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Research article

Does parental substance use always engender risk for children? Comparing incidence rate ratios of abusive and neglectful behaviors across substance use behavior patterns

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ABSTRACT

Parental substance use disorder (SUD) is associated with an added risk for child abuse and neglect, but less is understood about how a range of parental use behaviors is associated with differential maltreatment frequencies. This study used the National Survey of Child and Adolescent Well-Being (NSCAW I) to create categories for parental substance use behaviors that are conceptually associated with varying levels of substance-related impairments. The study sample was composed of 2100 parents of children ages 2–17 years from Wave 4 data collection. Weighted negative binomial regression models assessed the relationship between substance use behavior patterns and maltreatment frequencies by type. Behavior patterns defined by some form of past year substance use were associated with a higher frequency of physical or emotional abuse compared to non-users. In contrast, only past year SUD was associated with a higher frequency of neglect compared to other categories. In sum, the relationship between substance use and maltreatment frequencies differed for abuse and neglect, suggesting different pathways may be underlying these observed relationships.

1. Introduction

Parental substance misuse is a prevailing risk factor that has been targeted by the child welfare systems since society's increased awareness of substance-using mothers during the late 1980s (Wulczyn, 2009). The vast majority of literature supports a positive relationship between parental substance use disorder (SUD) and any child maltreatment occurrence (Dunn et al., 2002; Stanton-Tindall, Sprang, Clark, Walker, & Craig, 2013). However, the focus on SUD is likely a product of the vast majority of studies measuring substance use and child maltreatment as dichotomous conditions (Kepple, 2017). This study aimed to examine if and how frequency of child maltreatment behaviors may vary across a range of substance use behavior patterns (defined by a recurrent way one uses alcohol or drugs) within a high-risk, child welfare sample. Further, decomposing this relationship by child maltreatment type can inform new ways of thinking about how we identify and address the needs of substance-using parents.

Before delving into the extant literature, it is important to define how substance use is measured. *Psychoactive substances* can alter one's mood, distort one's perceptions, and/or impair other motor and biological functions (NIDA, 2012). *Substance use* is defined as any use of psychoactive substances, such as steroids, alcohol, cannabis, stimulants, opioids, sedatives/hypnotics/anxiolytics, inhalants, and hallucinogens (APA, 2000; APA, 2013). *Illicit drug use* refers to any use of federally scheduled substances, including prescription drugs used without a medical prescription or more than prescribed (Kessler, 1998). Diagnostic categories clinically-define problematic substance use through measuring consumption, substance-related effects (e.g., tolerance, withdrawal), and/or

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substance-related consequences (e.g., injury, job problems) (APA, 2000; APA, 2013; WHO, 2000). Thus the term *substance use disorder (SUD)* in this paper captures diagnostic definitions, including DSM-III to DSM-5 categories of substance abuse, substance dependence, or substance use disorder (APA, 2000; APA, 2013).

1.1. Parental substance use & types of child maltreatment behaviors

This study focused on three types of child maltreatment behaviors: physical abuse, emotional abuse, and neglect. Physical abuse and emotional abuse are two distinct forms of child abuse. The former is defined by physical assault whereas the latter is defined by verbal assault. Of the two, emotional abuse tends to occur more frequently (Straus & Field, 2003). Child neglect is a multidimensional construct that includes emotional, cognitive, supervisory, and physical domains; it is distinguished from abuse by focusing on a parent's failure to act in ways that meet a child's basic needs, resulting in actual or potential harm to the child (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008; Straus & Kantor, 2005).

Physical abuse is consistently associated with any SUD (Chaffin et al., 1996; Stith et al., 2009), but mixed results exist for the association between any harmful and/or risky substance use (defined by any heavy drinking and/or illicit substance use) and physical abuse (Leonard, 2002; Walsh et al., 2003; Widom & Hiller-Sturmhofel, 2001). In addition, a lifetime history of SUD was associated with a higher likelihood of self-reported physical abuse behaviors (Kelleher et al., 1994) and child physical abuse potential (Ammerman et al., 1999). However, Hien et al. (2010) observed that a lifetime history of SUD was not significantly associated with child abuse potential, after controlling for depressive disorder using a small sample (n = 152). Initial evidence also exists for the importance of frequency or intensity of alcohol use for physical abuse: (a) frequency of maternal intoxication from alcohol was associated with an increased likelihood of physical abuse behaviors (Berger, 2005); and (b) all past year drinking patterns (including light and moderate drinking patterns of 1–4 drinks) were associated with a higher frequency of maltreatment than abstainers (Freisthler, Holmes, & Price Wolf, 2014a).

While there is evidence that parental substance use may contribute to increased risk of emotional abuse, the specific relationships between specific substance use behaviors and emotional abuse remain unclear (Dube et al., 2001; Gibbs et al., 2008; Palusci & Ondersma, 2012; Sedlak et al., 2010). Parental alcohol use disorder has been identified as a predominant issue among families with individuals who likely experience childhood emotional abuse (Dube et al., 2001; Sedlak et al., 2010). Among a sample of military families, bivariate analyses indicated emotional abuse was significantly more likely to be present if substance use was indicated at time of first incident (Gibbs et al., 2008). In a child welfare sample, SUD treatment after a CPS investigation for emotional abuse was associated with an increased likelihood of emotional abuse re-occurrence (Palusci & Ondersma, 2012). It is plausible that SUD treatment is a proxy for severity of parental substance use problems that contribute to future emotional abuse.

Neglect studies have predominantly focused on parental SUD as a risk factor for neglect outcomes (Chaffin et al., 1996; Dunn, 2002; Dube et al., 2001; Kelleher et al., 1994; Ondersma, 2002; Sedlak et al., 2010). However, a few studies with nonsignificant or more complex findings are present, complicating our understanding of this association (Freisthler, Johnson-Motoyama, & Kepple, 2014b; Slack et al., 2011; Slack et al., 2004). For example, Slack et al. (2004) observed no significant relationship between alcohol or illicit drug use and CPS reports for neglect; however, this study only measured substance use that was in response to a stressful life event. In a subsequent study, heavy drinking and illicit drug use were also not associated with CPS substantiation of neglect; however, illicit drug use was associated with self-reported neglect (Slack et al., 2011). Another study observed (a) frequent heavy drinking (defined by 5+ drinks for 3–5 days a week) drinks to be associated with a higher likelihood of leaving a child where the parent was not sure the child was safe compared with abstainers and (b) infrequent heavy drinking (defined by 5+ drinks once a month or less) and moderate drinking (defined by 3–4 drinks in the past month but no more than 4 drinks) to be associated with a lower likelihood of unsafe monitoring of a child compared with abstainers (Freisthler et al., 2014b).

As a whole, the extant literature creates a disjointed understanding of the relationship between parental substance use and child maltreatment. A few of the prior studies suggest that a range of drinking behaviors may better inform our understanding of different types of maltreatment behaviors. However, further research is needed that explicitly: (a) measures a range of alcohol *and* drug use behaviors within one study and (b) compares the relationship between substance use behavior patterns and maltreatment frequency across types of maltreatment. This approach may provide insight into processes unique for each maltreatment type. For example, only the most intense forms of substance use, such as parents with SUD, may cause parents to fail to meet their child's basic needs while less intense forms of substance use, such as light or moderate drinking, may be sufficient for a momentary verbal assault of a child.

1.2. Substance use behavior patterns by hypothesized effects

Concerns about parental use of psychoactive substances are based on their association with compromised parental functioning and with child harm (Wells, 2009). Epidemiological evidence demonstrates substance use behaviors and their associated impairments occur along a continuum (Institute of Medicine, 1990). If so, higher intensity of substance use (defined by increasing amount of use and/or severity of substance-related problems) may be related to higher impairments in parents' ability to attend, interpret, decide a response, and/or execute a decision related to their children's words or actions (Crittenden, 1993; Milner, 2000).

Based on this rationale, this study used social information processing (SIP) models of child abuse and neglect to guide hypotheses about how specific substance use behavior patterns may be associated with varying levels of maltreatment frequency (see Table 1 for a summary of hypothesized relationships). SIP models suggest parents' abilities to process child behaviors and appropriately respond can be compromised *when impairments occur at any one of four stages*: (1) attention, (2) interpretation, (3) decision-making, and (4) implementation (Crittenden, 1993; Milner, 2000). For example in cases of abuse (physical or emotional), parents may develop a