



Environmental risk factors and custody status in children of substance abusers



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ABSTRACT

Children of substance abusers face myriad risks, including child maltreatment, residential instability, and exposure to violence, crime, and disorganization in their homes and neighborhoods. Using data from a substance abuse treatment program for women and their children, this study sought to examine the changes in children's living situations before and after their mother's treatment experience. First, we examined pre- and post-treatment changes in the legal and physical custody status of children, as well as neighborhood and household factors that can impact children's physical or emotional health and safety. Mothers who had at least one child living with them reported a significant decrease in problems in the home and neighborhood environments. Independent observations by research assistants also indicated few visible problems with the appropriateness of the post-treatment home and neighborhood environments for children. Second, we examined whether treatment completion predicted healthier living situations for children. Results indicated that treatment graduates were 2.5 times more likely to have at least one child living with them after treatment. In addition, non-graduates experienced more unwanted moves compared to graduates. These findings suggest that the homes and neighborhoods families return to post-treatment are, on the whole, relatively safe.

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1. Introduction

Based on estimates from the National Survey on Drug Use and Health (NSDUH), more than 8 million children under age 18 lived in the past year with at least one parent who has a substance abuse problem (Substance Abuse & Mental Health Services Administration & Office of Applied Studies, 2009). Substance abuse is believed to impact many aspects of the caregiving environment, and children of substance abusers (COSAs) are considered to be at-risk for poor developmental and social-emotional outcomes because of the combination and number of risk factors present in their lives (Connors-Burrow et al., 2010; Johnson & Leff, 1999). For example, parental substance use has been associated with high rates of child maltreatment and loss of custody of children (Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007; Vanderploeg et al., 2007). Parental substance abuse may also increase the likelihood of residential instability for children, and exposure to violence, crime and disorganization in the home and neighborhood (Furr-Holden et al., 2011; Jaffee et al., 2007; Mason & Mennis, 2010; Ondersma, Delaney-Black, Covington, Nordstrom, & Sokol, 2006). This paper examines changes in children's living situations before and after their mothers' treatment for substance use problems. We explore both child custody arrangements and environmental risks, which we conceptualize for purposes of this paper as the immediate context for child development, including neighborhood and household factors.

1.1. Substance use and child custody

Though it is difficult to measure due to state-level difference in screening and reporting procedures, studies suggest that substance abuse is an underlying problem for 40–80% of families involved in Child Protective Services (CPS) cases (Curtis & McCullough, 1993; Murphy et al., 1991; Young, Gardner, & Dennis, 1998). There is also evidence that COSAs experience longer stays in foster care (Vanderploeg et al., 2007), are at a higher risk for re-entry into the foster care system, and are less likely to be reunified with their biological parents once removed (Pennar, Shapiro, & Krysik, 2012; Walker, Zangrillo, & Smith, 1994). Though there is a strong connection between substance use and child maltreatment (Barth, Gibbons, & Guo, 2006; Murphy et al., 1991; Wolock & Magura, 1996), many mothers with substance abuse problems maintain custody of their children (Lam, Wechsberg, & Zule, 2004; Pilowsky et al., 2001). Other mothers have informal, sometimes temporary, custody arrangements, and children live with a grandparent or other caregiver as needed. Currently, little is known about the living environments of children whose mothers abuse substances or whether living conditions are improved after substance abuse treatment.

Although living with a parent who abuses alcohol or other drugs does not inevitably mean that a child is exposed to low quality parenting and negative conditions at home, the likelihood is high given that parental alcohol and drug use often co-occurs with other environmental stressors, such as homelessness, poverty, inadequate access to resources, and violence (Nair, Schuler, Black, Kettinger, & Harrington, 2003). With fewer available resources to buffer these stressors, COSAs

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are at increased risk for multiple challenges. More research is needed to understand how treatment for substance abuse impacts child custody status and their living situations. Such information could point to specific areas of client need and lead to improvements in intervention approaches, such as post-treatment case management and other supports.

1.2. Exposure to conflict and disadvantaged home and neighborhood environments

When exploring the impact of community disadvantage and violence on children, diverse definitions are present. Studies rely on direct report from children and adolescents (Schwab-Stone et al., 1999), parental report of community violence (Zalot, Jones, Kincaid, & Smith, 2009; Fitzgerald, McKelvey, Schiffman, & Montanez, 2006), as well as governmental or community demographics, such as socioeconomic status and available community resources (Leventhal & Brooks-Gunn, 2000). Often, studies of younger children rely on parent report of exposure to violence and other risks, as age may prove to be a barrier in accurately reporting experiences with violence.

Children whose mothers abuse substances may be at increased risk for problems associated with home and neighborhood safety. In their study of 1105 Head Start families, Conners-Burrow et al. (2010) found that families screening positive for alcohol or other drug (AOD) problems were more likely to have difficulty providing for basic family needs like adequate housing and ensuring their children's safety in the car and home. Children may be exposed to a variety of criminal activities in the home and neighborhood, including drug use and sales, arrests, and incarceration. Ondersma et al. (2006) study of African-American women and their children demonstrated that substance abuse was a strong predictor of exposure to violence in the home and/or community. Hogan (1998) argues that illicit drug use by parents causes specific threats to COSAs because of the illegal nature of the activity.

Multiple studies note the association between substance use and less optimal neighborhoods (Furr-Holden et al., 2011; Jaffee et al., 2007; Mason & Mennis, 2010), and there are multiple factors that contribute to the likelihood of COSAs living in less advantaged neighborhoods. Parental employment and education, presence of a partner in the home, housing costs and availability, and dependence on public assistance can all impact a parent's selection of neighborhoods. Maternal substance abuse and legal involvement can also affect housing options, as involvement with the court system can often lead to denial of state benefits, including housing and public assistance (Raynor & Williams, 2012; Bong, Slack, & Lewis, 2004; Wu, 2008). Given the high rates of arrest for mothers with substance use problems, these types of barriers to housing assistance are likely to be highly prevalent.

Regardless of the reasons that families find themselves in disadvantaged or violent communities, it is clearly documented that exposure to such neighborhoods can have deleterious impacts on children's psychosocial development, including increased internalizing and externalizing behaviors (Furr-Holden et al., 2011; Luthar & Cushing, 1999; McKelvey et al., 2011). There is some evidence that positive characteristics of the family, such as parental support or low levels of conflict, may ameliorate the negative impacts of violence on children's development (Forehand & Jones, 2003; McKelvey et al., 2011), while negative family characteristics, such as parental substance use, may exacerbate the negative effects of living in a disadvantaged community (Conners-Burrow et al., 2010; Ondersma et al., 2006; Plybon & Kliwer, 2001). Better understanding the environments that substance abusing women and their children are in post-treatment can help the intervention community further support parents during the recovery process.

It is important that substance abuse treatment efforts for mothers with children include an emphasis on creating safe and healthy environments for children and that evaluations of treatment programs measure these outcomes. The present study uses data from one Arkansas residential substance abuse treatment program for women and their children to examine the changes in children's living situation before and

after the mothers' treatment experience. We examine several aspects of their living situation, including: 1) whether the children are in the legal and physical custody of their mother, 2) indicators of residential instability (e.g., number of moves, unwanted moves), and 3) indicators of the safety and appropriateness of the environment for a child (e.g., presence of AOD in the home, other AOD users in the home, safety and cleanliness of the home, safety of the neighborhood). For each of these research questions, we first examine whether there were pre-post changes in the living situation. Second, we explore whether treatment completion or 'treatment graduation' predicted custody status or healthier living situations for children.

2. Methodology

2.1. Sample selection and assessment points

Participants were mothers who entered residential substance abuse treatment at a licensed and accredited facility in Arkansas. Mothers were asked to participate as part of a program evaluation designed to assess mother and child treatment outcomes. Families in treatment received comprehensive services, including family, individual, and group therapy, addiction treatment, parenting skills, educational and health services, and early intervention services. Mothers and children were invited to participate in a program evaluation study approved by the University of Arkansas for Medical Sciences Institutional Review Board. Participants were assessed at intake into treatment and again at a follow-up data collection point between six and twelve months after discharge from treatment.

A total of 301 women who entered treatment were eligible for the study and stayed long enough to complete their intake assessment. Of those 301 clients, 20 refused study participation, and 10 women withdrew during the course of the study. Sixty-six mothers were not included in the analyses because they had not been out of treatment for at least six months and so had not received their follow-up assessment. Our final sample consisted of 205 mothers. In a subset of analyses focused on mothers who had at least one child living with them, the sample is reduced to 137.

2.2. Participants

The 205 participants are described in Table 1 and were mostly Caucasian (71.1%) and unmarried (83.3%), with an average of 2.33 children ($SD = 1.42$), of whom about half (1.11, $SD = 1.21$) were living

Table 1
Sample description of mothers at intake (N = 205).

| Maternal characteristics | |
|---|-----------------------|
| Race | |
| Caucasian | 71.1% |
| African-American | 27.5% |
| Other | 1.5% |
| Married or living as married | 16.7% |
| Average years of school completed | 11.56 ($SD = 1.85$) |
| On probation or parole at enrollment | 43.4% |
| Employed 30 days prior to admission | 14.7% |
| Primary drug of choice | |
| Methamphetamine | 34.8% |
| Cocaine/crack cocaine | 30.8% |
| Alcohol | 11.4% |
| Marijuana | 10.4% |
| Other | 12.5% |
| Lives with alcohol user | 21.6% |
| Lives with drug user | 34.0% |
| Average age at first use of primary drug | 19.49 ($SD = 6.22$) |
| Court ordered to treatment | 70.9% |
| Receives majority of financial support from others | 68.2% |
| Mean number of children (<18) | 2.33 ($SD = 1.42$) |
| Children living elsewhere due to child protection order | 35.3% |

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