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Spotlight on practice

The risk of subsequent maltreatment allegations in families with substance-exposed infants☆☆☆

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Abstract

Objective: This study seeks to: (1) assess the relationship between identified prenatal substance use and the risk of subsequent maltreatment allegations among families involved with child protective services; and (2) compare the types of safety threats encountered by children whose parents had substance-exposed infant (SEI) allegations to the types of safety threats faced by children whose parents had other types of allegations.

Method: Survey data from a probability sample of parents were linked to state administrative data over a 33-month time frame. Cox regression models were conducted to assess the relative risk of subsequent allegations associated with parents whose child welfare case opened following an SEI allegation (the SEI group) compared to parents whose case opened following other types of allegations.

Results: The likelihood of subsequent allegations is greater among parents in the SEI group. However, the increased risk stems almost entirely from subsequent SEI-related allegations. Parents in the SEI group are not more likely to incur other types of allegations such as physical abuse or lack of supervision.

Conclusions: An increased risk of subsequent maltreatment has been used to justify opening child protective cases on the basis of an SEI allegation alone. By looking closely at the types of subsequent

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allegations as well as the incidence of subsequent allegations, this research helps to clarify the maltreatment risks associated with SEI cases. © 2002 Elsevier Science Ltd. All rights reserved.

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Introduction

One of the legacies of the cocaine epidemic of the late 1980s and early 1990s is the large number of families who became involved with child protective services as a result of drug enforcement and surveillance policies. Child protective services have been concerned about parental substance use for decades, but with the cocaine epidemic came a new concern: prenatal drug exposure. In response to alarms sounded by medical researchers suggesting that a generation of “cocaine-damaged” infants faced an uncertain future of developmental and behavioral problems, some states moved to mandate the reporting of infant substance exposure to child protective authorities. In addition, fearful of the risks prenatal drug use posed to subsequent child safety and well-being, caseworkers and judges escalated the removal of children from drug-using parents on allegations of “inadequate supervision,” “environmental neglect,” or “risk of harm.”

After a decade, opinions on how best to fashion a child protective response to the problem of prenatal substance use have diverged (see Barth, 2001; Ondersma, Simpson, Brestan, & Ward, 2000). On the one hand, in light of follow-up research that shows the developmental consequences of prenatal drug exposure to be less dire than originally feared (Lester, Freier, & LaGasse, 1995; LaGrasse, Seifer, & Lester, 1999; Mayes, Granger, Bornstein, & Zuckerman, 1992; Slutsker, 1992), hospitals are reconsidering the advisability of testing newborns for substance exposure. Some court jurisdictions are treating prenatal substance exposure as a public health matter and invoking child protective authority only if there is a finding of direct harm to a child. On the other hand, public intolerance for maternal substance use continues. In South Carolina, women who use substances during pregnancy can be prosecuted in criminal court; Wisconsin passed a “Cocaine Mom Bill” enabling the state to mandate substance abuse treatment for pregnant women; and Illinois has a law stipulating that a second substance-exposed infant (SEI) finding shall constitute sufficient evidence to initiate termination of parental rights.

As child welfare administrators and practitioners struggle to form appropriate policy and practice responses to families with substance-exposed infants, researchers have attempted to answer a fundamental question: To what extent does prenatal substance use place children at risk of subsequent abuse or neglect? Generally, evidence points to an association between parental substance use and intervention by child protective services (Children’s Bureau, US Department of Health and Human Services, 1997; Curtis & McCollough, 1993; Magura & Laudet, 1996). And researchers have identified an association between parental substance use and subsequent maltreatment as measured by child protective services reports (Jaudes, Ekwo, & Van Voorhis, 1995; Wolock & Magura, 1996) and incidents of maltreatment found in medical records (Wasserman & Leventhal, 1993). Still, such studies fall short of demonstrating that substance use, per se, increases threats to child safety. Case-control studies that

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