

TECHNICAL REPORT

The Intersection of Substance Abuse and Domestic Violence within Families Involved in the Child Welfare System

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Sara Groff Stephens, PhD, MSW

Contributors:

Marianna Tutwiler, MSW, MPA

Patty Babcock, PhD

Florida State University College of Social Work

296 Champions Way

Tallahassee, FL 32306

seg10e@my.fsu.edu

850.644.4751

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Executive Summary

Domestic violence and substance abuse are two issues that are prevalent in many cases of child maltreatment. This report summarizes the available empirical research regarding parental substance abuse, domestic violence, and the intersection of the two. It also addresses the numerous ways these issues impact children. Shortcomings of current intervention approaches to substance abuse and domestic violence are addressed, along with a brief overview of the components of promising interventions.

Policies have been put into place to address domestic violence and substance abuse in Florida. The relevant policies regarding these issues are outlined, including a comparison to other states. Florida’s Child Welfare Practice Model, which is designed to improve child outcomes, is highlighted. Additionally, some of the possible unintended consequences of the new policies regarding domestic violence are addressed. Finally, online resources are provided in the resource section. After review of the available literature and policies, the following seven recommendations are suggested:

1. Reassess the evidence for using Batterer Intervention Programs (BIP) as the standard intervention for domestic violence (see §741.325, Florida Statutes).
2. Improve the ability to assess families for co-occurring issues.
3. Deliver integrated trauma-informed and evidence-based treatment for perpetrators who present with substance abuse and domestic violence issues. Interventions that educate perpetrators about their own past history of trauma and the effect that domestic violence has on their children may be a motivating factor for change.
4. Deliver integrated evidence-based treatment for victims who present with substance abuse and domestic violence issues. For victims of domestic violence, trauma-informed interventions are needed. Treatments should acknowledge substance abuse as a possible coping mechanism for trauma associated with domestic violence.
5. Evaluate current collaboration efforts of FCADV’s Child Protective Investigations Project since its 2015 expansion to all 67 counties in Florida.
6. If evaluation finds positive outcomes, expand the FCADV’s Child Protective Investigations Project to include community-based care (CBC) lead agencies.
7. Continue to increase collaboration with the child welfare and domestic violence systems through cross systems training, clarifying roles and responsibilities, joint home visits, joint safety planning and case follow-up, referrals to domestic violence centers for “core services”, and utilization of a state level database with partnership information.

What is Known?

Parental substance abuse has been a known risk factor for child maltreatment for some time. More recently, domestic violence has also been recognized as a risk factor for child maltreatment. It is known that it is harmful for children to witness violence and is considered a type of child maltreatment in some states. What is less discussed is the intersection of these two issues, the unique effects substance abuse and domestic violence have on children, the impact of policy, and what interventions are recommended when families present with numerous issues.

Parental Substance Abuse

Based on data from 2002-2007, the National Survey on Drug Use and Health (NSDUH) reported that 8.3 million children under 18 years of age lived with at least one substance-dependent or substance-abusing parent.¹ The National Survey of Child and Adolescent Well-Being (NSCAW) estimates that 61 percent of infants and 41 percent of older children in out-of-home care are from families with active alcohol or drug abuse.² The impact of parental substance abuse on children can be devastating and starts early. Of the approximately four million infants born each year in the United States, the NSDUH Survey estimates that 10-11 percent (or 400,000-440,000) infants are affected by alcohol or illicit drugs. As Table 1 shows, rates of use vary by type of substance and trimester of pregnancy. For all substances, prevalence rates are highest in the first trimester when substance exposure can have significant consequences for the developing fetus.³

Table 1. Substance use by pregnant women, by length of gestation and estimated number of infants exposed (2004-2005 annual averages)

Substance Used (past month)	First Trimester	Second Trimester	Third Trimester
ANY ILLICIT DRUG	7.0% 286,510 infants	3.2% 130,976 infants	2.3% 91,139 infants
ALCOHOL	20.6% 843,158 infants	10.2% 417,486 infants	6.7% 274,231 infants
BINGE ALCOHOL	7.5% 306,975 infants	2.6% 106,418 infants	1.6% 65,488 infants

Prenatal exposure to drugs and alcohol can lead to significant and long-lasting physical, emotional, and developmental problems.⁴ Neonatal Abstinence Syndrome (NAS) refers to the various complications that occur in the withdrawal process that newborns can experience if their mothers used drugs (either prescription or illegal) during pregnancy. In 2012, there were 1,630 instances of newborn diagnosed with NAS in Florida, which was three times the number in 2007.⁵ In response to this increase, the Florida Legislature created the Statewide Task Force on Prescription Drug Abuse and Newborns in 2012.⁶

The risk to children extends far beyond NAS. Research repeatedly suggests that parental substance abuse is associated with numerous negative consequences for children at every age. It is a leading determinant of child maltreatment, especially neglect. Children of parents with a substance abuse disorder are almost three times more likely to be neglected than children of parents without a substance use disorder.⁷ Neglect is the leading cause of child maltreatment both nationally and in the state of Florida, accounting for 80 and 54 percent of maltreatment cases in 2013, respectively.^{8,9} Children of parents with a substance use disorder also have longer stays in foster care, low rates of family reunification, and are likely to be exposed to domestic violence.¹⁰

Finally, substance abuse is also a known risk factor for child fatalities. Nationally, alcohol abuse was a noted caregiver risk factor for approximately 7 percent of child fatalities and drug abuse was a noted caregiver risk factor for approximately 18 percent of child fatalities in 2014.¹¹ In Florida, data from the Child Abuse Death Review Committee indicate that 46 percent of persons responsible for a child's death in 2014 were known to have a substance abuse history.¹² Critical Incident Rapid Response Teams (CIRRT) were created by the Florida Legislature in 2014 and went into effect January 2015. A CIRRT investigation is required for all child fatalities reported to Florida's Department of Children and Families (DCF) in which the deceased child or another child in the family was the subject of a verified child abuse or neglect report during the previous 12 months. Going beyond the legislative mandate, the Secretary issued a directive requiring a review on cases that involve families with a child welfare history within the five years preceding the child's death. In 2015, Florida CIRRT teams reviewed 35 child fatalities. Of those, 32 met the CIRRT requirements of having a verified maltreatment within the previous 12 months. Substance misuse was verified in 11 (or 34 percent) of the cases (see Figure 1). Three additional cases indicated substance misuse as a contributing factor.¹³ More strikingly, for child fatalities that resulted in a CIRRT deployment, the most prevalent family conditions were substance abuse, domestic violence, and a chaotic or unstable life style. In 28 of the 35 (80%) deployments, at least one caregiver had a history of substance abuse — with marijuana and or prescription drugs as the most frequently identified.

Domestic Violence

Domestic violence, also referred to as intimate partner violence (IPV), refers to physically abusive behavior between partners in an intimate relationship. Domestic violence does not discriminate on the basis of gender, race, age, religion, socioeconomic status, or education. Although typically considered a male to female perpetration of violence pattern, men are also victims of female-perpetrated violence. An estimated 22 percent of women and 14 percent of men experience at least one act of severe physical violence by an intimate partner during their lifetimes.¹⁴ This number also includes victims who are in same-sex relationships.

Nationally, females ages 18 to 34 generally experienced the highest rates of intimate partner violence.¹⁵ In 2010, the rate of intimate partner violence against women among households comprised of one female adult with children (31.7 victimizations per 1,000 females age 12 or older) was more than 10 times higher than the rate for females in households with married adults with children (2.5 per 1,000). This rate was more than 6 times higher than the rate for those in households with only one female adult (4.6 per 1,000).¹⁶ In 2014, there were a total of 106,882 domestic violence offenses reported to Florida law enforcement and 205 individuals died as a result of domestic violence homicide (accounting for approximately 20 percent of all homicides in Florida).¹⁷

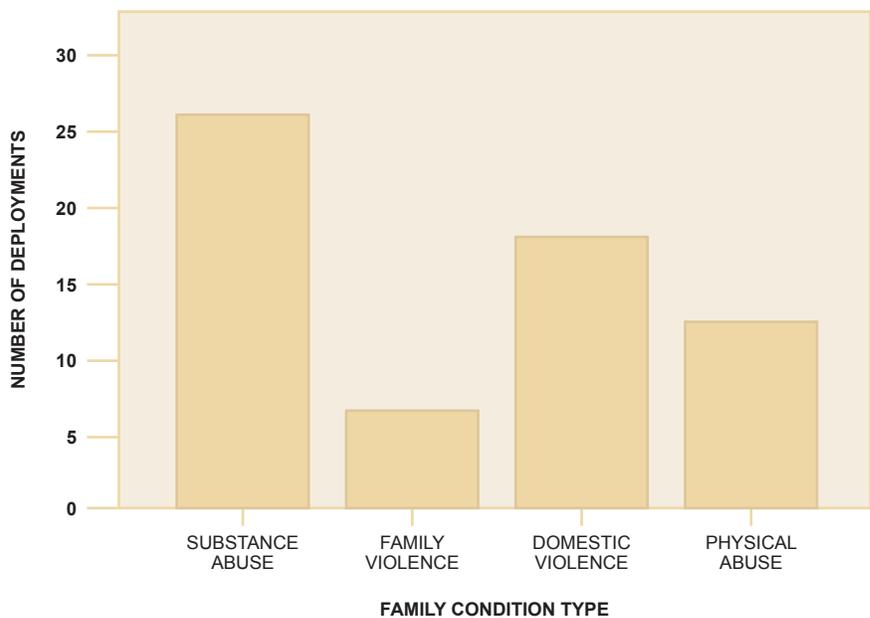
Children's Exposure to Violence

The 2008 National Survey of Children's Exposure to Violence (NatSCEV) found 11 percent of youth reported any form of exposure of family violence in the past year and 1 in 15 (6.6 percent) reported exposure to physical violence between their parents. Nationally, it is estimated that approximately 8.2 million children and youth were exposed to family violence in the past year alone. Most of these exposures involved direct eye witnessing (90 percent for IPV; 76 percent for other family violence). Approximately half of the youth yelled at their parents during a violent episode between the parents or tried to get away. Calling for help was less prevalent but still fairly common at almost one in four youth.¹⁸

A quick note on language: Children are often described as "witnesses" to domestic violence; however, this is not entirely accurate. Children may also hear episodes of domestic violence, they may be used in the episode of domestic violence, and they may attempt to intervene to protect an abused parent. Regardless of their role during the episode, they experience the aftermath of the violence. Although, the term "witness" is used herein, it is important to acknowledge the limits of language and fully appreciate the impact domestic violence can have on children.

Children witnessing domestic violence is associated with a wide range of emotional, psychological, behavioral, social, and academic problems. A review of 118 studies assessing the impact on children found that children who witnessed domestic violence had poorer outcomes on all assessed categories (internalizing problems, externalizing problems, other psychological problems, social problems, and academic problems) when compared to children who had not witnessed domestic violence. The risk was found to be slightly greater for preschoolers, which was speculated due to their limited understanding of conflict and their less developed coping strategies. The review also found that children who witnessed domestic violence had adjustment problems similar to children who experienced physical abuse.¹⁹ Another study utilizing data from the Lehigh Longitudinal Study (a prospective study of 457 youth addressing outcomes of family violence and resilience in individuals and families), found children exposed to violence (either child abuse, domestic violence, or both) had higher levels of externalizing and internalizing behavior problems in adolescence than those not exposed to either form of violence.²⁰ This is unsurprising as child maltreatment and domestic violence often co-occur. Using NatSCEV data, it was found that more than a third of the youth who had witnessed partner violence (WPV) in the past year had also experienced some form of maltreatment. Lifetime rates were similar—over the course of a lifetime, more than half (56.8 percent) of youth who had witnessed partner violence were also maltreated. For physical abuse, the focus of most previous studies of the co-occurrence of partner violence and maltreatment, the past year rate

FIGURE 1. PREVALENT FAMILY CONDITIONS IN CIRRT DEPLOYMENTS



QUOTE FROM A 13-YEAR OLD BOY:

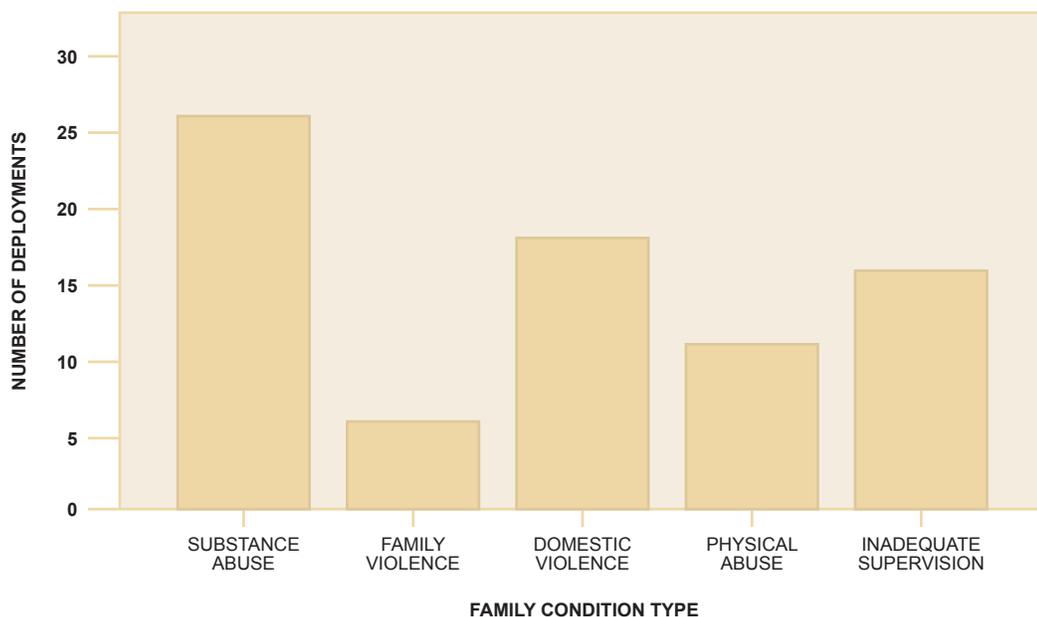
"[He] used to bash my mum up, and, you know, like you see your mum get bashed up and you almost get killed once, and... you're not a normal person, you wouldn't be a normal person if you are going through something like that."

Mudaly, N., & Goddard, C. (2006).

for WPV youth was nearly 18 percent and for lifetime was about one third (31 percent). Additionally, the data revealed that more than 60 percent of neglect victims and more than 70 percent of victims of sexual abuse by a known adult, had also witnessed partner violence. These data suggest that WPV may be a key component in creating conditions that lead to maltreatment.²¹ Youth who had both witnessed partner violence and had been direct victims of child abuse were more consistently at risk for the entire range of internalizing and externalizing behavior problems investigated than those who experienced only one form of violence exposure.²²

Children who both witness domestic violence and are being abused are thought to be “doubly victimized.” These additive effects of trauma can put these children at heightened risk for adverse outcomes and post-traumatic symptoms.^{23,24} Finally, although the connection is unclear, findings from both Florida’s 2014 Child Abuse Death Review and 2015 CIRRT reports indicate that domestic violence is associated with child deaths. In the 2014 Child Abuse Death Review, 32 percent of the persons responsible for child deaths were perpetrators of domestic violence. The cause of death for most of these cases (25 percent) was weapons. Similar

FIGURE 2. PRIOR REPORTS OF PARENTS AS CAREGIVERS BY FAMILY CONDITION



findings were found in the 2015 CIRRT review. Regardless of the findings in prior investigations related to the parents as perpetrators, the most common family conditions included substance abuse, domestic violence, and inadequate supervision. As displayed in Figure 2, out of the 35 CIRRT deployments, 24 (68 percent) had a prior report of either family violence threatens child (which is the maltreatment code in Florida for a child witnessing domestic violence) or domestic violence.²⁵

The Intersection of Substance Abuse and Domestic Violence

As discussed above, children in homes of individuals with a substance use disorder or who are witness to domestic violence are at risk for numerous negative outcomes. Unfortunately for children, the issues of substance abuse and domestic violence often do not occur in a vacuum. Rather, these issues often co-occur, putting these children at heightened risk for adverse outcomes. There is a convincing association between substance abuse and domestic violence for both the victims and perpetrators of domestic violence; however, the role of substance abuse is very unique for victims and perpetrators and can affect children differently.

Theories/Perspectives for Substance Abuse in Perpetrators of Domestic Violence

Studies suggest that about half of the men in batterer intervention programs have substance abuse issues²⁶ and about half of the partnered men entering substance abuse treatment have perpetrated an act of domestic violence in the past year.²⁷ Other studies have found similar statistics.²⁸ A meta-analysis review of the literature found the results consistent with previous studies of male violence against women while drinking.²⁹ However, there is some controversy in the literature regarding the meaning of the association between substance abuse and domestic violence in perpetrators. Some studies have shown that drugs and alcohol are the *causes* of interpersonal violence and others suggest that substances have an *indirect effect* on interpersonal violence. Understanding the relationship between substance abuse and domestic violence can be beneficial for intervention efforts. Below is a brief review of two perspectives on substance abuse by perpetrators along with the *biopsychosocial* model, which suggests there are numerous influences to behavior.

Substance use as cause of domestic violence - A common perception of domestic violence is that the perpetrator *loses control*. In this perception, the use of substances, particularly alcohol, lowers an individual’s inhibitions, and as a result they are less able to manage their anger and an act of violence ensues. Proximal effect models and psychopharmacological models are among the most well-supported theoretical explanations of the relationship between substance use and aggression. These models look at the direct psychopharmacological effects of different substances (i.e., inhibition of aggressive impulses and impaired decision making) that may increase aggression.^{30,31} There is research evidence for this viewpoint. One study suggested that that perpetrators are 8 to 11 times more likely to batter on a day in which they have been drinking alcohol.³² This study was replicated, finding that over 80 percent of all IPV episodes occurred within four hours of drinking by the male partner.³³ Looking at men and women in substance

abuse treatment, most (72.2 percent) men and half (50.5 percent) of women reported a history of violence perpetration. Rates of violence were significantly higher in men than in women.³⁴ Additionally, individual and couples-based treatment studies have found that reductions in drinking after substance abuse treatment were related to reductions in interpersonal violence.^{35,36} Finally, a large meta-analysis of 96 studies suggested that the odds of intimate partner aggression are approximately three times greater when drug use and abuse are implicated.³⁷

Substance use as an indirect effect of domestic violence - There is also evidence that refutes the causal perspective. Domestic violence incidents rarely occur outside a perpetrator's comfort zone, but instead occur in a safe setting (for the perpetrator) suggesting that perpetrators are very much *in control*.³⁸ In the *indirect effect* perspective, the link between substance use and interpersonal violence is mediated or explained by other issues, such as marital conflict. For example, substance use by one individual in a relationship may lead to marital arguments that then leads to acts of domestic violence. This view is consistent with the general aggression model, which provides a comprehensive and integrative framework for understanding aggression and violence.³⁹ The model suggests that drug-related aggression is more likely to occur in the presence of a frustrating event, like an argument or larger issues, such as the stress associated with being in a lower social class. Low education attainment and socioeconomic status, as well as early life experiences of abuse, emerge as consistently strong risk factors for substance use and interpersonal violence.⁴⁰ In the case of illicit substances, frustrating events could also include difficulty in obtaining drugs. Women victims of domestic violence have noted that their partners were the most violent when they were unable to obtain their drug of choice, suggesting that the frustration and physical consequences (i.e., drug withdrawal symptoms) added to the intensity of the relationship conflict.⁴¹

Biopsychosocial model - This model refers to the combination of biological, psychological, and social factors that can contribute in differing additive ways to interpersonal violence. The biopsychosocial model acknowledges that problems cannot be reduced to a single issue. Rather all individuals come from a unique environment, background, and culture. This is combined with the individual's way of thinking, temperament, and belief system that ultimately affects their behavior. The "bio" tenet of the model includes biological factors; the "psycho" part refers to adverse life events, psychological, and behavioral factors; and the "social" tenet of the model includes familial and social factors. In the interconnection of substance use and domestic violence, the biopsychosocial model proposes that relatively enduring characteristics (i.e., childhood aggression, child maltreatment, family history of substance use, past substance use, gender role expectations, norms regarding aggression, marital conflict, and mental health problems) in conjunction with proximal factors (i.e., acute intoxication, provocation, emotional reactivity, and setting) can increase the risk for violence in the context of a conflictual interaction among intimate partners.⁴² The biopsychosocial model is viewed as a relatively broad model of the relationship between substance use and domestic violence as it incorporates components of many of the previous mentioned models (proximal effects, pharmacological effects, general aggression) as well as other factors. Aggression is a broad concept and there are many contributing factors. Thus, it is unlikely that one single theory, model, or perspective will appropriately describe all perpetrators of domestic violence, let alone describe the unique way that substance abuse effects perpetration of domestic violence.

Theories/Perspectives for Substance Abuse in Victims of Domestic Violence

There is also evidence that victims of domestic violence are at increased risk for substance abuse issues. A cross sectional study found that violence was strongly associated with the woman's level of psychological distress, the use of psychoactive drugs, and a negative evaluation of health.⁴³ Women who have experienced intimate partner violence are up to five times more likely to abuse substances when compared to women in the general population.⁴⁴ Nearly one-third of women who used injectable drugs experienced interpersonal violence in the previous year.⁴⁵ A study of women who attended a methadone treatment clinic found that approximately 90 percent of the women reported experiencing IPV in their lifetimes. More than three quarters (78.2 percent) reported experiencing IPV in the 6 months prior to the baseline interview, and nearly two thirds (63.4 percent) reported experiencing IPV in the 6 months prior to the 12-month follow-up interview. Additionally, 49.5 percent reported alcohol use and 63.8 percent reported other drug use.⁴⁶

It is important to note that the role of substance abuse in victims seems to play a different role than it plays in perpetrators. As noted above, substance use by the perpetrator seems to contribute to the violence. For victims; however, the research suggests that substance use may be used as a coping strategy and may also maintain the victim in violent relationships. A recent study investigated the role of substance use in a sample of women survivors of intimate partner violence who had completed a parenting program mandated by either the court or child protective services. One major theme found in this sample of women was that they reported using substances as a coping strategy.⁴⁷ This is consistent with the literature on the stress and coping theory that suggests when individuals are faced with internal or external demands that exceed a person's resources (stress), they engage in coping to manage (i.e., reduce, minimize, master, or tolerate) this stress. One form of coping — avoidance coping (such as substance use) — has been linked to circumstances where there is a lack of control.⁴⁸ Research has suggested a heavy reliance on avoidance strategies to cope with trauma (such as interpersonal violence) and further, that avoidance strategies are associated with more psychological distress.⁴⁹ For example, victims of domestic violence discuss using substances to distract themselves from the negative feelings associated with the stress of their intimate relationships.

“He just kept on calling and harassing and accusing me of all kinds of stuff and, you know, it would be to the point where, you know, I, I would have... I would go and get a beer out after so I could calm down.”

Victims of domestic violence who abuse substances may face additional barriers and be at increased risk of harm due to:

- The effects of substance abuse may prevent women from accurately assessing the level of danger posed by the situation.
- The use of substances may impair a victim from adequately protecting themselves.
- Substance use may be encouraged by the abusive partner as a means of manipulation or control.⁵⁰ Quote: *He would get me drunk so he could do some things I didn't really want to do.*
- The reluctance on the part of victims to seek assistance for fear of arrest or referral to a child protection agency. The perpetrator may also use the victim's substance use as a manipulative method to keep them from leaving or contacting law enforcement.
- Withdrawal symptoms may make it difficult for victims to seek assistance if their only option is a domestic violence shelter and they are unwilling or unable to abide by rules and requirements that often restrict the use of alcohol and drugs.⁵¹

Effect on Children

There are few studies that have assessed the intersection of domestic violence and substance abuse on children. Of the few studies that have been conducted, it is difficult to disentangle the effects (i.e., what harm comes from domestic violence, what harm comes from substance abuse, and what harm comes from the combination of both issues?). What the research suggests is that perpetrators of domestic violence who also have a substance use disorder tend to use more violence, have more problems with emotion regulation and impulsivity, have more psychiatric symptoms, and engage in more negative parenting behaviors.⁵² On the other hand, victims of domestic violence who also have a substance use disorder tend to be less able to assess the level of danger of a situation and be less able to protect themselves or their children.⁵³ As discussed, victims who have substance abuse disorders might also be more hesitant to contact the police for assistance during violent episodes out of fear of arrest or investigation by child protective services. This fear puts their children at increased risk of harm.

Additionally, one important issue to address is the long-term effects of family violence on children. A study found that men with co-occurring intimate partner violence and substance use had significant histories of exposure to IPV and substance abuse by their own biological fathers, which likely are associated with their capacity to parent effectively.⁵⁴ Victims of domestic violence are also more likely to come from families where domestic violence occurs. This is in line with the intergenerational transmission of violence that occurs in some families. The concept of intergenerational transmission of violence stems from Bandura's social learning theory, which suggests that children, through observational learning, witness violence as a response to conflict with intimate partners.⁵⁵ Because family is the primary socialization unit and main source of childhood learning, aggression modeled between parents teaches and normalizes violence in relationships. Further, children learn that violence is an effective means of conflict resolution. The children may not have the opportunity to learn other types of conflict resolution such as negotiation, verbal reasoning, self-calming tactics, and active listening.^{56,57} The intergenerational transmission of family violence suggests that children raised in these environments are at risk of continuing the cycle of violence as either victims or perpetrators because of two types of modeling. The first, *generalized modeling* occurs when aggression and violence are generally accepted and normalized in the home. This increases the likelihood of any form of family aggression in the next generation (i.e., continues the cycle as a victim). The second type, *specific modeling*, occurs when individuals reproduce the types of family aggression to which they were exposed (i.e. continues the cycle as a perpetrator).⁵⁸

The intergenerational transmission of family violence suggests that children raised in these environments are at risk of continuing the cycle of violence as either victims or perpetrators because of two types of modeling.

Interventions for Co-occurring Substance Abuse and Domestic Violence

Historically, substance abuse and domestic violence have been regarded as independent problems requiring independent interventions. When individuals only present with substance abuse issues or only present with domestic violence issues, then independent interventions may suffice. However, as this report has discussed, these issues often co-occur and it is important for workers to assess for the co-occurrence of these issues as well as other mental health issues. When individuals present with numerous issues, research suggests that they benefit best from an *integrated* approach.

Perpetrators

Currently, the most widely used intervention for perpetrators of domestic violence are batterer intervention programs (BIP). Court-ordered batterer intervention programs are largely the result of pro-arrest laws for domestic violence that occurred in the 1980s. With increasing numbers of arrests, pressure was placed on the courts to deal with these offenders.⁵⁹ The literature regarding the efficacy of batterer intervention programs is mixed. Some argue that batterer intervention programs have a small, but positive effect on abusive behavior,⁶⁰ others that have argued that batterer intervention programs are largely ineffective,⁶¹ and others that have inconclusive findings.⁶² Batterer intervention programs are based on traditional feminist ideology where all violence is the result of power and control. This feminist conceptualization of domestic violence has guided educational, legal, and social policies since the 1980s and led to the widespread adoption of batterer intervention programs. Research from the 1990s to the present has described the heterogeneity of abusive individuals through different typologies of intimate partner violence. Focusing on the typologies or different types of perpetrators of interpersonal violence may allow for the development of more efficacious interventions.

There have been efforts to design interventions that enhance motivation and readiness to change in traditional batterer intervention models as well as address co-occurring issues such as substance abuse, trauma, and mental health problems. The empirical support remains limited, but promising.⁶³

Victims

Evidence suggests that, on average, children of parents with substance use disorders enter the child welfare system at younger ages than other children and tend to be victims of more severe maltreatment. These families have greater numbers of presenting problems and are more likely to be re-reported for maltreatment than other system-involved children. The former are also more likely to be placed in foster care and, once there, remain in care longer and experience greater numbers of placements.^{64,65} Effective intervention for parental substance abuse is warranted. Efforts to protect children by providing interventions to heal and strengthen caregivers is one of the best ways to improve child outcomes, considering study results that indicate that substance abuse interventions for parents (even when not directly targeting the child), have been shown to improve the psychosocial functioning of children.⁶⁶

Individuals with substance abuse and domestic violence issues need comprehensive assessments and intensive interventions that addresses trauma as a number of researchers have suggested a link between substance abuse and violent trauma in the lives of women.⁶⁷ A meta-analysis of several studies reported that women in substance abuse treatment with victimization histories are more likely to drop out of treatment early and relapse.⁶⁸ Some have argued these “treatment failures” are more likely to have trauma histories and returned to alcohol or other drugs to “medicate” themselves from the pain of trauma.⁶⁹ Interventions for victims of domestic violence with co-occurring substance abuse need to emphasize the mediating role of trauma. Additionally, providers need to operate from a trauma-informed approach where the language shifts from “What’s wrong with her?” to “What happened to her?” Promising interventions pay attention to the client’s history and integrates substance abuse, mental health, and trauma-related issues. Trauma-informed practice reflects the following six key principles.⁷⁰

1. **Safety** - Ensuring physical and emotional safety.
2. **Trustworthiness and Transparency** - Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.
3. **Peer Support** - Increasing positive peer support.
4. **Collaboration and Mutuality** - Maximizing collaboration and sharing of power with clients.
5. **Empowerment, Voice, and Choice** - Prioritizing client empowerment and skill-building, hearing client desires and concerns, and prioritizing client choice.
6. **Cultural, Historical, and Gender Issues** - Being sensitive to a variety of cultural, historical, and gender issues which affect service access, delivery, and client decision making.

Relevant Policy

Parental Substance Abuse Policies

Children whose parents abuse substances can enter the child welfare system through many different facets (which differs by state):

1. Prenatal drug exposure
2. Children exposed to illegal drug activity
3. Neglect due to caregiver’s impairment
4. Other types of abuse

Prenatal Drug Exposure

The Child Abuse Prevention and Treatment Act (CAPTA) requires all states to have policies and procedures in place to notify child protective service agencies in cases of substance-exposed newborns and to establish a plan of care for newborns who are identified as being affected by illegal substance abuse or having withdrawal symptoms due to prenatal drug exposure.⁷¹ In Florida this is defined in the Child Maltreatment Index as: Exposes a child to a controlled substance or alcohol. As used in this definition, the term “controlled substance” means prescription drugs not prescribed for the parent or not administered as prescribed and controlled substances as outlined in Schedule I or Schedule II of § 893.03, Florida Statutes. Exposure to a controlled substance or alcohol is established by:

- (a) A test, administered at birth, which indicated that the child’s blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
- (b) Evidence of extensive, abusive and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such use.

Children Exposed to Illegal Drug Activity and Neglect

There has been increasing concern regarding the negative effects on children who are exposed to parental substance use and other illegal drug-related activity. As of April 2015, 47 states, the District of Columbia, Guam, and the U.S. Virgin Islands have child welfare laws addressing the issue of substance abuse by parents (see Table 2 for specific substance-related circumstances considered to be child abuse or neglect). The statutes in American Samoa, Connecticut, New Jersey, Northern Mariana Islands, Puerto Rico, and Vermont do not currently address the issue of children exposed to illegal drug activity.⁷² Outside of policies regarding prenatal drug exposure, Florida also has two other specific circumstances that are considered to be child maltreatment:

1. Selling, distributing, or giving drugs or alcohol to a child.
 - a. Purposely giving a child poison, alcohol, drugs or other substances that substantially affect the child’s behavior, motor coordination or judgment, or that result in sickness or internal injury. For the purposes of this definition, the term “drugs” means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of § 893.03, Florida Statutes. [See § 39.01(30), Florida Statutes].
2. Using a controlled substance that impairs caregiver’s ability to adequately care for the child [See § 39.01(30)(a)(2), Florida Statutes].

Table 2: Children exposed to illegal drug activity

States	Specific Substance-Related Circumstances Considered to be Child Abuse or Neglect
Alabama, Colorado, Indiana, Iowa, Montana, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Wisconsin, and the District of Columbia	Manufacturing a controlled substance in the presence of a child or on premises occupied by a child.
Alabama, Arizona, Arkansas, Iowa, New Mexico, North Dakota, Oklahoma, and Oregon	Exposing a child to, or allowing a child to be present where, chemicals or equipment for the manufacture of controlled substances are used or stored.
Arkansas, Florida, Hawaii, Illinois, Iowa, Minnesota, Texas, and Guam	Selling, distributing, or giving drugs or alcohol to a child.
California, Delaware, Florida, Iowa, Kentucky, Minnesota, New York, Oklahoma, Rhode Island, Texas, and West Virginia	Using a controlled substance that impairs the caregiver’s ability to adequately care for the child.
Montana, South Dakota, and the District of Columbia	Exposing a child to the criminal sale or distribution of drugs.

Other Types of Abuse

As discussed above, children whose parents abuse substances are at heightened risk of experiencing other types of child maltreatment. Thus, although the substance use/abuse might be the underlying cause for this abuse, it is difficult to capture through the current reporting methods.

Domestic Violence Policies

As of November 2012, Florida was among 23 states and Puerto Rico to address the issue of children who witness domestic violence in their homes.⁷³ Defining what circumstances constitute witness to domestic violence differs state by state (see Table 3).

Table 3: Circumstances that constitute witness to domestic violence

States	Children Witness to Domestic Violence
Alabama, American Samoa, Colorado, District of Columbia Connecticut, Guam, Indiana ^o , Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Northern Marianna Islands, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virgin Islands, Virginia, West Virginia, Wisconsin, and Wyoming	Not addressed
Arizona, California, Delaware, Florida, Louisiana, and Vermont	An act that is defined as domestic violence is committed in the presence of or perceived by the child.
Alaska, Arkansas, Georgia, Hawaii, Idaho, Illinois, Indiana, Mississippi, Montana, North Carolina, Oklahoma, Oregon, Puerto Rico, Utah, and Washington	An act that is defined as domestic violence is committed when a child is physically present or can see or hear the act of violence.
Ohio	An act that is defined as domestic violence is committed in the vicinity of the child, meaning within 30 feet or within the same residential unit, whether or not the child is present or can see the act of violence.

^o Only addressed in civil law

In Florida, domestic violence refers to the perpetration of violence (any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death) between intimate partners, spouses, ex-spouses, or those who share a child in common or who are co-habitants in an intimate relationship, for the purpose of exercising power and control by one over the other (see § 741.28, Florida Statutes). In Florida criminal law, it is considered “domestic violence in the presence of a child” if an offender is convicted of a primary offense of domestic violence, and that offense was committed in the presence of a child under age 16 who is a family or household member with the victim of perpetrator.

For the protection of a child witnessing domestic violence § 39.504 (4)(a), Florida Statutes specifies that if an injunction is issued under this section, the injunction applies to the alleged or actual offender in a case of child abuse or acts of domestic violence. The conditions of the injunction shall be determined by the court, which may include ordering the alleged or actual offender to:

1. Refrain from further abuse or acts of domestic violence.
2. Participate in a specialized treatment program.
3. Limit contact or communication with the child victim, other children in the home, or any other child.
4. Refrain from contacting the child at home, school, work, or wherever the child may be found.
5. Have limited or supervised visitation with the child.
6. Vacate the home in which the child resides.
7. Comply with the terms of a safety plan implemented in the injunction pursuant to § 39.301, Florida Statutes.

For the states that acknowledge children witness to domestic violence, the legal consequences include harsher penalties. Only five states consider committing domestic violence in the presence of a child as a separate crime (see Table 4). In Florida, child witness to domestic violence results in a harsher sentence (the subtotal sentence points are multiplied by 1.5; see § 921.0024, Florida Statutes, Ann.).

Table 4: Penalties related to children witness to domestic violence

States	Consequences of Children Witness to Domestic Violence
Alabama, American Samoa, Colorado, District of Columbia Connecticut, Guam, Indiana ^o , Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Northern Marianna Islands, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virgin Islands, Virginia, West Virginia, Wisconsin, and Wyoming	Not addressed
Alaska, Arizona, California, Hawaii, Mississippi, Montana, Ohio, and Washington	Domestic violence committed in the presence of a child is an “aggravating circumstance” which can result in a longer jail term, increased fine, or both.
Arkansas, Florida, Idaho, Louisiana, and Oregon	While not using the term “aggravating circumstance,” an act of domestic violence committed in the presence of a child leads to more severe penalties.
Delaware, Georgia, North Carolina, Oklahoma, and Utah	Domestic violence committed in the presence of a child is a separate crime that may be charged separately or in addition to the act of violence.

^o Only addressed in civil law

Child and Family Services Review Standards

The Child and Family Services Review (CFSR) process is a partnership between the U.S. Children’s Bureau and the states to improve their child welfare systems’ outcomes. The review focuses on helping states improve child welfare systems and achieve the following seven outcomes for families and children who receive services:

Safety:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Permanency:

- Children have permanency and stability in their living situation.
- The continuity of family relationships and connections is preserved for families.

Family and Child Well-Being:

- Families have enhanced capacity to provide for their children’s needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.⁷⁴

Florida's Child Welfare Practice Model⁷⁵ seeks to achieve safety, permanency, child well-being, and family well-being using safety-focused, family-centered, and trauma-informed approaches. Domestic violence and substance abuse clearly affect children and their safety. The Florida Child Welfare Practice Model was developed by the Department for Children and Families (DCF) in connection with the Children's Research Center and the ACTION for Child Protection. The purpose of the Practice Model is to provide a set of common core constructs used to determine when children are unsafe, assess the risk of subsequent harm, and provide ways to engage caregivers in achieving change. The Practice Model includes several tools, including the Family Functioning Assessment (FFA) to determine:

1. The presence of danger threats using the Present Danger Assessment (PDA).
2. If a child is vulnerable to the identified threat.
3. If there is a non-maltreating parent or legal guardian in the house who has sufficient protective capacities to manage the identified danger ("Caregiver Protective Capacities").

Domestic violence and substance abuse issues are clearly discussed in the new Practice Model. Some examples of danger in relation to these issues:

- Parent/legal guardian or caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene. Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.

Additionally, the rating of the *Caregiver Protective Capacities* refers to behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities that contribute to vigilant child protection. This is especially important in situations of domestic violence. If the non-offending parent has adequate protective capacities, then they can work together with the child welfare system to keep their child safe with the help of a safety plan. A safety plan refers to a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so [see § 39.01 (67), Florida. Statutes]. Special considerations are given to domestic violence situations that include issuance of legal injunctions.

Policy Implications

Although Florida's Child Welfare Practice Model has made great strides in addressing and discussing domestic violence, there are some unintended consequences.

There is a disconnect between child welfare and domestic violence services. This disconnect originates in the history of the social awareness of the two problems (child maltreatment and domestic violence), which developed separately and has two different fields and systems with different core philosophies. Until recently, the issue of domestic violence was largely avoided by the child welfare system unless there was an indication that a child was being directly maltreated. At the same time, domestic violence service providers have avoided collaboration with child welfare agencies because of distrust in the system.⁷⁶ This distrust is often **heightened** when domestic violence victim-survivors use or abuse substances.

The new policies regarding child witness to domestic violence have made it so that the two systems cannot simply ignore each other. As a reaction, some domestic violence agencies are concerned that the child welfare system may "re-victimize" adult victims of domestic violence by removing their children from their care or charging them with a failure to protect; **however, there** is research that suggests these fears are not unfounded. Victims (typically mothers) of domestic violence are left with almost full responsibility to undo the harm to their children because the child welfare system is typically not institutionally organized to directly intervene with the offenders. The child welfare worker's role has been to police the mother, which puts her on the defensive. This corrodes the chance of building an effective alliance between the victim (mother) and child welfare worker to protect the children.⁷⁷

The overarching question remains. How can these two systems collaborate to support both victims of domestic violence: the non-offending parent and the children? Researchers and policymakers have argued for a collaborative approach among services; however, *how* to do that seems difficult. Florida's Practice Model acknowledges this issue: "The investigator must assess whether the maltreating caregiver is using tactics of coercive control and how those tactics impact the protective capacity of the parent who is the survivor, as well as to understand the survivor's previous or current efforts to support the safety and well-being of the children. The best safety outcomes will result from partnering with the parents (in most cases the mother or other female caregiver) in joint efforts to protect the children, while holding the maltreating caregiver accountable for their actions."⁷⁸

The best safety outcomes will result from partnering with the parents in joint efforts to protect the children, while holding the maltreating caregiver accountable for their actions.

The Florida Coalition Against Domestic Violence (FCADV)'s Child Protection Investigations (CPI) Project represents a collaborative effort between FCADV, DCF, the Office of the Attorney General, local certified domestic violence centers, community-based care lead agencies, and other child welfare professionals to provide a coordinated community response to families experiencing the co-occurrence of domestic violence and child maltreatment. The ultimate goal of the CPI project is to bridge the gap between the child welfare and domestic violence systems to enhance family safety, permanency for children, reduce removals of children from non-offending parents, and hold batterers accountable.⁷⁹ The CPI project began in 2009, when FCADV and DCF initiated seven pilot projects with full-time domestic violence advocates co-located within seven Sheriffs' Offices. As of 2015, the project has expanded statewide where a domestic violence advocate is located in CPI units and Sheriffs' Offices. The co-located domestic violence advocates work from an empowerment-based philosophy. Their expertise in the area of intimate partner violence assists child welfare professionals in partnering with the non-offending parent by building their protective capacities. The co-located advocates meet monthly with CPI unit supervisors and other community partners to discuss goals, increase capacity of child welfare professionals to work with domestic violence victims and perpetrators, and to review challenges and successes as they work toward refining collaboration efforts.⁸⁰

Future collaborative efforts are needed. Currently, the co-located advocates are only in CPI units and Sheriffs' offices. It would be beneficial for advocates to also be co-located in the CBC lead agencies. Although CBC professionals are encouraged to collaborate with domestic violence advocates, it is not a requirement and there are considerable barriers to not being in the same location. A report by FCADV recommends leadership guidance in clarifying roles and responsibilities, formal agreements for protocols, ongoing training using the *Safe and Together Model* (more information on the model is available in the Resources section) for domestic violence advocates and child welfare staff, state level database with partnership information, referrals to domestic violence centers for "core services", and perpetrator accountability, and partnering with the non-offending parent. Additionally, FCADV recommends funding for domestic violence and substance abuse/mental health pilot projects to meet the critical needs of victims/survivors living with substance abuse and/or mental health issues.⁸¹

Other states struggling with the issues of collaboration between the two systems have outlined practice models that indicate how the two systems (child welfare and domestic violence) can collaborate effectively to support non-offending parents and provide safety for children. In New York State, many local districts have also adopted a co-location model that places domestic violence advocates within child protective services in an effort to increase collaboration. In addition to CPI work, the model includes joint home visits, joint safety planning, and case follow-up. The logic model outlining the activities and outcomes is attached as Appendix A. Evaluation of the approach found that co-location positively affected case identification and referrals to domestic violence advocates. Additionally, case workers were informed, and therefore more sensitive in practice to the unique dynamics of domestic violence. Finally, communication and trust were increased between the two systems (child welfare and domestic violence).⁸²

In New Jersey, the Domestic Violence Liaison Pilot Project co-located domestic violence liaisons at Department of Youth and Family Services Offices to provide onsite case consultation and provide support and advocacy for non-offending victimized parents and their children. The DCF Domestic Violence Protocol was approved and released to the field in October 2009. An evaluation of the program was conducted in February 2011 and suggests that the program is increasing collaboration between child welfare workers and domestic violence advocates. Specifically, domestic violence staff and child welfare staff had 1) more positive views of each other; 2) improved communication across systems; 3) increased cross-training; and 4) domestic violence agencies had an increase in referrals which served more voluntary women.⁸³

Recommendations

The intersection of substance abuse and domestic violence in the child welfare system is clearly complex. In order to meet the needs of families with numerous issues and ensure the safety of Florida's children, continued collaboration and coordination of care must occur. Florida has made great strides in the past years recognizing the impact of child witness to domestic violence and addressing the issue of domestic violence in the Florida Child Welfare Practice Model. In order to continue to better protect the children of Florida, it is important to respond to the unique needs of caregivers by recommending and providing the best available interventions. To achieve these goals, the following seven recommendations are suggested:

1. Reassess the evidence for using Batterer Intervention Programs (BIP) as the standard intervention for domestic violence (see §741.325, Florida Statutes).
2. Improve the ability to assess families for co-occurring issues.
3. Deliver integrated trauma-informed and evidence-based treatment for perpetrators who present with substance abuse and domestic violence issues. Interventions that educate perpetrators about their own past history of trauma and the effect that domestic violence has on their children may be a motivating factor for change.
4. Deliver integrated evidence-based treatment for victims who present with substance abuse and domestic violence issues. For victims of domestic violence, trauma-informed interventions are needed. Treatments should acknowledge substance abuse as a possible coping mechanism for trauma associated with domestic violence.
5. Evaluate current collaboration efforts of FCADV's Child Protective Investigations Project since its 2015 expansion to all 67 counties in Florida.
6. If evaluation finds positive outcomes, expand the FCADV's Child Protective Investigations Project to include community-based care (CBC) lead agencies.
7. Continue to increase collaboration with the child welfare and domestic violence systems through cross systems training, clarifying roles and responsibilities, joint home visits, joint safety planning and case follow-up, referrals to domestic violence centers for "core services", and utilization of a state level database with partnership information.

Summary

The devastating impact of children's exposure to domestic violence and parental substance abuse is innumerable. Independently, each of these issues (being exposed to domestic violence and having a parent with a substance use disorder) can be devastating to children. However, when substance abuse and domestic violence are both present, children are likely to suffer even more. These two issues have often been examined separately; however as discussed in this report, it is important to understand the unique relationship between substance abuse and interpersonal violence for the perpetrator and victim as they necessitate different responses and interventions.

Resources

Florida Coalition Against Domestic Violence (FCADV): <http://fcadv.org>

- Child Welfare & Child Protection Project: <http://fcadv.org/projects-programs/child-welfare>
- Safe and Together Model: <http://www.fcadv.org/projects-programs/child-welfare/safe-together>

Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov

- Trauma and violence publications: www.samhsa.gov/trauma-violence/publications-resources
- Treatment for Substance Use Disorders: www.samhsa.gov/treatment/substance-use-disorders
- National Registry of Evidence-based Programs and Practices (NREPP): www.samhsa.gov/nrepp

The California Evidence-Based Clearinghouse for Child Welfare: www.cebc4cw.org

- Domestic/Intimate Partner Violence: Batterer Intervention Programs http://www.cebc4cw.org/search/results/?keyword=batterer+intervention&age_mode=any&q_search=Search&realm=advanced
- Domestic/Intimate Partner Violence: Services for Victims and their Children http://www.cebc4cw.org/search/results/?keyword=&program_topics%5B%5D=9&age_mode=any&q_search=Search&realm=advanced
- Substance Abuse and Trauma Interventions:
 - Seeking Safety <http://www.cebc4cw.org/program/seeking-safety-for-adults/>
 - Helping Women Recover & Beyond Trauma <http://www.cebc4cw.org/program/helping-women-recover-beyond-trauma/>

Batterer Intervention Programs Research

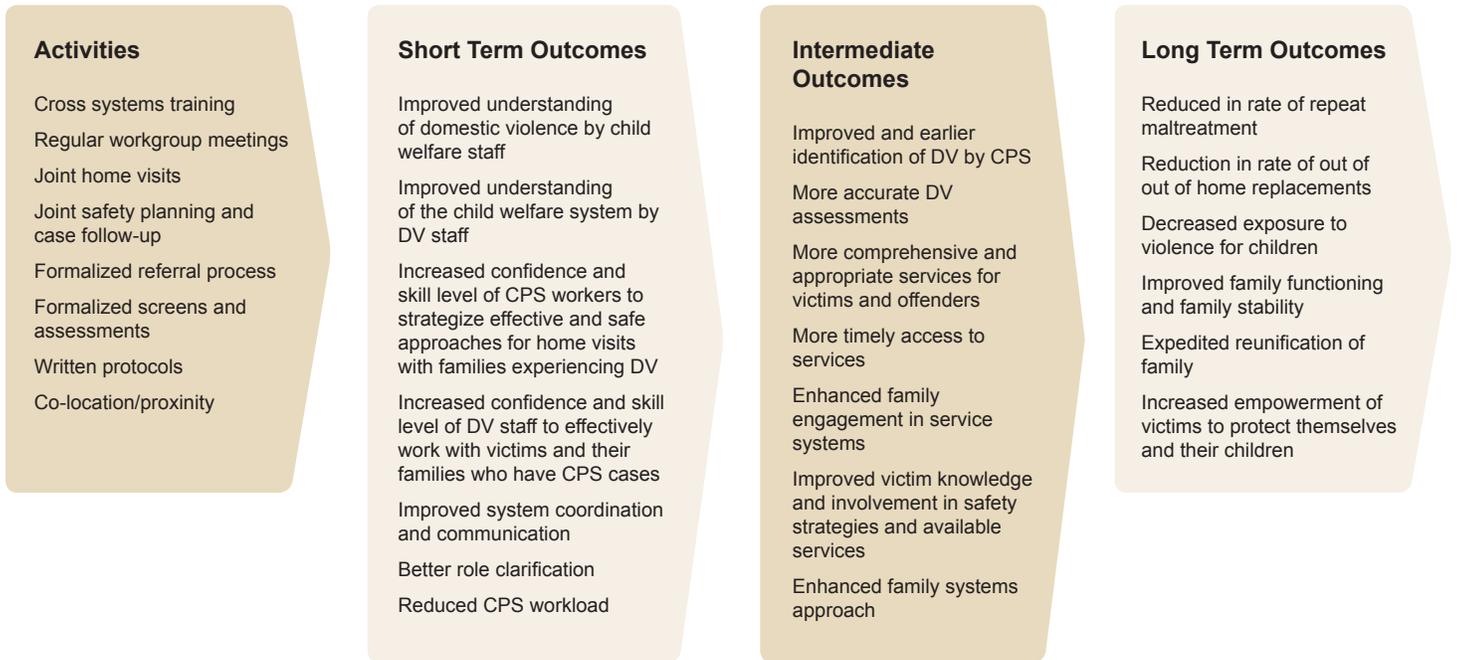
- NIJ summary on effectiveness of Batterer Intervention Programs <https://www.ncjrs.gov/pdffiles1/nij/200331.pdf>
 - "Do Batterer Intervention Programs Work? Two Studies" <https://www.ncjrs.gov/pdffiles1/nij/200331.pdf>
 - "Doing the Work and Measuring the Progress" https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Batterer%20Intervention%20Meeting%20Report.pdf

Florida Safety Methodology eLearning Modules: <http://www.centerforchildwelfare.org/Training/fsdmm.shtml>

Futures Without Violence <http://promising.futureswithoutviolence.org/>

Appendix A

Child Protective Services/Domestic Violence Co-location Program Logic Model



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