



## Forensic evaluations of drug endangered children: “My house caught on fire; my cat jumped out the window”



Rashi K. Shukla <sup>a,\*</sup>, Kathy Bell <sup>b</sup>, Elizabeth A. Maier <sup>a</sup>, David C. Newton <sup>a</sup>

<sup>a</sup> University of Central Oklahoma, School of Criminal Justice, 100 North University Drive, Edmond, OK 73034, United States

<sup>b</sup> Tulsa Police Department, 600 Civic Center # 303, Tulsa, OK 74103, United States

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### ABSTRACT

Although there is a sizeable body of empirical literature examining the health consequences of exposure to drug use and manufacture in childhood, little is known about how drug endangered children themselves perceive their environment and situation. This study examines the types of information obtained from forensic medical evaluations that include the collection of verbal accounts from children about their situations. Forensic medical examination reports of 173 children removed from residences where methamphetamine manufacturing was suspected of occurring were analyzed. The children's verbal accounts highlight themes of hazards and toxins in the home, criminal and delinquent activity among children and caregivers, knowledge of drug-related activity, poor health and well-being, and traumatic law enforcement encounters. Drug endangered children represent a shadow population often overlooked in responses to the drug problem. Drug-related research and responses should prioritize children and their long-term well-being. Further research on the short- and long-term impacts of exposure as well as the social and physical development of these children is needed.

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### 1. Introduction

An estimated nine million children live in homes with a parent or other adult who currently use illegal drugs (National Alliance for Drug Endangered Children, 2015). Drug endangered children can be viewed as a “shadow population,” in that they are often overlooked in current responses to the drug problem. The Office of National Drug Control Policy (ONDCP) defines drug endangered children as those under 18 years of age living in or exposed to environments with illicit drug use or other drug-related activities; these children are at risk of abuse, harm, neglect, and delinquency (Federal Interagency Task Force for Drug Endangered Children, 2010).

Drug use continues to be a significant issue in the United States. In 2013, over 1.5 million people were arrested for drug abuse violations—the highest of any crime category (Federal Bureau of Investigation, 2014). Moreover, roughly 50% of inmates currently incarcerated in U.S. prisons are serving sentences for drug-related offenses (Federal Bureau of Prisons, 2015). According to the National Household Survey on Drug Use and Health, nearly 25 million individuals aged 12 years and older had used illicit drugs within one month of taking the survey (Substance Abuse and Mental Health Services Administration, 2014).

Despite decades of policy efforts focused on responding to the drug problem, there is limited information regarding the specific numbers and characteristics of drug endangered children. The recognition that children were at risk for harm and death due to exposure to methamphetamine use and manufacture drew national attention to this under-recognized population (e.g., see Centers for Disease Control and Prevention, 2005). Although methamphetamine manufacturing played a key role in increasing awareness about drug endangered children in the U.S., drug-related harms are not restricted to children exposed to methamphetamine production alone. As noted by the U.S. Department of Justice (2015), drug endangered children may be at risk due to “exposure to illegal drugs and those who use legal drugs for illicit purposes” (para. 1); health and safety concerns include abuse, neglect, and potential problems linked to caregivers who consume drugs and participate in other drug-related activities in the presence of children. According to the National Center on Addiction and Substance Abuse at Columbia University (1999), children of drug users are at greater risk for physical or sexual assault.

Little is known about how drug endangered children perceive their circumstances and experiences. Drug endangered children are a vulnerable cohort, and receive little attention from policy makers and practitioners in comparison to those who abuse and manufacture illicit drugs. This deficiency stems in part from a lack of funding as well as inconsistent and unsystematic policies and responses when first responders such as law enforcement and child protective services identify these children. There is a need to develop better practices and

\* Corresponding author at: School of Criminal Justice, University of Central Oklahoma, 100 N. University Drive, Edmond, OK 73034, United States.  
E-mail address: [rshukla@uco.edu](mailto:rshukla@uco.edu) (R.K. Shukla).

services for this population and enhance cooperation among first responders. Systematic collection of information is a crucial first step toward meeting this goal.

Although medical evaluations of drug endangered children are conducted in some jurisdictions, such evaluations are not systematically conducted at the local, state, or national levels. The present study examines forensic medical observation data on children removed from residences where methamphetamine manufacturing was suspected of occurring within a single jurisdiction in a Midwestern state. This observational study describes a subset of the larger population of youth whose parents abuse drugs. This research illustrates the value of gathering information directly from children as part of initial well-being assessments of drug endangered children. Gaining a better understanding of these children's needs is essential for developing responses that provide effective treatment and services aimed at supporting the healthy development of these vulnerable youths.

### 1.1. Parental drug abuse and child neglect

Children are especially vulnerable to the harmful effects of drug exposure (Asanbe, Hall, & Bolden, 2008; Grant, 2007; Haight, Jacobsen, Black, Kingery, Sheridan and Mulder, 2005; Haight, Marshall, Hans, Black and Sheridan, 2010; Haight, Ostler, Black and Kingery, 2009; Messina, Jeter, Marinelli-Casey, West, & Rawson, 2014; Pennar, Shapiro, & Krysik, 2012; Swetlow, 2003). These harmful effects can begin before birth. Studies of prenatal exposure to methamphetamine have found a variety of negative side-effects (Arria, Derauf, LaGasse, Grant, Shah, Smith, et al., 2006; Hohman, Oliver, & Wright, 2004). Roos, Kwiatkowski, Fouche, Narr, Thomas, Stein and Donald (2015) compared cognitive performance and physical brain structure between children exposed to methamphetamine and a control group with no such exposure. The results of cognitive tests and brain imaging revealed that those exposed to methamphetamine exhibited impaired cognitive performance and motor coordination, as well as disrupted brain matter integrity and neural connectivity. Diaz, Smith, LaGasse, Derauf, Newman, Shah, et al. (2014) examined mother-infant pairs that were exposed to methamphetamine, finding that prenatal methamphetamine exposure increased risk of cognitive problems 2.8 times over non-exposure at 7.5 years of age.

Previous research has identified numerous risk factors associated with parental drug abuse, demonstrating a strong relationship between parental drug abuse and child neglect. Famularo, Kinscherff, and Fenton (1992) explored physical or sexual abuse coinciding with parental drug or alcohol abuse by analyzing juvenile court records. An association was found between substance abuse and child maltreatment; specifically, alcohol abuse was associated with physical maltreatment and cocaine abuse with sexual maltreatment. Wolock and Magura (1996) conducted a longitudinal study to examine the causal relationship between parental drug abuse and subsequent child abuse and child protective services referrals. The findings supported the existence of such a relationship, with parental drug and alcohol abuse accounting for 60% of the variance in likelihood of a child protective services report being filed.

Parental drug abuse is generally shown to lead to negative health and behavioral outcomes later in life. Much of what is known in this regard has emerged from the ongoing adverse childhood experiences (ACE) study conducted by Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss and Marks (1998). The ACE study, with over 17,000 participants, is one of the largest scientific studies to examine the relationship between multiple categories of traumatic childhood experiences and behavioral outcomes in adulthood. Although the sample was originally drawn from a disproportionately middle-class population, this research suggests a link between the number of negative or adverse childhood experiences and an increased likelihood of drug abuse and mental health problems in adulthood. Among males, those who had been exposed to six or more adverse experiences in childhood

(e.g., physical or sexual abuse, parental drug abuse or imprisonment, parents not present in the home) were 46 times more likely to use drugs intravenously (IV) compared to those with no such experiences (Felitti, 2004). Moreover, of those who indicated that they experienced trauma during childhood, 27% specified that their trauma was related to growing up with drug use in the home (Felitti et al., 1998).

Dube, Felitti, Dong, Chapman, Giles and Anda (2003) provide evidence that ACE score and drug initiation can be multigenerational. Other research conducted using data from the ACE study suggests that childhood maltreatment and trauma are associated with age of substance use initiation, lifetime severity of substance use (Hyman, Garcia, & Sinha, 2006), and relapse-related experiences among cocaine users (Hyman, Paliwal, & Sinha, 2007; Hyman, Paliwal, Chaplin, Mazure, Rounsaville and Sinha, 2008). These findings support the increasing breadth and depth of knowledge on negative outcomes linked to drug exposure in utero and childhood (for more findings regarding this relationship, see Table 1).

Children of methamphetamine abusers and manufacturers may also develop a variety of problems resulting from the negative environmental factors to which they are exposed. Much of what is known regarding this relationship comes from data provided by parents, caregivers, child welfare workers, other professionals, and the children themselves. While a small number of studies are based solely on data from children themselves, more commonly, research incorporates the perspectives of other caregivers and first responders. The following two sections present the research findings from this body of literature divided by the party who provided the information (i.e., others or children themselves).

### 1.2. Others' perspectives on DEC

Those who encounter and interact with drug endangered children serve as an important source about this population. Haight et al. (2005) interviewed adults (e.g., child welfare workers, foster caregivers, and community professionals) who had experience with families involved with methamphetamine, focusing on perceptions of children's experiences, behaviors, and functional ability. The adults described that children are exposed to a generally antisocial and deviant lifestyle in methamphetamine homes characterized by abuse, neglect, danger, and isolation. This environment predisposes children to exhibit antisocial behavior and practices (e.g., lying, stealing, and drug use) and display signs of psychological, educational, and social deficiencies.

In another study, Haight et al. (2010) assessed children's behavior by having foster caregivers complete the Child Behavioral Checklist for Children (CBCL) for a sample of 15 children ages 7 to 15 years old removed from methamphetamine homes. These children were separated into experimental and control groups, with the experimental group being exposed to an intervention. The findings suggest that children from methamphetamine homes scored higher on externalizing behaviors and aggression. Ultimately the intervention seemed promising but more research is needed.

To gain insight into the maternal perspective, Haight, Carter-Black, and Sheridan (2009) interviewed four mothers recovering from methamphetamine abuse regarding their parenting during drug abuse and their recovery processes. The interviews revealed that three of these mothers were raised by methamphetamine-abusing parents and themselves experienced trauma as children associated with this. The mothers reflected on how the drug becomes more important to them than anything else, including their own children. They recognized that their children experienced physical and emotional abuse, neglect, and trauma due to violence, antisocial behavior, and substance abuse occurring in the home. These negative outcomes persisted even after the mothers had desisted from use.

Haight et al. (2010) and Haight, Marshall, et al. (2010) interviewed the caregivers of 41 children ages 6 to 14 years old from 27 methamphetamine-involved families and reviewed child welfare

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