

CHAPTER 1

Purpose and Overview

The relationship between substance use disorders (SUDs) and child maltreatment is compelling and undeniable. More than eight million children in the United States live with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year.¹ These children face a heightened risk of maltreatment.² One study, for example, showed that children of parents with SUDs are nearly three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse substances.³

According to the National Child Abuse and Neglect Data System (NCANDS), in 2006, an estimated 3.3 million referrals were made to child protective services (CPS), representing 6 million children. From this population, approximately 905,000 children were found to be victims of child abuse or neglect. Of the maltreated children, 66.3 percent were neglected (including medical neglect), 16.0 percent physically abused, 8.8 percent sexually abused, and 6.6 percent psychologically maltreated. Additionally, 15.1 percent of victims were associated with “other” types of maltreatment, such as abandonment or congenital drug addiction. A child could be identified as a victim of more than one type of maltreatment.⁴ Additionally, while estimates vary, most studies suggest that parental SUDs are a contributing factor for between one- and two-thirds of children involved with CPS.⁵

OVERVIEW OF THE CONNECTION BETWEEN SUBSTANCE USE DISORDER AND CHILD MALTREATMENT

SUDs often affect the way people live, including how they function, interact with others, or parent their children. Studies suggest that SUDs, by impairing parents’ judgment and priorities, can influence parental discipline choices and child-rearing styles and have negative effects on the consistency of care and supervision provided to children.⁶ The time and money parents spend on seeking out or on using drugs or alcohol may limit the resources available in the household to meet their children’s basic needs. In addition, families affected by SUDs often experience a number of other problems—including mental illness, domestic violence, poverty, and high levels of stress—which also are associated with child maltreatment.

Children of parents who have SUDs and who are also in the child welfare system are more likely to experience emotional, physical, intellectual, and social problems than children whose parents do not have SUDs. Additionally, abused and neglected children from families affected by substance abuse are more likely to be placed in foster care and to remain there longer than maltreated children from families not affected by substance abuse.⁷

Note on Terminology

Those working with individuals, families, and communities affected by the use and abuse of alcohol and drugs use a wide variety of terms to describe the same or similar concepts, especially the spectrum of substance use. While some readers may be more accustomed to using the term “substance abuse” to mean any dependence, addiction, or abuse of a substance, this manual uses the term “substance use disorder,” which encompasses both abuse and dependence (addiction). (See Chapter 2, *The Nature of Substance Use Disorders*, for more details about the definitions of these terms.) The phrase “substance use disorder” has been adopted by the public health and alcohol and drug treatment fields as less stigmatizing and more reflective of the disease’s characterization as a disorder with biological, psychological, and social origins. Some within the child welfare field have also begun to use this term.

Additionally, reliable, consistent, or generalizable data are limited concerning the relationship between substance abuse and the frequency of child maltreatment because researchers often define terms such as “substance abuse” or “child abuse” differently, they collect data from sources that have divergent perspectives, and neither State alcohol and drug abuse treatment nor State child welfare data systems consistently require staff to report information about this overlap. When presenting results of studies, this manual, where possible, uses the same terminology as used in the research description.

For more information about terminology related to SUDs, please refer to the following:

- *National Association of Social Work Standards for Social Work Practice with Clients with Substance Use Disorders* (<http://www.socialworkers.org/practice/standards/NASWATODStandards.pdf>)
- *Substance Use Disorders: A Guide to the Use of Language* (http://www.pacdaa.org/pacdaa/lib/pacdaa/Substance_abuse_disorders.doc), a publication of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

CPS caseworkers and SUD treatment providers also report conflicting pressures that arise from trying to meet concurrently:

- The timeframes required by the Adoption and Safe Families Act to promote permanency for abused and neglected children
- The time required to access open treatment slots
- The time necessary for successful treatment participation
- The developmental needs of children.⁸

These challenges underscore the need for quick and effective screening, assessment, and treatment, if necessary, of SUDs among families in the child

welfare system. Further, they point to the need for partnerships between the CPS and SUD treatment systems to support parents in obtaining the services they need, while ensuring the safety and well-being of children.

ORGANIZATION OF THE MANUAL

To assist families experiencing SUDs as well as child maltreatment, CPS caseworkers must recognize and address each problem and their interaction. This manual is structured first to provide CPS caseworkers and other readers with the groundwork for understanding SUDs and their dynamics, characteristics, and effects. The manual then places parental SUDs into the context of child protection

and describes its impact on children, as well as its relationship to child maltreatment. Several chapters are devoted to helping CPS caseworkers understand how to recognize and to screen for SUDs in child maltreatment cases, to establish plans for families experiencing these problems, and to support treatment and recovery, as appropriate. The manual also addresses ways in which CPS and SUD treatment providers can coordinate their work, which is critical to improving outcomes for both parents with SUDs and their children.

Specifically, the manual addresses:

- The nature of SUDs
- The impact of parental SUDs on children
- In-home examination, screening, and assessment for SUDs

- Treatment of SUDs
- The role of the CPS caseworker when an SUD is identified
- Similarities and differences between CPS and SUD treatment providers
- “Putting it all together”—making the systems work for families.

Readers should note that no single publication can address all the intricate factors and interactions related to the connection between SUDs and child maltreatment, but this manual can contribute to an increased understanding of the issues and identify avenues for enhanced services to families. Professionals should supplement it with other information, training, and professional development activities.