



Physical abuse after child protective services investigation and adolescent substance use



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ABSTRACT

The longitudinal pathways connecting physical abuse and substance use in child welfare-involved adolescents, a population with multiple risk factors for substance use problems, remain unclear. This study examined the relation between self-reported physical abuse among adolescents investigated by Child Protective Services (CPS) and later substance use, with a particular focus on exposure to physical abuse after CPS investigation as a potential contributing factor to this relation. Using data from the first National Survey of Child and Adolescent Well-being (NSCAW-1), a path analysis was conducted on a sample of 1079 adolescents aged 11–15 years who had recently been investigated by CPS. At baseline and 18-month follow-up, youths self-reported past-year physical abuse using the Parent-Child Conflicts Tactic Scale and past 30-day substance use frequency. At baseline, youths self-reported current internalizing and externalizing problems to the Youth Self Report. Path analysis revealed no significant relation between physical abuse at baseline and substance use at 18 months. Physical abuse at baseline was associated with higher levels of concurrent substance use and externalizing problems, which in turn predicted higher substance use at 18 months. Furthermore, physical abuse and externalizing problems at baseline predicted physical abuse at 18 months, which in turn was related to higher substance use at 18 months. The findings suggest that physical abuse after CPS investigation contributes to the development of adolescent substance use behaviors. Results indicate a need for innovative efforts to prevent physical abuse after CPS investigation, as well as assessment and treatment of substance use and externalizing problems at the point of investigation, to reduce future substance use in child welfare-involved adolescents.

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1. Introduction

Substance use issues are deeply entrenched within the child welfare-involved population, with an estimated 75% of state and federal child welfare spending (approximately \$15.1 billion) resulting from substance use (National Center on Addiction and Substance Abuse [CASA], 2009). Youths in the child welfare system experience a concentration of risk factors, including exposure to maltreatment, behavioral problems, and parental substance use, which may place them at high risk of developing substance use problems (Aarons et al., 2008; Besinger, Garland, Litrownik, & Landsverk, 1999; Biederman, Faraone, Monuteaux, & Feighner, 2000; CASA, 1999; Jones, 2008; Keyes, Hatzenbuehler, & Hasin, 2011; Semidei, Radal, & Nolan, 2011; U.S. Department of Health and Human Services [USDHHS], 1999; Young, Boles, & Otero, 2007). Furthermore, several studies found higher

prevalence of substance use and diagnosable substance use disorders in child welfare populations than the general population (Aarons et al., 2008; Cheng & Lo, 2010b; Cheng & Lo, 2012; Pecora, White, Jackson, & Wiggins, 2009; Pilowsky & Wu, 2006). Thus the examination of the development of substance use behaviors which may lead to later substance disorder in this population is of interest.

Among maltreatment types, physical abuse—acts of commission by a caregiver that could lead to physical injury (i.e., hitting, shoving, strangling/choking; Leeb, Paulozzi, Melanson, Simon, & Arias, 2008)—is a particularly well-established risk factor for adolescent substance use, showing moderate to strong effects in a recent review (Tonmyr, Thornton, Draca, & Wekerle, 2010). Over the past decade, researchers have moved the field of adolescent substance use forward by linking concurrent physical abuse and substance use (Snyder & Smith, 2015; Wall & Kohl, 2007) as well as examining the longitudinal relation between physical abuse and later substance use (Casanueva, Stambaugh, Urato, Fraser, & Williams, 2014; Narendorf & McMillen, 2010) in child welfare-involved adolescents. However, this past research is limited in its ability to explain the development of substance use in relation to physical abuse in adolescence because it has not included repeat measures of physical abuse. Although research has shown persistence in

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physical abuse exposure in individuals (Cyr et al., 2012; Finkelhor, Omrod, & Turner, 2007), the role that recurring physical abuse exposure may play on the development of substance use in child welfare-involved adolescents remains unclear.

Using data from the National Study of Child and Adolescent Well-being (NSCAW I), the current study aimed to advance knowledge about the development of substance use by examining the relation between self-reported physical abuse and substance use 18 months later among adolescents aged 11 to 17 years who were investigated by Child Protective Services (CPS) for maltreatment. Path analysis was used to examine later physical abuse exposure as a potential factor contributing to this relation, as well as earlier externalizing problems, internalizing problems, and substance use. Furthermore, externalizing problems were examined as a predictor of later physical abuse exposure. This research is clinically and theoretically relevant because it allows for greater understanding of how substance use develops in child welfare-involved adolescents, and it informs strategic substance use interventions.

1.1. Theoretical framework

The current study is informed by the developmental psychopathology perspective (Cicchetti & Rogosch, 1999; Sroufe & Rutter, 1984). Developmental psychopathology provides a useful framework for understanding how child maltreatment that occurs at various points in development may lead to children's later maladaptive outcomes, including adolescent substance use (Toth & Cicchetti, 2013). Broadly, the developmental psychopathology perspective conceives youth adjustment as a result of complex transactions of risk and protective factors between the individual and environment, as occurring in tandem across time (Cicchetti & Rogosch, 1999). Accordingly, this perspective underscores the timing (e.g., when abuse occurred) and the developmental history (e.g., earlier and later abuse; earlier substance use, internalizing problems, and externalizing problems) of the experience as critical information in understanding the origins and course of one's maladaptive behavior, stressing the value of prospective longitudinal research (Sroufe & Rutter, 1984; Sroufe, 2009).

Consistent with this perspective, Fig. 1 presents the conceptual model. The current study examined the manner in which physical abuse reported at CPS investigation influenced substance use 18 months later (path b). First, it examined physical abuse exposure reported after CPS investigation as a potential intervening path in this relation (paths d and e). Second, it examined substance use (paths a and c), externalizing problems (paths f and g), and internalizing problems (paths i and j) reported at CPS investigation as pathways leading to later substance at 18 months. Third, it examines externalizing problems as a potential risk factor for later physical abuse exposure, which may in turn lead to substance use (paths h and e).

1.2. Physical abuse and adolescent substance use in child welfare populations

Most research has shown physical abuse to be a risk factor for adolescent substance use (Dube et al., 2003, 2006; Hamburger, Leeb, & Swahn, 2008; Moran, Vuchinich, & Hall, 2004; Shin, Edwards, & Heeren, 2009; Shin, Miller, & Teicher, 2013; Tonmyr et al., 2010). In child welfare population studies using the NSCAW data, significant cross-sectional relations have also been found between physical abuse allegations and polysubstance use (Snyder & Smith, 2015) and moderate/high substance use (Wall & Kohl, 2007). Although some null findings have been reported (Cheng & Lo, 2012), overall, these studies suggest that physical abuse has relatively immediate effects on higher levels of substance use in child welfare populations (shown as paths a and e in Fig. 1).

Longitudinal studies examining the relation between physical abuse and subsequent substance use in child welfare samples have begun to emerge in the literature. As a whole, these studies provide limited evidence of lagged effects (shown as path b in Fig. 1). For example, in a longitudinal study of older foster youths transitioning into adulthood, researchers found that self-reported physical abuse predicted later substance use disorder but not drunkenness or marijuana use (Narendorf & McMillen, 2010). Similarly, another study found that alleged physical abuse was unrelated to average substance use frequency 6 years later among youths in foster care (Taussig, 2002). Using NSCAW I, Casanueva et al. (2014) identified significant associations between alleged physical abuse and escalating illicit drug use trajectories over a 3-year period. This finding suggests that physical abuse may have relatively short-term effects on substance use that persist, leading to later substance use behaviors (shown in paths a and c in Fig. 1). However, most longitudinal studies have been limited in their ability to demonstrate the nature of these relations because they have not included repeat measures of substance use. In one general population study, Lansford, Dodge, Pettit, and Bates (2010) found significant indirect effects of early childhood physical abuse on substance use during middle and late adolescence through the path of early adolescent substance use. This suggests that earlier substance use may be a mechanism linking physical abuse and later substance use.

1.2.1. Physical abuse after CPS investigation and substance use

Research examining physical abuse after child welfare system investigation can clarify whether later physical abuse contributes to the effects of earlier physical abuse on substance use. That is, there may be an indirect relation in which physical abuse at investigation is related to later physical abuse, which in turn is related to substance use (see paths d and e in Fig. 1). This line of inquiry also has pertinence to the child welfare goal of safety (i.e., protection from maltreatment), which emerged as the paramount concern in child welfare service provision,

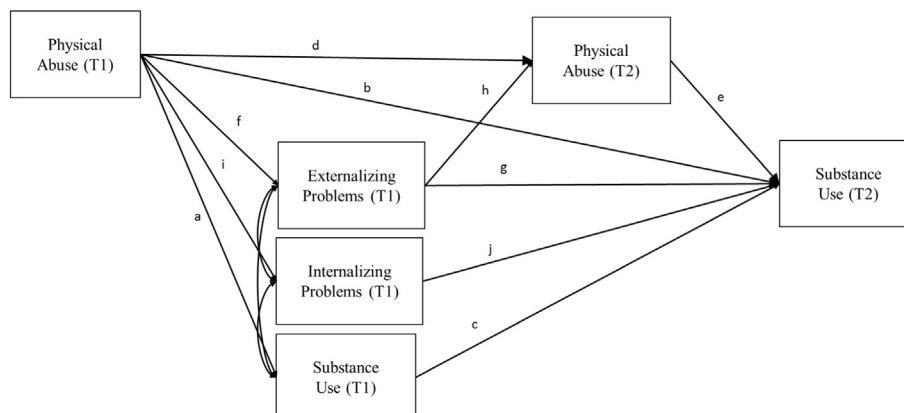


Fig. 1. Conceptual model.

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