Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

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Substance Abuse and Child Maltreatment

Substance abuse has a major impact on the child welfare system. It is estimated that 9 percent of children in this country (6 million) live with at least one parent who abuses alcohol or other drugs (Office of Applied Studies, 2003). Research has demonstrated that children of substance abusing parents are more likely to experience abuse—physical, sexual, or emotional—or neglect than children in non-substance abusing households (DeBellis, Broussard, Herring, Wexler, Moritz, & Benitez, 2001; Dube, Anda, Felitti, Croft, Edwards, & Giles, 2001; Chaffin, Kelleher, & Hollenberg, 1996; Kelleher, Chaffin, Hollenberg, & Fischer, 1994).

What's Inside:

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Parents who abuse substances are less likely to be able to function effectively in a parental role. This can be due to:

- Impairments (both physical and mental) that occur while under the influence of alcohol or other drugs.
- Expenditure of often limited household resources on purchasing alcohol or other drugs.
- Time spent seeking out drugs.
- Time spent using alcohol or other drugs.

The basic needs of children, including nutrition, supervision, and nurturing, often go unmet due to parental substance abuse, resulting in neglect. Additionally, families in which one or both parents abuse substances, and particularly families with an addicted parent, often experience a number of other problems including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for abuse.

The statistics vary, but studies have shown that between one-third and two-thirds of child maltreatment cases involve substance abuse (U.S. Department of Health and Human Services, 1999). In a recent survey by the National Center on Child Abuse Prevention Research, 85 percent of States reported substance abuse was one of the two major problems exhibited by families in which maltreatment was suspected (National Center on Child Abuse Prevention Research, 2001).

Impact of Parental Substance Abuse on Children

Maltreated children of substance abusing parents are more likely to have poorer physical, intellectual, social, and emotional outcomes and are at greater risk of developing substance abuse problems themselves (U.S. Department of Health and Human Services, 1999). Data indicate that abused or neglected children from substance abusing families are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from non-substance abusing families (U.S. Department of Health and Human Services, 1999).

Because of the severity of problems experienced by maltreated children of substance abusing parents, and the fact that they are often in the foster care system longer than maltreated children from non-substance abusing families, expenditures related to substance abuse among families in the child welfare system are significant. One study estimates that of the more than $24 billion States spend to address different aspects of substance abuse, $5.3 billion (slightly more than 20 percent) goes to child welfare costs related to substance abuse (National Center on Addiction and Substance Abuse at Columbia University, 2001).

Service Delivery Issues

Along with the high cost of serving these families, child welfare agencies often face a number of service barriers, such as:

- Inadequate treatment resources to meet existing needs.
- Lack of training for child welfare workers on substance abuse issues.
- Conflicts in the time required for sufficient progress in substance abuse recovery to develop adequate parenting potential, legislative requirements regarding child permanency, and the developmental needs of children (Young & Gardner, 2003).

Agencies are faced with strict timeframes imposed by the Adoption and Safe Families Act of 1997 (ASFA) that do not necessarily coincide with the realities of substance abuse treatment. For example, despite a Federal mandate that pregnant and parenting women receive priority for accessing substance abuse treatment services, States report it is often difficult for these parents to access an open treatment slot quickly (GAO, 2003). Once a slot is available, treatment itself may take many months (some residential treatment programs can be as long as 12 months). Also, if the parent has custody of the child(ren) and requires residential treatment, there may be an additional barrier since many of these programs do not allow children to live in the facility. Although ASFA requires that parental rights be terminated if a child has been in foster care for 15 of the past 22 months, many States cannot adhere to this timeframe due to problems accessing substance abuse services in a timely manner, resulting in delayed permanency decisions for children in the foster care system (GAO, 2003).

Practice Implications

Because so many maltreatment cases involve substance abuse, agencies are developing strategies to address the issue more effectively. All of these strategies require collaboration among the various systems within which affected families are involved (e.g., child welfare, substance abuse, public assistance, and dependency court). Examples of innovative approaches include:

- Stationing addiction counselors in child welfare offices.
- Giving mothers involved in the child welfare system priority access to substance abuse treatment slots.
- Developing or modifying dependency drug courts to ensure treatment access and therapeutic monitoring of compliance with court orders.
- Developing cross-system partnerships to ensure coordinated services (e.g., formal linkages between child welfare and other community agencies to address each family's needs).
- Conducting cross-system training.
- Developing creative approaches to fund these efforts (e.g., using State or local funds to maximize child welfare funding for substance abuse-related services or using Temporary Assistance to Needy Families [TANF] funds to purchase substance abuse treatment) (Young and Gardner, 2002).

Not all of the above approaches are appropriate in all instances. Agencies should focus on the specific needs of the families they serve when selecting among these (and other) approaches.

Implications

Parental substance abuse continues to be a serious issue in the child welfare system. Maltreated children of substance abusing parents often remain in the child welfare system longer and experience poorer outcomes. Additionally, since the passage of ASFA, these children may be less likely to reunify with parents and are subject to alternative permanency decisions in greater numbers than children from non-substance abusing families. Moreover, scarce resources and lack of coordination among various service systems often make it difficult to address the multiple needs of these children and families. The inability of residential programs to accommodate children can result in an additional barrier. Some agencies have developed innovative approaches for addressing child maltreatment and substance abuse, but many have not. Given the prevalence of substance use disorders among the child welfare population, several approaches have been initiated to address this issue:

- **Focus on early identification of at-risk families in substance abuse programs.** Such preventive efforts can reduce the number of maltreated children and help families obtain needed services (U.S. Department of Health and Human Services, 1999).
- **Improve communication between the child welfare system and the substance abuse treatment system.** Communication, understanding, and active collaboration between service systems are vital to ensuring that child welfare-involved parents in need of substance abuse treatment are accurately identified and receive appropriate treatment in a timely manner (Child Welfare League of America, 2001; U.S. Department of Health and Human Services, 1999).
- **Close the gap between treatment need and available treatment slots.** Even with strong working relationships among systems, more treatment slots, particularly in the more intensive levels of care and providing gender-specific comprehensive services, need to be developed to meet the need for all parents. Creative financing and resource development need to be priorities for administrators and policymakers (U.S. Department of Health and Human Services, 1999).

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Resources for Further Information

Websites

Child Welfare League of America
(www.cwla.org/programs/bhd/aod.htm)
The Child Welfare League of America (CWLA) is the Nation's oldest and largest membership-based child welfare organization. CWLA addresses all aspect of child welfare, one component of which is the relationship between child welfare and substance abuse.

Child Welfare Workforce and Training Resources
(www.childwelfare.gov/systemwide/workforce)
The Network is designed to enable State trainers, practitioners, social work educators, and other stakeholders to locate the most current training information and materials for the child welfare workforce. Information on training related to substance abuse issues is available.

National Center on Substance Abuse and Child Welfare
(www.ncsacw.samhsa.gov)
NCSACW was formed to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State, and Tribal agencies.

National Institute on Drug Abuse, Child and Adolescent Workgroup
(www.drugabuse.gov/about/organization/ICAW/ICAWInterest.html)
One component of NIDA's Child and Adolescent Workgroup is Prenatal Drug Exposure and Drug-Abusing Environments. This group examines the impact of prenatal drug exposure on physical and developmental outcomes, as well as interventions to address adverse consequences of prenatal drug exposure.

National Organization on Fetal Alcohol Syndrome
(www.nofas.org)
NOFAS works to raise public awareness of Fetal Alcohol Syndrome (FAS) and to develop and implement innovative ideas in prevention, intervention, education, and advocacy in communities throughout the nation.

Substance Abuse and Mental Health Services Administration
(www.samhsa.gov)
SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

Additional Publications

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