S. Department of Health and Human Services website, https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

› Each country has its own standards for cultural competence and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (National Association of Social Workers in the United States, British Association of Social Workers in England, etc.), and practice accordingly

Available Services and Resources

› Parents Without Partners is an international organization that provides information and services, such as babysitting exchanges and support groups, as well as recreational and educational events for single adults and their families, http://www.parentswithoutpartners.org/

› Singlemoms.org provides information for financial assistance, parenting, educational resources, and other topics for single mothers, http://www.singlemoms.org/

› Single Parents is a site for single parents that provides information and support for anyone parenting alone, http://www.singleparents.org.uk/about-us

Food for Thought

› The detrimental effects of absent fathers on families are considered by some researchers to be exaggerated; more damaging to children than the emotional loss of living without a father are the economic and other stresses of living in single-parent families

› Divorced fathers tend to have more contact with their children than unmarried fathers. Fathers’ cash contributions to their nonmarital children drop after 15 months, on average, of living apart from them

› Single mothers in welfare-to-work programs report lower quality of life than the general population

› A study of single mothers in Singapore found that single mothers were at higher risk for mood disorders and lower educational attainment (Subramaniam et al., 2014)

› In the United States, Black and Hispanic single mothers with children under 3 years of age are less likely to have jobs than White single mothers are

› Coparents (e.g., grandparents, aunts, family friends) can provide significant support and improve maternal parenting and a child’s psychosocial outcomes (e.g., decreased internalizing and externalizing problems)

› Single mothers in developing countries with limited welfare programs face high levels of poverty, contributing to lower levels of well-being

Red Flags

› Single mothers are especially vulnerable to poverty

› The more time children spend in poverty, the greater the adverse impact upon their cognitive and academic performance

› Many single mothers have trauma histories

› Fatigue among single mothers is described as a major challenge
Adverse childhood experiences (e.g., unstable family structure, child maltreatment, exposure to violence, homelessness) increase the risk of later mental illness and substance use as well as increase the risk of experiencing homelessness in adulthood

**Discharge Planning**

- Determine whether the child has unmet physical and medical needs and whether there is a lack of supervision, and make referrals as appropriate
- Provide linkage to community services such as medical treatment, financial assistance, childcare, housing, intimate partner violence support, substance abuse treatment, educational assistance programs, developmental screening, and counseling services as appropriate
- Encourage involvement of mothers in their children’s education (e.g., monitoring homework, volunteering in the classroom, attending parent–teacher conferences) to support their children’s educational development
- Refer to appropriate peer support group(s) as indicated

**References**


