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# A longitudinal analysis of the impact of child custody loss on drug use and crime among a sample of African American mothers

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## ABSTRACT

This study examines the influence of child custody loss on drug use and crime among a sample of African American mothers. Two types of custody loss are examined: informal custody loss (child living apart from mother but courts not involved), and official loss (child removed from mother's care by authorities).

**Methods:** Using data from 339 African American women, longitudinal random coefficient models analyzed the effects of each type of custody loss on subsequent drug use and crime.

**Results:** indicated that both informal and official custody loss predicted increased drug use, and informal loss predicted increased criminal involvement. Findings demonstrate that child custody loss has negative health implications for African American mothers, potentially reducing their likelihood of regaining or retaining custody of their children.

**Conclusions:** This study highlights the need to integrate drug treatment and other types of assistance into family case plans to improve reunification rates and outcomes among mothers, children, and families. Additionally, the finding that informal loss predicts increased drug use suggests that community-based efforts within the mother's social network could be implemented to intervene before child welfare system involvement becomes necessary.

## 1. Introduction

The Adoption and Safe Families Act of 1997 transformed the primary goal of the child welfare system (CWS) from reuniting families to protecting children (ASFA, 1997). Interventions providing family services are less expensive (Johnson-Motoyama, Brook, Yan, & McDonald, 2013), better at reducing parental substance use and out-of-home placement (Kirk & Griffith, 2008), improve child outcomes (Lawler, Shaver, & Goodman, 2011), and oftentimes increase reunification rates (USDHHS, 2011); however, only 11% of the 7.2 billion dollars of federal child welfare funds given to states in 2007 funded preventive and reunification purposes; the majority funded foster care and adoption assistance (Pew Charitable Trusts, 2008). States receive financial incentives for finalized adoptions but not for reuniting a child and parent. Researchers have detailed the deleterious effects that foster care and parent-child separation can have on children (The Children's Aid Society, 2005; USDHHS, 1999), yet little attention has been paid to the effects of custody loss on mothers. Given the importance of the motherhood role in shaping one's identity and the numerous stressors characterizing the lives of many African American mothers, the loss of one's child is expected to negatively affect her health behaviors (El-Bassel et al., 1996; Roberts, 2002; Wells, 2011). This study longitudinally examines the relationship between losing custody of a child and subsequent substance use and crime, using a General Strain Theory (Agnew, 1992) framework.

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### 1.1. Overrepresentation in the child welfare system and the role of substance use

Economically disadvantaged African American communities experience intense social surveillance. African American mothers are more likely than other mothers to be reported to child welfare authorities by all reporters (Krase, 2013), including obstetricians suspecting prenatal drug use (Chasnoff, Landress, & Barrett, 1990; Hill, 2007; Whiteford & Vitucci, 1997), pediatricians, school systems, and neighbors (Roberts, 2008). This creates a CWS with what Dorothy Roberts calls a “racial geography” – one in which communities with large African American populations have a higher concentration of CWS involvement than do communities that are not predominantly African American (Roberts, 2008). These families are overrepresented in the CWS (Summers, 2015), not because they abuse or neglect their children at higher rates, but in part because being poor (Canfield, Radcliffe, Marlow, Boreham, & Gilchrist, 2017; Derezotes & Poertner, 2005; Sedlak & Schultz, 2005) and African American (Ards, Chung, & Myers, 1998; Barth, 2005; Morton, 1999) increase one’s risk of being reported for child maltreatment when holding all other factors constant.

Substance use has long been labeled the “chief culprit” in child welfare spending (CASA, 1999). Around 5.5% of all women in the U.S. who live with minor children have a history of substance abuse (Substance Abuse and Mental Health Services Administration (SAMHSA), 2003), while these rates are 50–80% among parents involved with the CWS (Curtis & McCullough, 1993; Larrieu, Heller, Smyke, & Zeanah, 2008; Semidei, Radel, & Nolan, 2001). Parental risk factors for child maltreatment include having been a victim of abuse during their own childhood, family-related stress or conflicts, financial stress, lack of social support, and substance abuse (Mayo Clinic, 2015). Substance-using, CWS-involved parents suffer from a greater number of, and more severe, social problems than similar non-substance using parents (Hines, Lemon, Wyatt, & Meringer, 2004; Walker, Zangrillo, & Smith, 1991). Thus it is not surprising that parents with many risk factors for child maltreatment will have higher rates of CWS involvement.

African American mothers with substance abuse problems engaging in crime are at significant risk for child custody loss, arrest, and incarceration (Harp & Oser, 2016; Henderson, 1998; Rockhill, Green, & Newton-Curtis, 2008; Schilling, Mares, & El-Bassel, 2004; Sedlak & Schultz, 2004; Tracy, 1994; USDHHS, 1999). A recent study of African American mothers found that mothers incarcerated following a conviction had significantly higher odds of experiencing both informal and official custody loss (Harp & Oser, 2016). Furthermore, while having a childhood history of traumatic victimization increased the mothers’ odds for losing *informal* custody, it was homelessness, having more children, identifying as lesbian or bisexual, and using crack/cocaine that increased the odds of official custody loss (Harp & Oser, 2016). Because substance use and criminality increase a parent’s likelihood of abusing and/or neglecting their children, they also predict a parent losing custody – while some of the other predictors are not as well understood.

### 1.2. Protocol for maltreatment reports and types of custody loss

A few options exist when caregivers are suspected of failing to provide a safe and healthy environment for their child(ren). Each state has its own handbook of procedures for handling a report of child abuse or neglect, however, most states follow the same general process. In Kentucky, the state in which the women in this study reside, citizens are legally mandated to report any suspected abuse, neglect, or dependency of a child per Kentucky Revised Statutes § 620.030 (Kentucky Cabinet for Health & Family Services [KCHFS], 2014). Dependency refers to a parent who is physically or mentally ill or injured in such a way that the child is under “improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.” (KCHFS, 2014, p. 5). In our state, the Department for Child and Family Services receives the report of abuse or neglect, and makes a quick determination about the child’s level of risk and immediate safety. Based upon that assessment, the cabinet may open a case to investigate the claim or refer the family to a community organization for services (Kentucky Revised Statutes [KRS] § 620.040). In cases of immediate risk, a judge can issue an emergency custody order allowing law enforcement to remove a child from the home immediately for a period of up to 72 h, during which the caregivers must appear for a court hearing. There is no typical length for a CWS case (from the time the abuse claim is made until the case is resolved) as it varies greatly. A case in which the abuse claim is found to be unsubstantiated may be resolved relatively quickly, whereas a case in which the parent(s) is given a long list of requirements to be fulfilled as part of the case plan (e.g. substance abuse treatment, safer housing, etc.) may last for a year or more.

In cases where child welfare agencies have determined upon investigation that the caregiver is not meeting the minimum safety and wellbeing requirements to retain custody of one or more children, the child is removed from the home and placed in either kinship care (i.e. living with a relative) or foster care until the case is resolved. This is referred to here as *official custody loss*. The resolution of the case may result in the caregiver regaining custody (often with conditions) or with the permanent termination of his/her parental rights for that child or children. In Kentucky, parental rights can be terminated once a child has been under the care of the State for 15 of the most recent 22 months, if a baby is abandoned, or if the parent has committed certain types of crime (KCHFS, 2012). Exceptions are not made for women who are incarcerated and thus unable to take steps to retain parental rights, other than by special court order. Termination of parental rights, whether voluntary or involuntary, ‘completely severs the parents’ legal ties to the child and transfers such legal rights, including the right to consent to the child’s adoption, to the Cabinet or other person or agency the court believes best qualified to receive the child’ (KCHFS, 2012).

Informal custody loss refers to situations in which the child is living with someone other than the mother – usually a relative – but was not ordered to do so by a child welfare system authority or court order. This is generally referred to as *private* or *informal kinship care*, meaning that the family made the arrangement without CWS involvement (The Urban Institute, 2003). This is different from kinship *foster* care or *voluntary* kinship care where child welfare authorities and/or the courts intervene to place a child with a relative. Substance abuse by a biological parent is the most common reason a child is placed in any kind of kinship care (Weinstein & Takas, 2001). The most current report pertaining to the number of children in *private* kinship care finds that 1,760,000 children are

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