



“It's just broken branches”: Child welfare-affected mothers' dual experiences of insecurity and striving for resilience in the aftermath of complex trauma and familial substance abuse



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ARTICLE INFO

Article history:

Received 25 August 2016

Received in revised form 26 November 2016

Accepted 27 November 2016

Available online 05 December 2016

Keywords:

Child welfare
Former foster youth
Complex trauma
Substance abuse
Mothers
Phenomenology
Insecurity
Resilience

ABSTRACT

The voices of mothers of color who have been affected by the child welfare system are typically marginalized and are largely left unheard. Yet, attending to their experiences may yield a wealth of strategies for system change and for other women to change their path or avoid child welfare system involvement altogether. Using augmented qualitative analytic methods from two phenomenological studies that utilized the life histories approach, the current study lifts up the voices of 15 women of color with past child welfare involvement as foster youth (and, for many, as mothers). The study findings highlight experiences within two broad themes: a) immense insecurity; and b) resilience, across domains in the lives of child welfare affected women. The mothers in this study share their insights into the aftermath of complex trauma and substance abuse within their families, particularly the relational, housing, and financial insecurity it wreaked as well as how they garnered resilience through perseverance, faith and empathy, and establishing stable homes. Implications for practice, policy, and future research are discussed.

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1. Introduction

1.1. Why focus on child welfare system affected mothers?

Child welfare system (CWS) affected mothers¹ with histories of substance use and abuse struggle against tremendous odds to keep their families intact and safe. These mothers experience higher rates of exposure to traumatic experiences (e.g. physical and sexual abuse) and adversity (e.g. intense poverty and restricted access to stable and safe housing), which adversely impact their relationships, their parenting and their overall functioning (Blakey & Hatcher, 2013; Chemtob, Griffing, Tullberg, Roberts & Ellis, 2011; Silver, 2015). Once the CWS becomes involved, mothers encounter tremendous stigma, experiencing themselves as being viewed as unfit and morally lacking (Roberts, 2002; Silver, 2015). In contrast to the harsh societal perceptions, many CWS affected mothers recognize that their support system is

compromised and desire help for themselves and their families. Given the tremendous strife and traumas that have marked their lives, they desire help that is nonjudgmental, specialized, and knowledgeable about their experiences (Muzik et al., 2013; Stenius & Veysey, 2005). Research that provides a more rounded perspective of mothers, which includes an accounting of their struggles and their successes in overcoming adversity, is scarce, with only a handful of researchers focusing on illuminating broader aspects of maternal experiences (e.g., Authors, 2015; Blakey, 2012; Blakey & Hatcher, 2013; Muzik et al., 2013).

One area of sustained concern in child welfare is multi-generationally involved families, an understanding of which begins with an examination of the experiences of former foster youth. Youth who have spent time in foster care tend to have much poorer outcomes than their peers who have not been in foster care. In a study comparing young adults who have lived in foster care and those who have not, youth who have lived in foster care are thirteen times more likely to have ever lived in a group home or homeless shelter and nearly twice as likely to have been arrested before the age of 18 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Youth who have been in foster care also have a higher prevalence of dating violence than the general population (Jonson-Reid, Scott, McMillen, & Edmond, 2007). Young adults who have recently aged out of the child welfare system face significant struggles: difficulty parenting their children, high rates of unemployment, persistent mental illness or

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¹ The term child welfare affected is used here to define any family that comes to the attention of the child welfare system from calls that result in referrals for preventive services through removal of children and their placement in foster care. This term is frequently used by mothers indicating the lasting impact that any child welfare involvement has on them and their families.

substance abuse, difficulty meeting their own basic needs, and frequent involvement with the criminal justice system (Courtney & Dworsky, 2006).

Substance use and abuse has been established as contributing to poor outcomes for CWS affected mothers. Illicit drugs including marijuana, heroin, and cocaine/crack-cocaine, along with legal substances like alcohol, have interfered with their parenting and introduced insecurity on many levels into their homes. In this study, we use the term “familial substance use” to mean substance use within the family in one or more generations. Substance use and abuse by CWS affected mothers has been researched extensively (Choi, Huang & Ryan, 2012; Grella, Hser & Huang, 2006; Semidei, Radel & Nolan, 2001; Young, Boles & Otero, 2007). Studies have explored the relationship between parental substance abuse and: 1) parent to child directed aggression (Berkout & Kolko, 2016); 2) the disruption of the parent-child bond (Grant, Huggins, Ernst, Whitney & Wilson, 2011); and 3) developmental disruption in children (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013). Studies such as Blakey (2012) and Blakey and Hatcher (2013) have begun to shed more light on the relationship between substance abuse and trauma for child welfare affected mothers (specifically African-American mothers). These researchers' work extends the conversation beyond the typical focus on substance abuse alone into the possible contributors. The purpose of the present study is to detail the lived experiences of CWS affected mothers of color, shedding light on the ways in which trauma and familial substance use and abuse created insecurity in their lives, which subsequently resulted in their CWS involvement.

1.2. Substance use and abuse and complex trauma among CWS-affected mothers

Beginning in the 1980s, the CWS adopted a punitive stance towards families with substance use and abuse issues² (Kovalesky, 2001). This shift resulted in a sharp increase in foster care placements directly linked to maternal substance use and abuse (Young, Boles & Otero, 2007). The increase in out-of-home placements linked to substance use and abuse coincided with the emergence of stigmatizing political and societal attitudes towards struggling Black mothers. These attitudes were heavily influenced by negative images that portrayed the crack-addicted Black mother as incapable of, and uninterested in, raising her children (Linneman, 2010). As the crack-cocaine epidemic ravaged inner-city communities in the 1980s and early 1990s, foster care placements swelled with a disproportionate number of Black/African-American children removed from their parents and languishing in foster care (Roberts, 2002; Sharpe, 2001).

Fullilove, Lown and Fullilove (1992) detailed the manner in which many of the women who were swept up in the crack-cocaine epidemic were women of color, with histories of abuse stemming from childhood as well as during their substance use. After interviewing fourteen mothers who were enrolled in substance abuse treatment for addiction to crack-cocaine, Fullilove, Lown and Fullilove called for simultaneous treatment of the extensive trauma these mothers had endured. The trauma they documented predated the onset of maternal drug use and was further complicated by mothers' need to satisfy their subsequent habit. With thirteen of the fourteen mothers recorded as having lost custody of their children, Fullilove et al.'s findings cried out for the integration of trauma-informed care for child welfare involved mothers who were struggling with substance abuse issues.

Contemporary researchers working decades after the crack epidemic have echoed Fullilove et al.'s call for child welfare interventions that

take maternal trauma into account specifically for Black/African-American mothers (Blakey, 2012; Blakey & Hatcher, 2013). Noting that child welfare outcomes are affected by whether mothers exist in survival mode or thriving mode, Blakey (2012) exhorts child welfare providers to consider maternal trauma as central to service provision. The legacy of child removal due to maternal substance use has entered a new phase since the turn of the century, as the nature of the drugs used have changed to include drugs like methamphetamines (Cunningham & Finlay, 2013; Gonzales, Mooney & Rawson, 2010; Hohman, Oliver & Wright, 2004) and heroin (Marsh, Smith & Bruni, 2011), and the demographics of users have shifted to include middle and upper middle-class, white, suburban and rural mothers (Kertesz, 2016). The literature has yet to reflect whether this changing demographic will influence CWS policies and practices.

1.3. The scope of the problem

Gender is germane to the discussion when considering the intersection of trauma and substance use and abuse. Mothers are most frequently engaged by CWS when the system becomes involved with a family. Of the 702,000 unique verified child maltreatment victims in 2014 (United States Department of Health and Human Services [USDHHS], 2016), 41% were identified as being maltreated by their mothers only. Many mothers struggle after exposure to events where they believe themselves to be in danger of actual or feared harm, events more commonly categorized as traumatic events. Women are exposed to high rates of interpersonal violence, including physical, sexual, verbal and emotional abuse. This abuse is often perpetrated by family members or by persons known to them, and commences early in life (Chemtob, Griffing, Tullberg, Roberts, & Ellis, 2011; Leite et al., 2014; Authors, 2015). In their study of sixty-nine adolescents ages 11 to 17 who were multi-systemically involved (i.e., mental health, juvenile justice, and child welfare services, among others), Meuser and Taub (2008) found higher rates of posttraumatic stress disorder for girls (42%) as compared to boys (19%) and for youth who had been sexually abused (61%) when compared to youth who were not (15%). Beginning early in life, the burden of documented exposure to interpersonal violence borne by girls and women begins to outpace that faced by their male counterparts.

Compounding interpersonal trauma for women are the circumstances that add layers of stress and limit their ability to escape these traumatic events. Herman (1992) coined the term *complex trauma* to describe the experiences of those who are effectively “trapped” in households or other settings where exposure to coercion, violence, or control is chronic and escape is impossible. The sequelae of exposure to complex trauma can wreak havoc on subsequent development and functioning. In a study of 41 child welfare involved mothers and 58 non-involved mothers, researchers examined the relationship between early childhood maltreatment exposure, substance abuse, and the development of borderline personality disorder (BPD) (Perepletchikova, Ansell, & Axelrod, 2012). Child welfare affected mothers were found to have significantly higher scores of personal childhood maltreatment and were also more likely to have endorsed symptoms of BPD. Often an indicator of the presence of complex trauma, BPD is frequently diagnosed alongside posttraumatic stress disorder, especially in women (Herman, Christopher & van der Kolk, 1989; Pagara et al., 2010; Zonarini, Williams, Lewis & Reich 1997).

Child welfare affected mothers often live in poverty-affected communities with higher rates of exposure to violence at the community and street levels (Clark et al., 2008; Voisin, 2007). Mothers struggle to cope with the sequelae of repeated exposure to trauma, interpersonally and communally, often undiagnosed or improperly diagnosed and thus untreated. The far-reaching consequence of this compounding form of exposure to trauma has been linked to an increased likelihood of substance use and abuse (Felitti et al., 1998; Kilpatrick et al., 2003; Najavits, Weiss & Shaw, 1997; Ullman, Relyea, Peter-Hagene & Vasquez, 2013), and multisystemic involvement for many families – as systems

² The term substance use and abuse is used to identify a shift to a zero tolerance stance that was adopted towards substance use for this specific population. Substance use was not new to American society, in fact it was tolerated and perhaps even celebrated in the 1960s. However, for this group of low-income mothers of color, drug use was viewed as a symbol of irresponsibility and moral corruption.

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