# Parental drug and alcohol use as a contributing factor in applications to the Children's Court for protection orders

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*Drug use has a significant negative impact on the ability of parents to provide safe care for children and an outcome of this is the entry of some of these children into out-of-home care. This poses particular challenges for service providers, not only because of the complex nature of addiction, but also the many other issues facing these families. This paper reports on studies conducted by the Western Australian Department for Community Development in 2004 and 2007 which explored parental drug and alcohol use as a contributing factor in applications to the Children's Court for protection orders. The results of the 2004 study showed that parental drug and alcohol use was the second most common contributing factor in protection applications after neglect. It was also confirmed that drug and alcohol use rarely occurs in isolation, with strong links identified to neglect and domestic violence, as well as other factors, including physical abuse and homelessness/transient lifestyle. The 2007 follow-up study further highlighted the co-existence of parental drug and alcohol use and domestic violence.*

**ACKNOWLEDGEMENTS**

The authors wish to acknowledge the Western Australian Department for Child Protection (formerly the Department for Community Development), and also the support and advice of Ms Pauline Bagdonavicius, Dr Alison Garton, Dr Erika Hagemann and Mr Richard Mathews.

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The negative health and social consequences of drug and alcohol use for individuals, communities and families are widely acknowledged. Yet drug and alcohol use does not occur in isolation. It has been linked to poor mental and physical health, as well as social disadvantage such as lack of education, unemployment, homelessness, social exclusion and poverty (Loxley et al. 2004).

The link between social disadvantage and drug use (particularly alcohol) is most evident among Aboriginal and Torres Strait Islanders. *The National Drug Strategy Household Survey: Urban Aboriginal and Torres Strait Islander Peoples Supplement 1994* (AIHW 1995) showed that for every type of drug considered, these people had higher rates of 'risky' use than the rest of the Australian population. This translated into higher rates of harm, in particular deaths caused by alcohol and tobacco use.

In terms of parental drug use, research shows that people aged between 18 and 35 years are the group most likely to be addicted to illicit drugs and also the most likely to bear children (Lex 1995, cited in Campbell 1997). Drug use has a significant negative impact on the ability of parents to provide safe care for children and an outcome of this is the entry of some of these children into out-of-home care. (It is not necessarily all children, as some drug or alcohol using parents may have active strategies to protect their children from the risks of their lifestyles.) The impact of parental drug use on the extended family can also not be overlooked, with many grandparents finding themselves raising their grandchildren at a time when their advancing age and declining health present their own challenges (Patton 2003b).

## DRUG AND ALCOHOL USE IN WESTERN AUSTRALIA

Data on individual drug and alcohol use in Western Australia from the *2004 National Drug Strategy Household Survey* (AIHW 2005) show that 17% of people aged 14 years and over had recently used any illicit drug (including cannabis) and 39% had at least one drinking occasion in the past 12 months that was risky or high risk. The latter relates

to short-term risk.[1] It is important to note that these data did not relate to individuals who had drug or alcohol dependency. In addition, in spite of what we know about individual drug and alcohol use, it is very difficult to estimate how many families, and more especially children, in Western Australia are affected by parental drug and alcohol use.

The following two sections contain highlights from a recent review by Loxley et al. (2004).

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## MENTAL HEALTH AND DRUG AND ALCOHOL USE

A strong link has been established between adult mental health problems and harmful drug and alcohol use. This has implications for child protection service delivery as an increasing number of people with co-existing mental illness and drug and alcohol use are also parents.

It is not clear to what extent mental health problems lead to drug and alcohol use or vice versa. Some patterns of use can both cause mental health problems and exacerbate existing ones. For example:

- Extended use of psychostimulants such as amphetamines and cocaine has been found to cause psychotic episodes in people with no previous history of the condition.
- Heavy cannabis use can trigger psychotic symptoms, especially in people with a predisposition towards schizophrenia.
- Heavy use of alcohol has been found to worsen pre-existing anxiety disorders and to increase the occurrence of agoraphobia and social phobias.

[1] The National Health & Medical Research Council's (NHMRC) *Australian Alcohol Guidelines* (2001) describe short-term risk as being associated with levels of drinking on a single occasion, typically leading to problems of intoxication such as falls, accidents and violence.

## THE IMPACT OF PARENTAL DRUG AND ALCOHOL USE ON CHILDREN

Much of the research on the effects of parental drug and alcohol use on children has been conducted in the United States, where it has been reported that at least half of the parents whose children are clients of the welfare system have substance abuse problems (Tomison 1996, cited in Patton 2003a). Substantive Australian research on the subject is somewhat limited (Patton 2003a).

There is little doubt that parental drug and alcohol use causes serious harm to children at every age, from conception through to adulthood. This harm relates to: (1) specific health effects including foetal abnormalities, growth retardation, neonatal withdrawal syndrome, low birthweight and physical and/or mental disabilities and problems associated with their physical, cognitive and psychosocial development; and, (2) child neglect or maltreatment as a result of impaired parenting.

### Health effects and developmental issues

Alcohol dependence or frequent high-risk alcohol consumption by mothers during pregnancy can cause foetal alcohol syndrome, which is characterised by inter-uterine growth retardation, minor physical anomalies and central nervous system deficits for the infant.

Smoking during pregnancy is known to increase the risk of a low birth-weight baby, Sudden Infant Death Syndrome, premature labour, miscarriage, ectopic pregnancy and the child developing a respiratory problem such as asthma, croup, bronchitis and pneumonia. Passive smoking or exposure to environmental tobacco smoke (ETS) increases the risk of a number of diseases in children, especially respiratory diseases and middle ear infections such as glue ear.

As discussed by Patton (2003a), pre-natal drug use has a negative effect on the outcome of birth and can result in miscarriage, foetal abnormalities and growth retardation. Infants are frequently born with neonatal withdrawal syndrome, along with other problems, including low birth-weight and physical and/or mental disabilities. Following birth, many children experience a range of physical, cognitive and psychosocial difficulties which require early intervention if these children are to go on to reach their full potential. Examples include delays in fine and gross motor skill development, learning disabilities and poor attention span, difficulty interacting with others and antisocial behaviour.

### Child neglect or maltreatment

Semidei et al. (2001, cited in Patton 2003a) found that children from families with substance use problems were more likely than other children involved with child welfare agencies to have been the victims of severe or chronic

neglect. They also highlighted that significant risk continues for children living with drug-addicted parents when sustained abstinence has not been achieved. Gleeson (2000, cited in Patton 2003a) asserts that the lifestyle associated with parental substance abuse prevents rational and long-term decision-making regarding children.

The Drug Policy Expert Committee (2000) heard that the child protection service in Victoria had to deal with a range of issues involving parental drug use, including: neglect as a result of parental problem drug use; parents serving a prison sentence for drug-related offences; and, children being orphaned due to parental drug overdose.

A report prepared by the Victorian Department of Human Services Community Care Division (2002), *An Integrated Strategy for Child Protection and Placement Services*, showed that, of families involved in substantiated cases of child abuse or neglect in 2000/2001, about a third of parents had problems with alcohol abuse, a third had substance abuse problems, 19% had a psychiatric disability and 52% had experienced family violence. All of these factors had increased over the previous five years, with a particularly large increase in parents with substance abuse problems and parents with a psychiatric disability.

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Not only is substance use often coupled with mental health issues but also with intellectual disability. In combination, these factors further compound the extent of difficulties experienced by families. Campbell (1997) reported an increase in families involved with family support agencies who struggle with the demands of substance use, psychiatric illness and intellectual disability, with all three of the conditions providing difficult challenges to service providers.

Johnson and Leff (cited in Hegarty 2004) described the environment of children of parents who abuse alcohol as being characterised by a number of factors. These include: lack of parenting; family conflict (including emotional and physical violence); family stress (including work problems, illness, marital strain and financial problems); isolation; and frequent relocation. Many studies have shown that alcohol involvement accompanies sexual abuse, that is, the offender was an alcoholic and/or drinking at the time of the offence (Araji & Finkelhor 1986).

Of particular relevance to the Western Australian research is a recent review of all 290 cases of child care concerns newly allocated for long-term social work in four London local authorities over a year (Harwin & Forrester 2002), which found that 34% involved parental drug or alcohol use. Also, the Child Protection Audit and Review in Scotland (Review Team 2002) found that parental drug or alcohol use was involved in 40% of similar cases.

In summary, there is evidence that parenting is impaired by substance use. However, it is also clear that other factors such as poverty, lack of education and poor mental health further undermine parents' ability to provide adequate care for their children.

## PARENTAL DRUG AND ALCOHOL USE AND CHILD MALTREATMENT IN WESTERN AUSTRALIA

In terms of Western Australia, anecdotal evidence appeared to indicate that there was a large number of cases where parental drug and alcohol use was a contributing factor in protection applications[2]. The conduct of research to explore this issue has the potential to bridge the gap in specific knowledge about the incidence of drug and alcohol use and associated neglect or child maltreatment within client families.

Previous research conducted by the Western Australian Department for Community Development (now the Department for Child Protection) (Farate 2001) showed that drug and alcohol use was a contributing factor to the protection application in 71% of 134 cases in the year 2000. This study covered information relating to the characteristics of families and the reasons for protection applications.

The studies reported below were designed to build on the original study by broadening the focus. Findings from this research were expected not only to provide up-to-date information on the incidence of parental drug and alcohol use as a contributing factor in protection applications but also to reflect the complex nature of the cases through an exploration of the inter-relationships between drug and alcohol use and other contributing factors.

### RECENT STUDIES CONDUCTED BY THE WA DEPARTMENT FOR COMMUNITY DEVELOPMENT

The Western Australian Department for Community Development ('the Department') conducted two studies, a main study and a follow-up (Leek, Seneque & Ward 2004, 2007), to explore parental drug and alcohol use as a

[2] The term 'protection application' is used throughout this paper, whether the proceedings were instituted under the now repealed *Child Welfare Act* 1947 (WA) which used the term 'care and protection application' or the *Children and Community Services Act* 2004 (WA).

contributing factor in applications to the Children's Court for protection orders (hereafter referred to as 'protection applications'). The overall aim of the main study was to determine the incidence of parental drug and alcohol use as a contributing factor in protection applications. The overall aim of the follow-up study was to examine whether there were differences in the patterns of experiences in care depending on the reasons the child/ren entered care. The anticipated outcome of this research was that it would identify the need for intervention services for particular target groups.

## Methods

A sample of 175 of the 326 protection applications lodged by the Department in the 2003 calendar year formed the basis of the research. A list of all the protection applications in 2003 was generated and every second application on the list was chosen. In Western Australia, under the *Children and Community Services Act 2004 (WA)* (previously the *Child Welfare Act 1947 (WA)*), there must be one protection application for each child in the family. The sample of 175 applications (children) represented 100 cases (families).

For the main study, quantitative data were collected from client legal files and from the Department's Client and Community Services System using a structured data collection sheet. The data covered five broad areas: general information about the protection application such as date and district; family characteristics; family history; reasons for the protection application, and details of drug and alcohol use.

The follow-up study comprised all 175 children from the main study. The unique client numbers (system IDs) of the children were gathered and data queries designed in line with the objectives of the study. The Department's Client and Community Services System was then interrogated through the use of Browser software. The outcomes recorded were based on an examination of information within 12 months of the original date of apprehension in 2003 (effectively, the individual application date plus 365 days). In order to show further progress on the applications, a set of key measures was also examined as at 30 June 2006.

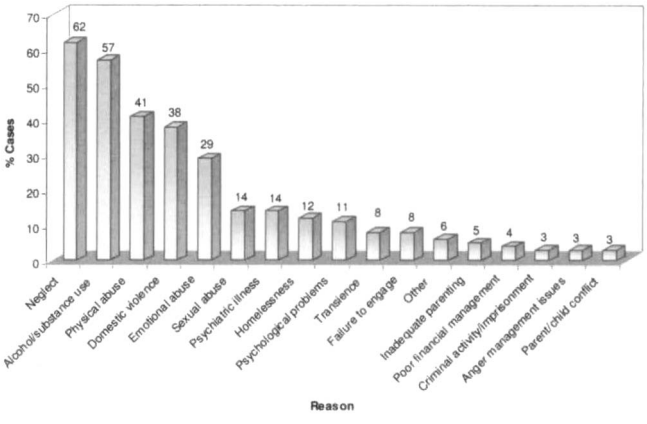
## Results

### *2004 main study*

Contributing factors were identified through an examination of the protection application and the statement of the grounds (described here as 'reasons') on which the application was made.

Parental drug and alcohol use was found to be a contributing factor to the protection application in 57 of the 100 cases examined in the main study (that is, the use was sufficiently serious to be mentioned in the protection application and/or in the statement of grounds on which the application was made).

**Figure 1. Reasons for the protection application**




The research shows that parental drug and alcohol use is the second most common contributing factor in protection applications, after neglect (see Figure 1). Neglect as a category of maltreatment is a failure to provide a child with an adequate standard of physical and emotional care and nurturing. This includes situations where a child is denied available nutrition, shelter, medical attention or supervision to the extent that the child has suffered significant harm.

In the majority (83) of the 100 cases there was more than one reason for the protection application. The complexity of problems facing families was highlighted not only through these multiple reasons (ranging from two to eight) but through the family history and family characteristics, which provided a picture of the antecedents to the child's apprehension.

In only two cases parental drug and alcohol use was the single reason for the protection application, confirming that drug and alcohol use rarely occurs in isolation. In 55 cases, drug and alcohol use was one of multiple reasons (5 cases where it was present with one other reason and 50 cases where there were two or more other reasons). It was strongly linked to neglect and domestic violence, as well as several other factors (including physical abuse and homelessness/ transient lifestyle, though to a lesser extent). Emotional and sexual abuse featured more strongly where drug and alcohol use was not a contributing factor (see Table 1).

### *2007 follow-up study*

While the 2004 main study provided information in terms of the reasons for the protection application and details of family characteristics, family history and drug and alcohol use, it did not explore the outcomes for the children (other than wardship details). A series of follow-ups of the 175 children in the study provided further information on the longer term impact of both parental drug and alcohol use and the other complex issues facing the families. The overall aim of the 2007 follow-up study was to examine whether there were differences in the patterns of experiences in care

depending on the reasons the child/ren entered care. An analysis of two sub-groups of the total sample (comprising 97 children where parental drug and alcohol use was a factor and 78 children where it was not a factor) showed that where parental drug and alcohol use was a contributing factor to the protection application:

- there was a quicker Court outcome, that is, more orders granted within 12 months of apprehension (63% versus 44%);
- children had a greater number of placements in the 12 month period following apprehension, that is, 4 or more (26% versus 8%); and
- there were more children aged less than 1 year at apprehension (29% versus 15%).

This study also highlighted the co-existence of parental drug and alcohol use and domestic violence. For 16 of the 54 children who were placed on orders until they were 18 years of age (as at 30 June 2006), both parental drug and alcohol use and domestic violence were contributing factors.

## DISCUSSION

While the previous study conducted by the Department for Community Development in 2001 found that drug and alcohol use was a contributing factor in 71% of protection applications, other studies conducted for the Department and for equivalent agencies interstate have shown lower levels of incidence, more in line with the 2004 main study.

Overall, the findings of the 2004 main study were consistent with national and international research in terms of the damaging effect of drug and alcohol use on individuals and families. The known association between parental drug and alcohol use and child neglect was also clearly highlighted.

There has only been very limited research that has focused on the study of drug and alcohol users as parents. Two opposing key suggestions come from these studies (Baker & Heller 1996; Finnegan et al. 1981; Hans, Bernstein & Henson 1999). The first is that many such parents provide adequate care of their children and that drug/alcohol using parents may have active strategies to protect their children from the risks of their lifestyles. The second is that drug/alcohol using parents provide poorer quality care than other parents. Further, the mechanisms by which parenting is challenged or compromised when mothers are drug dependent are not fully understood. It is also unclear whether parenting is directly impaired by substance use or undermined by other factors such as poverty, lack of education or poor mental health. The knowledge of how these factors inter-relate may help to guide the way in which multi-disciplinary responses are constructed.

The Department for Community Development studies point to two opportunities to address the issue of parental drug and alcohol use and the placement of children into out-of-home care: prevention and early intervention and training. The presence of parental drug and alcohol use could act as a 'red flag' for early intervention (with a harm minimisation approach as used by the alcohol and other drug sector) while bearing in mind that there are likely to be other issues facing families such as domestic violence, homelessness and poor mental health.

## CONCLUSION

The studies confirm what the human services sector has known for some time, namely, that drug and alcohol use has a significant negative impact on the ability of parents to provide safe care for children, and an outcome of this is the entry of some of these children into out-of-home care. This

**Table 1: Drug and alcohol use as a contributing and non-contributing factor in protection applications**

| Result | Drug and alcohol use a contributing factor (n=57) % | Drug and alcohol use NOT a contributing factor (n=43) % |
|---|---|---|
| ***Other reasons for the protection application*** | | |
| Neglect | 77* | 42 |
| Domestic violence | 56* | 2 |
| Physical abuse | 35 | 49 |
| Homelessness | 21 | - |
| Emotional abuse | 18 | 44* |
| Transient lifestyle | 14 | - |
| Lack of engagement with services | 12* | 2 |
| Psychiatric illness | 10 | 19 |
| Psychological problems | 7 | 16 |
| Poor financial management | 7 | - |
| Sexual abuse | 5 | 26* |

* Denotes $p<0.05$

poses particular challenges for service providers, not only because of the complex nature of addiction but also the many other issues with which these families are struggling. It seems that a number of steps can be taken towards resolving the problem, including collaborating with other key agencies and relevant training for field staff working with the families. Drug and alcohol agencies and mental health services also have a key role in providing accessible and effective support for parents and their children, either directly or through established links with other relevant services. Lastly, prevention and early intervention are crucial to achieving the best outcome for parents and their children. ■

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