



A national study of risk and protective factors for substance use among youth in the child welfare system

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ABSTRACT

While child welfare services are intended, in part, to diminish maltreatment's negative impact on adolescents' development, there is evidence that receiving child welfare services affects adolescents' substance use adversely. The literature on the extent and correlates of this problem is still emerging. The present study aims to fill part of this gap by examining the association between baseline psychosocial risk and protective factors on engagement in substance use behavior over a period of 36 months for child welfare involved youth. It further compares substance use behavior between youth placed in out-of-home care and those who remained with their biological families. Data come from the National Survey of Child and Adolescent Well-Being (NSCAW), a national probability study of children and adolescents undergoing investigation for abuse or neglect. The sample for this analysis was restricted to 827 youth who were 11 years or older at baseline data collection. Key findings include a high rate of social substance use (47.7%) and illicit substance use (17.4%). There was a limited role of protective factors in mitigating risk behavior for social substance use (caregiver connectedness; OR = 0.51, $p < 0.05$). Avoiding foster care placement was a protective factor for illicit substance use (OR = 0.43, $p < 0.05$). Delinquency was a risk factor associated with both social substance use (OR = 1.06, $p < 0.01$) and hard substance use (OR = 1.10, $p < 0.001$). Given the high prevalence of substance use among child welfare involved youth, prevention efforts for this population require a better understanding of biological, psychological, and social protective factors. The child welfare system is an untapped resource that has the potential to be a gateway to and a platform for substance abuse prevention services that should be incorporated into child welfare safety and permanency interventions.

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1. Introduction

In the U.S. some 8.3 million children dependent on drugs reside with substance-abusing parents who were maltreated as children (Young, Boles, & Otero, 2007). The child welfare system may be the locus of a vicious circle of intergenerational substance use. Maltreated children of parents who abuse substances will themselves be comparatively likely to abuse substances in adulthood (Schuck & Widom, 2001). While studies suggest that a majority of families involved in the child welfare system (CWS) are affected by substance use, estimates of prevalence among both parents and children are inconsistent with widely varying rates reported across studies. The U.S. Department of Health and Human Services in its Report to Congress in 1999 stated that between one third and two thirds of children in CWS were affected by substance abuse (U.S. Department of Health and Human Services, 1999). To date,

this is the only federally documented statistic related to substance use and CWS. While evidence indicates that the receipt of child welfare services may increase rates of substance use (Pilowsky & Wu, 2006), the risk factors for initiation and sustained substance use among child welfare involved youth are unclear. Previous studies have identified demographic, psychosocial, and contextual risk factors for substance use among youth in child welfare including gender, age, history of abuse, and mental health difficulties (Aarons et al., 2008; Vaughn, Ollie, McMillen, Scott, & Munson, 2007); lower levels of caregiver monitoring (Wall & Kohl, 2007); and deviant peer networks (Thompson & Auslander, 2007). Despite evidence of elevated risk among children with a history of maltreatment, relatively little empirical attention has been devoted to this population in the extant literature. The literature on the scope of this problem and correlates of substance abuse among CWS involved teens is still emerging. Employing data from the first national probability study of youth referred to child welfare, the National Survey of Child and Adolescent Well-Being (NSCAW), the aim of the present study is to examine the association between baseline psychosocial risk and protective factors on engagement in substance use behavior over a 36 month period for child welfare involved adolescents.

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1.1. Prior estimates of substance use among CWS involved teens

Estimates of substance use among child welfare involved adolescents vary depending on how use is measured as well as by sample age. A previous report from the National Survey of Child and Adolescent Well Being (NSCAW) revealed concerning rates of lifetime substance use with 38% of 11–15 year olds reporting drinking alcohol at some time in their life; 17% reporting marijuana use; 10% reporting inhalant use; and 6% reporting crack, cocaine, or heroin use (U.S. Department of Health and Human Services, Administration for Children, Youth, and Families, 2005). Other NSCAW studies report 20% of youth exhibiting low levels of substance use, 3% exhibiting moderate levels of use, and 6% exhibiting high levels of use (Wall & Kohl, 2007). Other regional studies have reported 50% of maltreated adolescents used alcohol (Moran, Vuchinich, & Hall, 2004), a rate exceeding 30-day alcohol-use rates for community samples of 8th (16%), 10th (33%), and 12th graders (44%) (Johnston, 2007). Diagnosable substance use disorders have consistently been found to be higher among youth in child welfare than in the general population (Aarons, Brown, Hough, Garland, & Wood, 2001; Aarons et al., 2008; Courtney, Terao, & Bost, 2004; Pilowsky & Wu, 2006; Vaughn et al., 2007; Wall & Kohl, 2007). In a study of adolescents in the child welfare system in San Diego, Aarons et al. (2001) found that 11% had met criteria for a substance use disorder in the past year and 19.2% had met criteria for a substance use disorder in their lifetime. Vaughn et al. (2007) found that 35% of 17 year old respondents in a sample from Missouri met criteria for a substance use disorder in their lifetime. In a report from the Midwest Evaluation of Former Foster Youth Study, 14% of 17 year old youth had met criteria for alcohol use disorder in their lifetime and 7.3% had met criteria for a substance use disorder (Courtney et al., 2004). Rates of alcohol and substance use disorders in the general population as reported in the National Epidemiological Survey of Alcohol and Related Disorders (NESARC) were 9.35% (Grant et al., 2004). Therefore, while estimates are not exact and could benefit from better reliability, a clear burden of illness and health disparity exists for adolescents involved in CWS.

1.2. Risk and protective factors for substance use among CWS involved teens

1.2.1. Theoretical model

This study is informed by the social development model. The social development model is a theory of human behavior that is used to explain the origins and development of delinquent behavior during childhood and adolescence (Catalano, Kosterman, Hawkins, Newcomb, & Abbott, 1996; Hawkins, Catalano, & Miller, 1992). By taking into account risk factors as well as protective influences, the social development model predicts whether children will develop prosocial or antisocial behavioral patterns as they age. There is considerable empirical evidence that biological, psychological and social factors at multiple levels in different social domains (individual, family, school, peer group and community) contribute to varying degrees to the development of health-risking behaviors.

1.2.2. History with CWS

While child welfare services are intended, in part, to diminish maltreatment's negative impact on adolescents' alcohol use, there is evidence that receiving child welfare services affects adolescents' alcohol use adversely. For example, children who had lived in foster homes were five times likelier, in one study, to abuse substances than were their peers with no history of removal (Pilowsky & Wu, 2006). Furthermore, experience in foster care or other out-of-home placement has been associated with substance abuse in adulthood (Grella & Greenwell, 2006; Gutierrez, Russo, & Urbanski, 1994; Zlotnick, Tam, & Robertson, 2004).

1.2.3. Risk factors

The risk factors for teen substance abuse among child welfare involved youth are largely unknown. Previous studies have identified demographic, psychosocial, and contextual risk factors for substance use among youth in child welfare. In a study of youth ages 13–18 in California, Aarons et al. (2008) found that male gender, history of abuse, presence of internalizing or externalizing disorders, peer or sibling substance use, and older age at entry into child welfare were significantly related to increased risk for substance use and substance use disorders. Analysis of baseline data from 11 to 15 year olds in the National Survey of Child and Adolescent Well-being found that conduct disorder, history of physical abuse, and lower level of caregiver monitoring were associated with increased odds of substance use (Wall & Kohl, 2007). Two studies of older youth in foster care in Midwestern states provide information on risk factors for substance use specific to the older youth population. Vaughn et al. (2007) found that white race, history of physical neglect, history of conduct disorder or post traumatic stress disorder, and being in a more independent living situation were associated with increased odds of substance use and disorders in 17 year old foster youth. Having friends that used substances and skipping school were associated with increased odds of substance use in Thompson and Auslander's (2007) study of 15–18 year old youth in care.

1.2.4. Protective factors

The social development model also incorporates “protective factors,” which are hypothesized to mediate or moderate the effects of risk exposure. Common protective factors identified in the literature are parental monitoring, connectedness to a parent or adult, school engagement, and future expectations (Cleveland, Feinberg, Bontempo, & Greenberg, 2007; Hawkins et al., 2008).

The current study extends the limited body of research in this area in several ways: (1) it uses data from the National Survey of Child and Adolescent Well-Being, the first probability study of children and families referred for child welfare services, to examine the association between psychosocial risk and protective factors on engagement in social and illicit substance use behavior for child welfare involved adolescents. The NSCAW sample is larger and more geographically representative than any other existing child welfare dataset. Only three papers have been published on the national prevalence of substance use among CWS involved youth and both have only considered cross sectional analysis (Leslie et al., 2010; Orton, Riggs, & Libby, 2009; Wall & Kohl, 2007). (2) The NSCAW data also enable us to examine the temporal association between a range of psychosocial risk and protective factors and substance use behaviors. Specifically we can examine the association between psychosocial stressors experienced in early adolescence play on the emergence of substance use in later adolescence. Identification of risk factors present in the early adolescence can help isolate targets for substance use prevention intervention. Adolescence is crucial time for the prevention of substance use disorders because substance use increases throughout adolescence until it peaks in young adulthood (Brown et al., 2008). (3) Finally, the NSCAW sample includes youth in out-of-home placement as well as those who had involvement with the child welfare system but remained in the home following investigation of maltreatment. This provides a unique opportunity to examine the relationship between placement history, caregiver connectedness and engagement in social and hard substance use.

2. Method

Data for the current research come from National Survey on Child and Adolescent Well-Being (NSCAW), the first national longitudinal probability study of child welfare to collect extensive data from children, caregivers, teachers, and child welfare workers. NSCAW used a stratified two-stage cluster sampling strategy to select 100 primary

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