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## Research article

# Understanding child protection decisions involving parents with mental illness and substance abuse

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## ABSTRACT

Among children investigated for maltreatment, those with parents experiencing mental illness or substance abuse are more likely to be placed out-of-home; however, little is known about why these children are at greater risk. Using a sample of 2488 Structured Decision Making<sup>®</sup> assessments administered in San Francisco county from 2011 to 2015, we identified a profile of safety threats that accounts for why workers are more likely to determine children of parents with mental illness and/or substance abuse unsafe in the home. Eight percent of assessments in our sample involved parents with current mental illness only and 10% had comorbid substance abuse. The odds of an unsafe determination more than doubled among parents with mental illness ( $OR = 2.52, p < 0.001$ ) and were nearly tenfold higher among parents with comorbid substance abuse ( $OR = 9.62, p < 0.001$ ). Three safety threats accounted for all of the effect of parental mental illness on safety determination: caretaking impairment due to emotional stability/developmental status/cognitive deficiency (57%), failure to meet a child's immediate needs (30%), and threats of harm (14%). Three safety threats accounted for 55% of the effect of comorbid mental illness and substance abuse on safety determination: failure to meet a child's immediate needs (21%), presence of a drug-exposed infant (21%), and caretaking impairment due to emotional stability/developmental status/cognitive deficiency (14%). Results suggest that sustained linkage to effective mental health services and material resources at the outset of a child welfare case may help to promote faster and more likely reunification, and prevent future maltreatment.

## 1. Introduction

Ensuring the safety and wellbeing of children involves critical decisions about when and how to intervene with families reported for maltreatment. Although children of parents with mental illness and/or substance abuse are at increased risk of out-of-home placement (Park, Solomon, & Mandell, 2006; Westad & McConnell, 2012), no study has examined the child protection decision-making processes that lead to this determination. Our study addresses this critical gap in the literature by evaluating which safety threats, as assessed by child protection workers, account for the association between parental mental illness/substance abuse and safety determination. Understanding why child protection workers are more likely to deem children of parents with mental illness and/or substance abuse unsafe could help focus service planning for this population and prevent future maltreatment.

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## 2. Maltreatment, mental illness, and substance abuse

### 2.1. Maltreatment

Child maltreatment is a critical public health concern. In 2014, nearly 44 children per 1000 were referred for maltreatment, and rates of investigation or alternative response rose more than 7% from 2010 to 2014 (Administration for Children & Families, 2016). Of all children investigated or provided alternative response, 19% were victims—an average of 9.4 children per 1000 (Administration for Children & Families, 2016). Maltreatment is associated with increased social, emotional, and behavioral problems (Lansford et al., 2002) and decreased educational and occupational attainment (Currie & Widom, 2010). In 2008, new maltreatment cases cost the country more than \$124 billion in lifetime expenses (Fang, Brown, Florence, & Mercy, 2012).

### 2.2. Mental illness

More than 90% of all maltreatment is perpetrated by parents (Administration for Children & Families, 2016), and parents with mental illness are more likely to become child welfare-involved than those without it. A New England study of 4827 Medicaid-eligible mothers, for instance, found that in-home maltreatment preventive services and child out-of-home placement were significantly more common among mothers with serious (15%) and non-serious (11%) mental illness than no mental illness (4.2%; Park et al., 2006). Similarly, a Canadian study of 11,562 child maltreatment investigations found that mothers with versus without mental health issues were significantly more likely to have substantiated maltreatment allegations ( $OR = 1.41, p < 0.001$ ), child removal ( $OR = 1.51, p < 0.001$ ), ongoing child welfare services ( $OR = 1.88, p < 0.001$ ), and applications made to the court ( $OR = 2.31, p < 0.001$ ; Westad & McConnell, 2012).

Studies suggest that major depression is the most common form of mental illness among maltreating mothers (72%), followed by dysthymia (45%), posttraumatic stress disorder (43%), and unspecified anxiety disorder (17%); psychotic disorders such as schizophrenia (2%) are less common (De Bellis et al., 2001). Though limited, research suggests psychiatric diagnosis may be associated with certain maltreatment types; in a national longitudinal study of 7103 parents, a diagnosis of depression predicted increased risk of physical abuse ( $RR = 2.90, p < 0.01$ ) but not neglect, whereas a diagnosis of obsessive-compulsive disorder predicted increased risk of neglect ( $RR = 7.21, p < 0.01$ ) but not physical abuse (Chaffin, Kelleher, & Hollenberg, 1996). Mental illness severity and chronicity also affect child welfare involvement. A longitudinal study of 322 mothers with severe mental illness found that the odds of custody loss increased 8% per inpatient psychiatric admission (Hollingsworth, 2004).

### 2.3. Substance abuse

Maltreating caregivers are more likely than comparison groups to experience not only mental illness, but substance abuse as well. Of all victims of maltreatment in the United States in 2014, 9% had a caretaker with alcohol abuse (versus 4% of non-victims) and 26% had a caretaker with drug abuse (versus 8% of non-victims; Administration for Children & Families, 2016). De Bellis et al. (2001) report significantly higher rates of alcohol and/or substance abuse or dependence among maltreating (30%) versus control mothers (2%); additionally, male caregivers in this study were more than twice as likely to have substance abuse/dependence than males in the general population.

Substance abuse is associated with increased risk of various maltreatment types. Chaffin et al. (1996) found that parental substance abuse increased risk of both physical abuse ( $RR = 3.45, p < 0.001$ ) and neglect ( $RR = 3.24, p < 0.001$ ), and a Canadian health survey found increased odds of both physical and sexual abuse among children of substance-abusing mothers and fathers (Walsh, MacMillan, & Jamieson, 2003). Taken together, the evidence consistently associates parental mental illness and substance use with increased risk of involvement across many levels of the child welfare system.

## 3. Safety assessments and child protection decision-making

When maltreatment referrals are screened in for investigation, CPS workers conduct an in-home assessment to determine current child safety, often using an inventory of safety threats. Common threats include unmet basic needs, hazardous living conditions, and signs of physical abuse, among others (DePanfilis & Scannapieco, 1994; Pecora, 1991). Child safety in the home is determined largely, though not exclusively, based on this threat assessment.

Whereas some assessments include mental illness and substance abuse as safety threats, others incorporate mental illness and substance abuse if they constitute observable safety threats to children, e.g., if the “ability of the parents/caregivers to control their behavior” is impaired due to mental illness or substance abuse (DePanfilis & Scannapieco, 1994, p. 235), or if the “caregiver’s current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child” (National Council on Crime & Delinquency; Children’s Research Center, 2012). Indeed, in the absence of any threat to child safety, a caretaker’s mental illness or substance abuse alone should not compel child removal.

However, studies often identify mental illness and substance abuse as risk factors for child removal without explaining how either constituted a threat to child safety during the protection decision-making process (e.g., Zuravin & DePanfilis, 1997). Few studies have examined safety assessment documentation in order to understand the context in which child protection decisions are made; the process in many ways remains a black box. The field requires a more precise understanding of what workers document first-hand when assessing safety among children of parents with mental illness and/or substance abuse.

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