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# Child Abuse & Neglect

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## Perceptions of child protective services among pregnant or recently pregnant, opioid-using women in substance abuse treatment



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### ABSTRACT

Pregnant, opioid-using women represent a challenge to healthcare providers attempting to engage them in prenatal and substance abuse services. Limited, primarily international research suggests that child welfare clients have mixed feelings about Child Protective Services (CPS) and that fear of CPS may present a barrier to care. Understanding how pregnant opioid-using women in substance abuse treatment perceive CPS may be useful in encouraging substance abuse treatment initiation. Participants were currently or recently (within past 12 months) pregnant women with current or recent (within past 12 months) abuse/dependence of pharmaceutical opioids at a drug treatment facility. Participants were recruited by treatment staff to participate in a comprehensive study across multiple domains. Data for this analysis were collected using semi-structured qualitative interviews. Transcribed data were thematically analyzed using in vivo and interpretive coding by three coders for purposes of inter-rater reliability. Following 2, two-hour meetings, consensus was reached on primary themes and sub-themes. Two major themes and several sub-themes were identified: 1) Participants' feelings and attitudes about CPS (positive and negative); 2) Interaction-based perceptions of CPS' function and performance. Participants' feelings toward CPS were often conditioned by their experiences with individual caseworkers. While many pregnant, opioid-using women identify legitimate, and even useful features of CPS, fear of CPS can be a barrier to care. Making substance abuse treatment accessible to this population requires recognition of their complex feelings toward CPS, and coordination among CPS case workers and substance abuse treatment providers.

### 1. Introduction

The dramatic rise in opioid use, addiction, and overdose appears to be creating significant challenges for health and human services organizations in the United States (Birnbaum et al., 2011; Meyer, Patel, Rattana, Quock, & Mody, 2014; Public Children Services Association of Ohio (PCSAO), 2016a, 2016b; Wiltz, 2016). As recently as five years ago, foster care rosters were declining. Between 2013 and 2014, at the same time a steep incline in opioid overdose deaths occurred (Rudd, Aleshire, Zibbell, & Gladden, 2016), there was a 3.5% increase in the number of children in care, for a total of 415,129 children in foster placements (Wiltz, 2016). In 2015, the number of children in care reached 428,000, higher than any year since 2008, and between 1999 and 2014, the

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incidence of alcohol or other drug use as the reason for child removal more than doubled (National Conference of State Legislators (NCSL), 2017). Nationally, both opioid use disorders and child welfare cases have increased simultaneously; however, due to current data limitations, the two trends cannot be definitively linked (Korry, 2016).

Local child welfare systems report that the recent influx of neglect and maltreatment cases can be linked to the opioid epidemic. Ohio has been called “ground zero” for the opioid epidemic, and with the highest number of opioid overdoses in the nation, one Ohio county is now known as the “epicenter” (MSNBC, 2017). Unintentional drug overdoses caused the deaths of 2531 Ohio residents in 2014 and 3050 residents in 2015 (Ohio Department of Health, 2017). At the same time, Ohio child welfare systems are seeing increased need for child welfare services. For example, child protection agencies in Ohio experienced an 11% increase in the number of children in care as a result of parental addiction between 2010 and 2016, and half of the children taken into custody in 2015 had a parent with a substance use or dependence issue (Wiltz, 2016). Furthermore, 70% of children in Ohio’s foster care system age one or younger have parents with substance use disorders involving opioids and cocaine (Ward, 2014). Ohio’s child welfare system has also faced increased costs associated with the placement of children whose parents are substance users: foster care and residential care placement costs have increased 20% from 2013 to 2016, with 42% of these costs resulting from drug-related cases (Public Children Services Association of Ohio (PCSAO), 2016b). Ohio spends an estimated \$45 million per year for placement costs of children in custody as a result of parental use of heroin or opiates alone (Boros, Dick, & Allen, 2014; Public Children Services Association of Ohio (PCSAO), 2016a).

In addition to the increase in child protective services (CPS) cases related to opioids, health-related problems have risen among infants born to addicted mothers. Between 2000 and 2012, there was a 5-fold increase in the incidence of neonatal abstinence syndrome (NAS), which now affects 5.8 out of every 1000 hospital births nationally (Patrick, Davis, Lehmann, & Cooper, 2015). NAS, a postnatal opioid withdrawal syndrome, presents a range of potential adverse outcomes for the fetus and infant, including preterm birth, low birth weight, and respiratory, gastrointestinal, and central nervous system disturbances (McQueen & Murphy-Oikonen, 2016). Infants with NAS spend more time in the hospital, resulting in \$1.5 billion in excess costs in 2012 (Patrick et al., 2015).

Moreover, infants with NAS are at increased risk for child maltreatment and subsequent foster care admission (O’Donnell et al., 2009). Hospital reporting requirements regarding child abuse and neglect are likely to contribute significantly to this trend. Nationally, 23 states and the District of Columbia require health care professionals to report suspected prenatal drug use, and seven states require testing for prenatal drug exposure (Guttmacher Institute, 2017). Additionally, 24 states and the District of Columbia consider substance use during pregnancy an act of child abuse (Guttmacher Institute, 2017). In Ohio, substance misuse during pregnancy is not automatically considered a criminal act or one of child abuse (Ohio Perinatal Quality Collaborative (OPQC), 2014). Under Ohio law, healthcare providers are mandated reporters of child abuse and neglect when there is reasonable cause to suspect that a child “has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect” (21 Ohio Rev. Code (ORC), 2017). Pregnant women suspected of substance abuse must be informed prospectively and given rationale for any proposed drug testing and may refuse testing. However, when medically necessary for the safety and care of the infant, testing may be done without informed consent of the mother. These situations include newborns who exhibit signs and symptoms of drug exposure, and newborns whose mothers have been identified as likely substance users or who display symptoms of drug use (Ohio Perinatal Quality Collaborative (OPQC), 2014). Other states differ in approach. For example, the state of Indiana considers a child in need of protective services if a child is born with any amount of controlled substance in their body (Child Welfare Information Gateway, 2016). The state of Maine requires health care providers involved in the delivery of a newborn with withdrawal symptoms from prenatal drug exposure to report their condition to the Department of Health and Human Services, which results in investigation and potential filing of a child protection petition (Child Welfare Information Gateway, 2016). Nationally, 47 states and the District of Columbia have child protection laws that address varying aspects of parental substance abuse (Child Welfare Information Gateway, 2016).

Engagement and treatment of pregnant women who are dependent on opioids is a key challenge in reducing both NAS and child maltreatment rates. While it is difficult to quantify the percentage of CPS-involved parents with substance use disorders due to limitations of current documentation and data reporting requirements, up to 79% of foster care placements result from parental substance abuse (United States Government Accountability Office (GAO), 1994; Seay, 2015; Young, Gardner, & Dennis, 1998). Many parents who are involved with CPS are difficult to engage in substance abuse treatment services: Once a report of abuse or neglect is substantiated, children of parents with substance use issues are more likely to be placed in out-of-home care, stay in care longer than other children, and have greater complications in reunification relative to non-substance abusing families (Grella, Needell, Shi, & Hser, 2009; United States Department of Health & Human Services (HHS), 2003; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007).

Despite difficulties in engaging CPS clients in substance abuse treatment, an estimated two-thirds of women entering substance abuse treatment are mothers of dependent children, half of whom have had CPS involvement, and one-third of whom have lost parental rights (Taplin & Mattick, 2015). Women with substance use disorders who receive treatment quickly, or who spend more days in treatment or successfully complete at least one treatment episode have children who spend less time in foster care and are successfully reunified more often (Green, Rockhill, & Furrer, 2007). A common perception among child welfare caseworkers is that pregnant women and those with dependent children avoid seeking help for substance abuse because they are afraid they will lose custody of their children. Supporting this perception, several studies have found feared loss of custody to CPS as a potential barrier to prenatal care among women with substance use disorders (Chan & Moriarty, 2010; Jessup, Humphreys, Brindis, & Lee, 2003; Roberts & Nuru-Jeter, 2010; Roberts & Pies, 2011). Similarly, Stone (2015) found that women developed strategies to deal with the threat of detection during pregnancy, including isolating themselves, denying their pregnancies, and avoiding medical care. In two studies of barriers to substance abuse treatment among individuals not currently in treatment, rates of endorsing feared loss of custody ranged from 2.5% among both men and women with substance use disorders who were street outreach clients (Appel, Ellison, Jansky, &

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